

# 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 Have Read and Understand the Town of Union Home Repair Priority Guidelines. 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