

Dear Homeowner,

Thank you for your interest in our rehabilitation programs.

Enclosed is our application and a list of other area agencies that may be helpful resources.

Please complete and sign the application, housing information form and monthly expenses worksheet and return to our office, **attention: Lauren McGrath**.

Upon receipt of the application, your information will be added to our applicant pool.

Please do not hesitate to contact our office with any questions. Thank you.

**Housing Rehabilitation Department
St. Lawrence County Housing Council, Inc.
Db a North Country Housing Council, Inc.
19 Main Street
Canton, NY 13617
PH: 315-386-8576
FAX: 315-386-1564**





PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____ Years lived in home
_____ yrs. _____ mos.

City State Zipcode
Home: () - - Work: () - - Ext. E-Mail: _____

Fax: () - - Pager: () - - Mobile/Cell: () - -

_____ / _____ / _____
Social Security Number Birth Date

Race (please circle) Optional:

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin) Optional: This is in addition to the "Race" Category

Hispanic: Yes No

Foreign Born (please select one) Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Disabled? Yes No

Veteran? Yes No

Current Housing Arrangement (please circle):

Rent Homeless Homeowner with mortgage
Living with family member and not paying rent Homeowner with a mortgage paid off

Household Type (please select the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single Adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other (Explain :) _____

Family/Household Size: _____ How many dependents (other than those listed by any coborrower)? _____

Age _____ Relationship to Applicant _____ Age _____ Relationship to Applicant _____

Age _____ Relationship to Applicant _____ Age _____ Relationship to Applicant _____

Are there non-dependents who will be living in the home? Yes No

If yes: Age _____ Relationship to Applicant: _____ Age _____ Relationship to Applicant: _____

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to North Country Housing Council by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board Member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred another source not listed, which one? _____

CO-APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zipcode

Home: () - - Work: () - - Ext. E-Mail: _____

Social Security Number Birth Date

Race (please circle) Optional:

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
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Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

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Veteran? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer : _____

CUSTOMER EMPLOYMENT – Last 2 Years**Primary Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Gross Income (before taxes):** \$ _____**Is this amount paid** _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?**Previous Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Secondary Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Gross Income (before taxes):** \$ _____**Is this amount paid** _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?**CO-APPLICANT EMPLOYMENT***Please Print Clearly***Primary Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Gross Income (before taxes):** \$ _____**Is this amount paid** _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?**Previous Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Secondary Employer:** _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: () _____ - _____

Part-Time or **Full-Time** (Please Circle)**Gross Income (before taxes):** \$ _____**Is this amount paid** _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Household Information

INCOME

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
<i>Can you document your child support/alimony income? If yes, how long will it continue?</i>	_____	_____	_____	_____
<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>	_____	_____	_____	_____
<i>If you receive disability income, is it for a permanent disability?</i>	Yes	No	Yes	No
<i>Regarding seasonal employment, have you worked in this field for two years or more?</i>	Yes	No	Yes	No

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking Account		
Savings Account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION *Please Print Clearly*

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
	Yes	No	Yes	No
Have you owned a home in the last three (3) years?				
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	Day: M T W Th F		Time ____ AM ____ PM	

AUTHORIZATION

I authorize St. Lawrence County Housing Council's HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes;
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me/us a loan and/or the title company that closed the loan;
- (d) use photographs of my property and/or myself for publication in brochures, commercials or other publications at the discretion of the Housing Council.
- (e) this request for service in no way guarantees or implies funding and/or service through the St. Lawrence County Housing Council, its agents and/or assignees.

Customer

Date

Co-Applicant

Date

For Internal Use Only

Notes/Comments: _____

Received By: _____ Date: ___/___/___

Reviewed By: _____ Date: ___/___/___

Type of Service(s)	
Counseling	<input type="checkbox"/>
Rehab	<input type="checkbox"/>
Home Ownership	<input type="checkbox"/>
Financial Fitness	<input type="checkbox"/>
Refinance	<input type="checkbox"/>
Section 8	<input type="checkbox"/>
Other Services	<input type="checkbox"/>
Sears Post Purchase	<input type="checkbox"/>

Housing Information

Name of Title Holder or Landlord: _____

911 Address _____

Mortgage Holder (Bank) _____

Date of Last Payment _____

Other Liens on Property _____

Number of Rooms _____

Number of Bedrooms _____

Number of Baths _____

Structural Information

House _____ Year Built _____ Mobile Home _____ Year Built _____

Circle One For Each

Exterior:

Wood Clap Board Stone Vinyl Siding Wood Shingle Vertical Board
Plywood Brick Poured Concrete Concrete Block Aluminum Siding
Cement Asbestos Other _____

Roof:

Asphalt, Shingle Asphalt, Roll Wood Shingle Metal Slate

Foundation:

Stone Brick Poured Concrete Concrete Block

Please briefly describe what repairs you feel your home needs:



Name: _____

Date: _____



Monthly Expenses Worksheet

Housing

Rent or mortgage	\$ _____
Heating (gas or oil)	\$ _____
Electricity	\$ _____
Water or sewage	\$ _____
Telephones (landlines and cell phones)	\$ _____
Renters or homeowners insurance (if not included in mortgage)	\$ _____
Trash service	\$ _____
Home maintenance and furnishings	\$ _____
Cleaning supplies	\$ _____
Lawn service	\$ _____

Transportation

Gas	\$ _____
Car payment	\$ _____
Car insurance	\$ _____
Car inspection	\$ _____
Car repairs and maintenance	\$ _____
License plates and registration fees	\$ _____
Public transportation or taxi	\$ _____
Parking and tolls	\$ _____

Food

Groceries	\$ _____
School lunches	\$ _____
Work-related (lunches and snacks)	\$ _____

Insurance

Health (medical and dental, if not payroll-deducted)	\$ _____
Life	\$ _____
Disability	\$ _____

Medical

Doctor	\$ _____
Dentist	\$ _____
Prescriptions	\$ _____

Childcare

Childcare or babysitters	\$ _____
Child support or alimony	\$ _____

Clothing

Clothing	\$ _____
Laundry and dry cleaning	\$ _____

Donations

Religious or charity	\$ _____
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Total Regular Monthly Expenses \$ _____

Education

Tuition	\$ _____
Books, papers and supplies	\$ _____
Newspapers and magazines	\$ _____
Lessons (sports, dance, music)	\$ _____

Gifts

Birthdays	\$ _____
Major holidays	\$ _____

Personal

Barber or beauty shop	\$ _____
Toiletries	\$ _____
Children's allowances	\$ _____
Tobacco products	\$ _____
Beer, wine or liquor	\$ _____

Entertainment

Movies, sporting events, concerts, etc.	\$ _____
Video rentals	\$ _____
Internet service	\$ _____
Cable/satellite TV	\$ _____
Restaurants and take-out meals	\$ _____
Gambling and lottery tickets	\$ _____
Fitness or social clubs	\$ _____
Vacations/trips	\$ _____
Hobbies or crafts	\$ _____

Miscellaneous

Checking account and money order fees	\$ _____
Pet care and supplies	\$ _____
Postage	\$ _____
Pictures and photo processing	\$ _____
"Mad" money	\$ _____

Debts

Student loan	\$ _____
Credit card (monthly minimum)	\$ _____
Credit card (monthly minimum)	\$ _____
Credit card (monthly minimum)	\$ _____
Medical bills	\$ _____
Personal loan	\$ _____

Other

Other	\$ _____
Other	\$ _____
Other	\$ _____

Monthly Discretionary Income Worksheet



Figure Your Discretionary Income	Extra Money Each Month
Total Monthly Income	\$ _____
Minus total regular monthly expenses	\$ _____
Discretionary income <i>(Balance Available to spend or save)</i>	\$ _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

PROGRAMS THAT MAY PROVIDE ASSISTANCE

Housing Council: 386-8576

Provides financial assistance to homeowners or first time homebuyers through grants. If you are a renter, you can buy a home through them BUT you have to be a first time buyer. This means you have never owned a home or had your name on a deed or owned a singlewide trailer, or owned property.

USDA Rural Economic Development: 386-2401 Ext. 4

They offer 1 percent interest home repair loans to people with very low income. People 62 years and older may get a grant. Must be on own land for home repair.
Brian Murray, Rural Development Manager
Mary Keenan, Rural Development Technician

Call Your Town Clerk And Ask About Town Grants Available

Heating Energy Assistance Program (HEAP): 379-2111

Open only during heating season.
Utility shut offs, Emergency fuel, Regular fuel, Furnace replacement and Furnace repair.
St. Lawrence County Department of Social Services
Heating Energy Assistance Program (HEAP)
6 Judson Street
Canton, NY 13617

St. Lawrence County Community Development Program: 386-1102

Weatherization Program

Energy related repairs for HEAP eligible homeowners, if the home is a mobile home you must own the land or have legal life lease.

Restore Program

Emergency repairs for the elderly 60+ older
Electrical, Plumbing, Heating, Roof repair/replacement, Steps, Septic, etc.

Home Rehabilitation Program

Each year a new targeted area grant is available for moderate overall home repair. This program has limited funds, but if selected all types of home repair is available.

Neighborhood Centers:

Massena: 764-0050

Potsdam: 265-3920

Gouverneur: 287-3370

Canton: 386-3541

Ogdensburg: 393-5561

Colton/Pierrepont/Parishville: 262-3175

Care and Share Funds:

Can assist with energy related problems ex. Hot water heater repair or replacement, furnace repair, electric shut off, heat shut off, etc.

Must be a Niagara Mohawk Customer and be refused by HEAP

Must be age 60+, Collecting Disability, or be a medical emergency documented by a Dr.

Limit \$500

Federal Emergency Management Agency (FEMA):

A one time, last resort assistance program. Everything else has been exhausted.

Has to be an emergency or facing an eviction.

FEMA funds can be used for rent, a mortgage payment to prevent foreclosure, utilities and food. Can not be used for deposits or late charges.

Ministry in the North Country (MINC): 322-4271, 267-2270, 265-3230

Home Improvement Program for the working poor, elderly and disabled.

Can be a homeowner or buying on land contract.

Works summer months only starting end of June, but always taking applications

Private program/Volunteers

They try to make it warmer, safer or drier

Massena Rehabilitation: 769-6803

Must live within the village limits.

Small Cities Program- Loans and deferred loans for home repair for targeted streets.

DANC Program- Housing rehabilitation for very low-income homeowners

Massena Independent Living Center: 764-9442

Assists disabled people towards independence. Many services available.

Architectural Assessments- Will come to your home or place of business to make an assessment of needs for your situation.

Assist in searching for funding, drawing a plan with your needs in mind, overview construction bids if desired, make other referrals as you ask for them.

Ogdensburg Rehabilitation: 393- 7401

Must live within the city of Ogdensburg

First time homebuyers program.

Small Cities Program- Loans and deferred loans for home repair for targeted streets.

City Wide Grant Program- Grants, loans and deferred loans dependent upon repayment ability for housing rehabilitation * Higher Income Limit than most programs

East Side Neighborhood Improvement Program: 287-0403

33 Clinton Street

Gouverneur, NY 13642

Village Limits Only

First Time Homebuyer Program

Home repair grants- must own home, income eligibility, \$20,000 maximum grant

Village wide program targeted to low income, fixed income and code violations

Home Repair for landlords- grants and loans

Potsdam Planning and Development Office: 265-3045

PO Box 5168

Potsdam, NY 13676

Fred Hanss, Planning and Development Director

Community Development Director

North Country Energy Smart Communities: 379-9466

Community Energy Services, Inc.

325 Northwoods Road

Hermon, NY 13652-1371

Ann Heidenreich, Coordinator

Matching grant money up to \$5000

Income limits are high

Available to Homeowners and Landlords

Energy and Health and Safety related work only

EMERGENCY FUNDING SOURCES—Not Rehab

Catholic Charities: 393-2660

The Society of St. Vincent de Paul: 393-3930, 769-1200

The Salvation Army: 393-3351, 769-5154

Helping Hands: 315-268-0633