

Town of Union

Home Improvement Program

Pre-Application



OFFICIAL USE ONLY	
Date On Waiting List	
Annual Gross Income	
Date Accepted	
Date Rejected	
Reason	

Incomplete Applications will not be accepted and will not be returned to the applicant

This pre-application will be used to place your name on the waiting list for the Home Improvement Loan Program. All information is confidential, and will be verified to determine your eligibility. If you have any questions, please call (607) 786-2985.

Last Name _____ First Name _____ Mid . Initial _____ Jr./Sr. _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ E-Mail _____

Other Contact Person Name _____ Other Contact Person Phone Number _____

Total Number of Household Members _____ Number of Dependents _____ Is Head of Household Elderly or Disabled? Elderly? Disabled?

DISCLAIMER: This pre-application is not an offer of assistance. Eligibility for participation is determined at time of full application, upon verification of accuracy of information provided. Program requirements are subject to changes in federal law, without notice, and availability of funds.

DO YOU HAVE A DISABILITY THAT REQUIRES SPECIFIC ACCOMODATIONS?

- Yes Interpreter? Wheelchair Accessibility?
 No Homebound? Enlarged Print?

APPLICANT RACIAL INFORMATION (PLEASE CHECK ONE)

- White Black/African American
 Black/African American *and* White Asian
 Asian *and* White American Indian or Alaska Native
 American Indian or Alaska Native *and* White American Indian or Alaska Native *and* Black/African American
 Native Hawaiian/Pac. Islander Other: _____

APPLICANT ETHNICITY INFORMATION (PLEASE CHECK ONE)

- Hispanic or Latino Not Hispanic or Latino

PLEASE LIST INFORMATION FOR YOURSELF AND EACH PERSON WHO LIVES WITH YOU

Last Name	First Name	Middle Initial	Relationship to Head	Date of Birth	Last Four Digits of Social Security #
			Self		

HOUSING UNIT INFORMATION

Housing Type: Single-Family Multi-Family Total # of Units in House/Building: _____

Property Owner' s Name: _____ Age of House/Building/Year Constructed: _____

Type of Ownership: Deed Land Contract Other _____

FINANCIAL INFORMATION: LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Household Member Name	Income Source (Social Security, Pension, Public Assistance, Alimony, Child Support)	Gross Amount of Income (Indicate Hourly, Weekly, Monthly or Yearly)	Employment Status (Full Time/Part Time)	Employer Name

ASSET INFORMATION: LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS

Household Member Name	Type of Asset (I.E. Checking or Savings Account, Interest and/ or Dividends from Certificates of Deposit, Stocks, Bonds or Income from Rental Property)	Bank Name	Account Number	Balance	Interest

Have you previously participated in the Town's First Time Homebuyer Program? Yes No

Have you previously participated in the Town's Home Improvement Program? Yes No

LIST WORK ITEMS ASSISTANCE IS NEEDED FOR (DO NOT LEAVE THIS SECTION BLANK):

I/We Certify That The Information Given In This Application Is Accurate And Complete To The Best of My/Our Knowledge And Belief. I/We Understand That Completion Of This Pre-Application In No Way Obligates The Town Of Union Or Constitutes Approval. I/We Understand That I/We Should Not Start Work Until A Final Authorization To Proceed Is Received From The Town Of Union.

_____ _____ _____ _____
 Date Applicant Signature Date Spouse