

# Housing Rehabilitation Program

Application Revised 12/2/19



## REHAB

Application for Housing Rehab and Home Repair

Today's Date \_\_\_\_\_

### CUSTOMER

Please Print Clearly

**Note: In order for us to determine your eligibility or continued eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for the program. Please fill out the application in its entirety. An incomplete application will be returned to you to complete.**

Applicant Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list household members starting with Head of household on line 1, please include yourself.

Last Name, First Name	Relationship to Head of Household	Birthdate	Marital Status	Social Security Number

List additional household members and information separate sheet and attach with application.

Last Name, First Name	Education (please choose one) Below High School Diploma, High School Diploma or Equivalent, Two Year College, Bachelors Degree, Masters Degree, Above Masters	Referred to by (please list all that apply): Print Advertisement, Bank, Government, TV, Realtor, Staff/Board member, Walk-in, Friend, Radio, Newspaper, Other (Please List)	If you were referred by a bank, which one?	

Neighborhood Development Services, Inc.  
Income & Asset Statement

<b>INCOME</b>	<b>YES/NO</b>	<b>HOUSEHOLD MEMBER</b>	<b>SOURCE FROM WHOM</b>	<b>PHONE NUMBER</b>	<b>MONTHLY INCOME</b>
Employment Hire Date ____/____/____					
Self Employed (Attach 2 years tax returns with Schedule C)					
Military Income					
Unemployment					
Workers Compensation					
Disability Compensation					
Public Assistance (Excluding Food Stamps)					
Social Security					
SSI/SSDI					
Veteran's Benefits					
Pension # 1					
Pension # 2					
Retirement					
Annuity					
Severance Package					
Settlement					
Gifts					
Lottery Winnings					
Inheritances					
Rental Property Income					
Financial Aid					
Child Support					
Alimony					
Other Income					

<b>ASSETS</b>	<b>YES/NO</b>	<b>HOUSEHOLD MEMBER</b>	<b>SOURCE/TYPE</b>	<b>PHONE NUMBER</b>	<b>CURRENT BALANCE</b>	<b>ACCOUNT NUMBER</b>
Cash on Hand						
Checking						
Savings Account						
Certificate of Deposit						
Money Market						
Direct Express						
Pre-paid Debit						
Stocks						
Savings Bonds						
Mutual Funds						
Treasury Bills						
Trust Fund						
Annuity						
IRA						
401K						
Retirement Fund						
Whole Life Insurance						
Universal Life Insurance						
Real Estate Sold						
Investment Property						
Assets Disposed of in last 24 months						
Other Assets						
Other Assets						

- 1.) Do you anticipate any changes in the size of your household **within the next 12 months**.  Yes  No
- 2.) Will anyone under the age of 18 listed above live in the unit less than 50% of the next 12 months?  Yes  No
- 3.) Does any member of your household have a disability and require a live-in care attendant?  Yes  No
- 4.) Is any adult member of your household separated, but not divorced?  Yes  No
- 5.) Have you or anyone else named on this application filed for bankruptcy?  Yes  No
- 6.) Are you or a member of your household a US Military Veteran?  Yes  No
- 7.) Are there any temporarily absent family members not listed above?  Yes  No
- 8.) Have you or any member of your household committed fraud in any federally or state assisted housing program?  Yes  No



**ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN (INCLUDING SPOUSE)**



Head of Household	Date
Co-Head/Applicant	Date
Applicant	Date
Applicant	Date

**ADDITIONAL INFORMATION**

*Most convenient time for an individual appointment?*      \_\_\_\_ AM      \_\_\_\_ PM



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“NDS, Inc. complies with VAWA 2013”**



**Authorization For Release Of Information**

Purpose: NDS may use this authorization and the information obtained with to administer the Community Housing Improvement Program as well as any and all Housing Rehab Programs and Housing Repair Programs administered by Neighborhood Development Services, Inc. (NDS, Inc.).

AUTHORIZATION: I authorize the above named organization to obtain information about me or my family and my residence that is pertinent to the Housing Rehab/Repair Program to which I have applied.

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

- |                             |  |
|-----------------------------|--|
| Identity and Marital Status | Family Composition                     |
| Social Security Numbers     | Employment/Income/Pensions/Assets/Etc. |
| Escrow Funds                | Lien Search                            |

INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization may be asked to release information. For example, information may be requested from:

- |   |                                      |
|---|--------------------------------------|
| Banks & other Financial Institutions  | Utility Companies                    |
| Courts  | Welfare Agencies                     |
| Law Enforcement Agencies  | Credit Bureaus                       |
| Employment Past & Present   | U.S. Social Security Administration  |
| Providers of Alimony, Child Support   | U.S. Department of Veteran’s Affairs |
| Pensions/Annuities  | Title or Escrow Companies            |
| Any & All other agencies to determine qualification under the program guidelines. |                                      |

COMPUTER MATCHING NOTICE AND CONSENT:

I/We agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

CONDITIONS:

I agree that photocopies of this authorization may be sued for the purposes stated above. If I do not sign this authorization, I understand I may be denied participation in NDS’ Housing Rehabilitation/Repair Programs.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

_____	_____
<i>Customer</i>	<i>Date</i>
_____	_____
Co-Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date

***All Household Members 18 years and over must sign.***

**Recipients providing the following information are only required to do so, on a voluntary basis. The information provided is used to enable monitoring and compliance with Federal laws prohibiting discrimination. When the recipient DOES NOT provide this information, the grantee will fill in this information based on personal observations and indicate so on such application.**

***Race (please circle)(Applicant)***

- |   |   |                                   |          |
|---|---|-----------------------------------|----------|
| 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. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:

Hispanic: Yes  No

**Immigrant Status** (please select one):

- |   |  |
|---|--|
| 1. You are U.S. born and 1 or both of your parents are foreign born | 2. You are U.S. born but 1 or both grandparents foreign born |
| 3. You are foreign born   | 4. You, your parents and grandparents are all U.S. born      |

**Gender (please circle):** Male  Female

**Handicapped?** Yes  No  **Veteran?** Yes  No

***Race (please circle) (Co-Applicant)***

- |   |   |                                   |          |
|---|---|-----------------------------------|----------|
| 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. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:

Hispanic: Yes  No

**Gender (please circle):** Male  Female

**Handicapped?** Yes  No  **Veteran?** Yes  No

**Immigrant Status** (please select one):

- |   |  |
|---|--|
| 1. You are U.S. born and 1 or both of your parents are foreign born | 2. You are U.S. born but 1 or both grandparents are foreign born |
| 3. You are foreign born   | 4. You, your parents and grandparents are all U.S. born          |



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## **PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD DEVELOPMENT SERVICES, INC.**

We at Neighborhood Development Services, Inc. value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in the notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### **Information We Collect**

**We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:**

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references

### **We may disclose the following information about you:**

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer-reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### **We may disclose your personal information to the following types of unaffiliated third parties:**

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others such as nonprofit organizations involved in community development, but only for program review, auditing, research, and oversight purposes.

**We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information to unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.**

## Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, users authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

## Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



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**PRIVACY CHOICES FORM**

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

**Box 1** – Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** – Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

**Neighborhood Development Services, Inc.  
120 E. Main Street  
Ravenna, Ohio 44266**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

If you do not wish to sign either box listed above please sign below.

Signature: \_\_\_\_\_



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