



KEUKA HOUSING COUNCIL, INC.

160 MAIN STREET
PENN YAN, NEW YORK 14527
Telephone 315/536-8707 Fax 315/536-6169
Toll Free 888/744-1349 TDD - 1-800-662-1220

APPLICATION FOR SERVICE

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about alternative accommodations.

PLEASE CHECK SERVICE APPLYING FOR:

Homeownership Credit & Budgeting Foreclosure Prevention Homeless Assistance

Home Repairs (list repairs needed): _____

Have you received grant funding for repairs before? If yes, when and from which Agency: _____

Rental Application: No. of Bedrooms: 1 2 3 4 Location: Penn Yan Dundee Rushville

I understand that Keuka Housing Council, Inc. receives funds from federal and state programs and may be required to share some of my personal information with administrators or their agents for the purposes of program monitoring, compliance and evaluation. I authorize Keuka Housing Council, Inc. to release information to the United States Department of Housing and Urban Development (HUD).

_____ **Initials**

APPLICANT:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____ Social Security Number _____

Date of Birth ____/____/____ Age ____ Marital Status _____ Education _____

US Citizen: Y/N (circle one) Disabled: Yes / No (circle one) Disabled Dependent: Yes / No (circle one) Veteran: Yes / No (circle one)

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____ Email _____

Current Address _____
Street Address _____ City _____ State _____ Zip Code _____ Years/Months at Residence _____

Previous Address _____
Street Address _____ City _____ State _____ Zip Code _____ Years/Months at Residence _____

CO-APPLICANT

Last Name _____ First Name _____ Middle Initial _____ Suffix _____ Social Security Number _____

Date of Birth ____/____/____ Age ____ Marital Status _____ Education _____

US Citizen: Y/N (circle one) Disabled: Yes / No (circle one) Disabled Dependent: Yes / No (circle one) Veteran: Yes / No (circle one)

Home Phone # _____ - _____ - _____ Cell Phone# _____ - _____ - _____ Email _____

Current Address _____
Street Address _____ City _____ State _____ Zip Code _____ Years/Months at Residence _____

Previous Address _____
Street Address _____ City _____ State _____ Zip Code _____ Years/Months at Residence _____



"Equal Housing Opportunity"
Keuka Housing Council, Inc. is an equal opportunity provider and employer.



Do you currently:

Rent _____ Landlord Name _____ Phone # _____ - _____ - _____

Do you have a Section 8 Voucher? Yes / No (circle one)

If no, have you applied? Yes / No (circle one)

Own _____ Is this your primary residence? Yes / No (circle one)

If no, please explain: _____

Mortgage: Yes / No (circle one)

If yes, is mortgage current? Yes / No (circle one)

Name of mortgage holder: _____

Are Property Taxes paid? Yes / No If no, what years are unpaid? _____

Other (lives with relative, etc.) _____

Dependents (list all household members)

Name	Age	Name	Age

Employment - Applicant

Employer _____
Name and Address

Phone# _____ - _____ - _____ Position / Title _____ Start Date ____/____/____ Years in Profession _____

Gross Monthly Income

Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____ Other \$ _____ Total \$ _____

Previous Employment

(if current employment less than 2 years) Name and Address _____

Phone# _____ - _____ - _____ Position / Title _____ Start Date ____/____/____ Years in Profession _____

Employment – Co-Applicant

Employer _____
Name and Address

Phone# _____ - _____ - _____ Position / Title _____ Start Date ____/____/____ Years in Profession _____

Gross Monthly Income

Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____ Other \$ _____ Total \$ _____

Previous Employment

(if current employment less than 2 years) Name and Address _____

Phone# _____ - _____ - _____ Position / Title _____ Years/Months on Job ____/____ Years in Profession _____



“Equal Housing Opportunity”
Keuka Housing Council, Inc. is an equal opportunity provider and employer.



Does the applicants currently receive benefits under one or more of the following programs (check all that apply):

Medicaid
 Supplemental Nutrition Assistance Program (SNAP) - \$ _____ / MONTH
 HEAP - \$ _____ / YEAR
 Section 8 Housing Voucher/ or other rental subsidy - \$ _____ / MONTH

LIST CURRENT INCOME FROM ALL SOURCES AND ALL PERSONS LIVING IN THE HOUSEHOLD:

Source of Income	Amount – Per wk., bi-weekly, month, etc.	Recipient Name	Office Use Only Annual Amount
Wages			
Social Security/ SSI/ SSD			
Social Security/ SSI/ SSD			
Public Assistance			
Unemployment Benefits			
VA Benefits			
Pension/ Retirement			
Alimony			
Child Support			
Workers' Compensation			
Rental Income			
Other: _____			

3. Total Household Income \$ _____ Monthly \$ _____ Annual

FOR OFFICE USE ONLY

Total from Asset Income (the greater of actual or calculated from next page)	Total Annual Household Income From Above	Total Annual Income From All Sources
	# in Household:	% of AMI



“Equal Housing Opportunity”
 Keuka Housing Council, Inc. is an equal opportunity provider and employer.



STATEMENT OF ASSETS: Assets are cash or non-cash items that can be converted to cash.

Items such as checking accounts, savings accounts, stocks, bonds, life insurance with a cash value, equity in real properties (rental properties), IRAs, Pensions that can be withdrawn before retirement, lump sum receipts (such as capital gains, lottery winnings, insurance settlements) and person property held as an investment (gems, antique cars, jewelry, coin collections, etc.)

LIST ANY INCOME FROM THESE ASSETS IN THE BELOW SECTION:

HOUSEHOLD MEMBER	ASSET DESCRIPTION	CURRENT CASH VALUE	ANNUAL ASSET INCOME/ INTEREST
	CHECKING ACCOUNT		
	SAVINGS ACCOUNT		
Office Use Only		TOTAL	

<p>FOR OFFICE USE ONLY</p> <p>IF CURRENT CASH VALUE IS GREATER THAT \$5,000.00, MULTIPLY BY _____ (PASSBOOK RATE) AND ENTER RESULT HERE, OTHERWISE LEAVE BLANK</p> <p>\$ _____</p>

Liabilities

Name and Address of Company	Monthly Payments & Months Left to Pay	Unpaid Balance
	\$	\$
	\$	\$
	\$	\$



“Equal Housing Opportunity”
 Keuka Housing Council, Inc. is an equal opportunity provider and employer.



BUDGET

Expense	Monthly Amount	Expense	Monthly Amount	Expense	Monthly Amount
Food		Heat (Propane, Oil)		Home repair/Maintenance (appliances, paint, yard, etc.)	
Clothing		Electricity		Gifts (Holidays, birthdays, charity, church, etc.)	
Medical (doctor, dentist, eyeglasses, medication, etc.)		Telephone/Cell Phone		Recreation (dining, movies, sports, entertainment, vacation, hobbies, etc.)	
Personal (beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)		Cable TV/Internet		Car (gas, tires, repairs, license, etc.)	
Education (tuition, books, supplies, fees, school lunches, etc.)		Water and/or Sewer		Transportation (bus, taxi, trains, etc.)	
Child Care (daycare, babysitting, etc.)		Auto Ins.		Other	
Child support/alimony (paid out)		Rent or Mortgage			
Health & Life Insurance		Real Estate/Renters' Insurance		Total Expenses	

I / We authorize Keuka Housing Council, Inc. to order a merged credit report from an authorized credit reporting agency.

By signing below I/(we) hereby certify' that the above income and asset statements are true and correct and I understand that I may be required to sign a release of information form to verify income and asset information reported on this application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

The following information is requested by the Federal Government for data related information and specific to dwellings, in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it under Federal regulations this Lender is required to note race and sex on the basis of visual observation surname. If you do not furnish the above information, please check the box below.

APPLICANT

I do not wish to furnish this information

Race/ National Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White Other (Specify)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Sex: Male Female Other/Non-Conforming

CO-APPLICANT

I do not wish to furnish this information

Race/National Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White Other (Specify)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Sex: Male Female Other/Non-Conforming

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, disability or sexual orientation. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the Federal Fair Housing Act (42USC 3600, et seq.)



“Equal Housing Opportunity”
 Keuka Housing Council, Inc. is an equal opportunity provider and employer.





KEUKA HOUSING COUNCIL, INC.

160 MAIN STREET
PENN YAN, NEW YORK 14527
Telephone 315/536-8707 Fax 315/536-6169
Toll Free 888/744-1349 TDD - 1-800-662-1220

PRIVACY POLICY

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about alternative accommodations. Keuka Housing Council, Inc. (KHC) is committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors and other only with your authorization and signature on the Authorization to Release Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gather valuable research information and designing future programs.

What is nonpublic, personal information?

- Information that identifies you such as your name, address, social security number, assets, and income.
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts.

What personal information does KHC collect about you?

- Information that was provided on application, forms, emails or verbally.
- Information about your transactions with us, our affiliates, or others.
- Information we receive from your creditors or employment references.
- Credit Reports.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes; and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your credit worthiness.
- We do **NOT** sell or rent your personal information to outside entities.
- We may share anonymous, aggregate case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our programs, gather valuable research information, and/or design future programs
- We may disclose personal information about you to this parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic information to the KHC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic information. We train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

During the course of your involvement in any of KHC’s programs, you may receive relevant information regarding other services that our agency offers which include Rental Counseling, Homebuyer Education, Foreclosure Counseling, Credit and Budget Counseling, leasing of apartments owned by our Agency, and Homebuyer/ Homeowner Assistance which could include down payment assistance and or housing rehabilitation. Our Federal funding sources are the United States Department of Housing and Urban Development



“Equal Housing Opportunity”
Keuka Housing Council, Inc. is an equal opportunity provider and employer.



(HUD) and the United States Department of Agriculture (USDA). Our State funding sources are the Office of Temporary and Disability Assistance (OTDA) and the NYS Division of Housing and Community Renewal. We also receive funding from The Nord Family Foundation (NORD) and the William G. McGowan Charitable Fund.

You are giving us permission to give personal information to others that we feel may help your housing situation. You understand that information gathered may be used for research, program or policy development and/or other legitimate purposes. You are under no obligation to receive any other services from KHC or our partners to receive housing counseling services.

You may also receive contact information from other institutions and/or agencies including human service agencies, lending organizations and others that may be of assistance regarding your specific situation. KHC has no financial standing in and will not benefit financially from your relationship with these organizations.

KHC and its employees are not attorneys and information that is given should not be taken as legal advice.

RELEASE: I hereby authorize Keuka Housing Council, Inc., to release nonpublic information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read, received and understand the above privacy policy.

_____	_____	_____	_____
Name (Print)	Date	Name (Print)	Date
_____	_____	_____	_____
Name (Signature)	Date	Name (Signature)	Date

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as creditors), that is, direct to us not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may do so by notifying us in writing.

OPT OUT: I request Keuka Housing Council, Inc., make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that I may change my decision any time by contacting Keuka Housing Council, Inc.

_____	_____	_____	_____
Name (Print)	Date	Name (Print)	Date
_____	_____	_____	_____
Name (Signature)	Date	Name (Signature)	Date



“Equal Housing Opportunity”
Keuka Housing Council, Inc. is an equal opportunity provider and employer.





KEUKA HOUSING COUNCIL, INC.

160 MAIN STREET
PENN YAN, NEW YORK 14527
Telephone 315/536-8707 Fax 315/536-6169
Toll Free 888/744-1349 TDD - 1-800-662-1220

Keuka Housing Council Program Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about alternative accommodations.

About Us and Program Purpose: Keuka Housing Council, Inc., is a Not-For-Profit, HUD approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling programs such as, pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, disability or sexual orientation. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the Federal Fair Housing Act (42USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> ● Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. ● Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. ● Preparing a household budget that will help you manage your debt, expenses, and savings. ● Your counselor is NOT responsible for achieving your housing goals, but will provide guidance and education in support of your goal. ● Neither your counselor or KHC employees, agents, or directors may provide legal service. 	<ul style="list-style-type: none"> ● Completing the steps assigned to you in your Client Action Plan. ● Providing accurate information about your income, debts, expenses, credit, and employment. ● Attending meetings, returning calls, providing requested paperwork in a timely manner. ● Attending educational workshop(s), (i.e. pre-purchase counseling workshop) as recommended. ● Retaining an attorney if seeking legal advice and/or representation in matter such as foreclosure or bankruptcy protection.

____/____ initials	Termination of Services: Failure to work cooperatively with your housing counselor and/or KHC will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.
------------------------------	---

Agency conduct: No Keuka Housing Council, Inc., employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Keuka Housing Council Inc., has financial affiliation (funded by HUD) and professional affiliations (non-HUD funded) with USDA Rural Development, the State of New York, Yates County, Nord and McGowan Foundations, and other Federal Home Loan Banks. As a housing counseling program participant, you are not obligated to use the products and services of KHC or our industry partners. Renee Bloom, Executive Director, has a Real Estate License and cannot act as a Buyer's or Seller's agent for any person or family that receives counseling from KHC.

"Equal Housing Opportunity"

Keuka Housing Council, Inc. is an equal opportunity provider and employer.





KEUKA HOUSING COUNCIL, INC.

160 MAIN STREET
PENN YAN, NEW YORK 14527
Telephone 315/536-8707 Fax 315/536-6169
Toll Free 888/744-1349 TDD - 1-800-662-1220

AUTHORIZATION TO RELEASE INFORMATION

This form cannot be used for the re-release of confidential information provided to Keuka Housing Council, Inc. by other individuals or agencies. Such requests should be referred to the original individual or agency.

I, _____, hereby authorize Keuka Housing Council, Inc. to:

_____ Receive Information From: and/or _____ Release Information to:

Person/ Organization

I understand that the purpose of the release and/or exchange of information is to allow for the arrangement of services.

This consent will automatically expire one (1) year after the date of my signature as it appears below.

I understand that Keuka Housing Council, Inc. receives funds from federal and state programs and may be required to share some of my personal information with administrators or their agents for the purposes of program monitoring, compliance and evaluation. I authorize Keuka Housing Council, Inc. to release information to the United States Department of Housing and Urban Development (HUD).

I acknowledge that I have received a copy of Keuka Housing Council, Inc.'s Privacy and Disclosure Statement.

I understand that I have the right to refuse to sign this form, and that I may revoke my consent in writing at any time (except to the extent that the information has already been released).

Signature of Client Date XXX-XX-
Social Security Number

Signature of Client Date XXX-XX-
Social Security Number

Signature of Witness Date

FOR CANCELLATION OF AUTHORIZATION

I hereby revoke my permission as stated above to release and/or exchange of information regarding myself to the person or organization listed above.

Signature of Client Date

Signature of Client Date

Signature of Witness Date



“Equal Housing Opportunity”
Keuka Housing Council, Inc. is an equal opportunity provider and employer.

