



HOUSING REHAB LOAN FUND PREQUALIFICATION PACKET

NMLS#179570, Branch ID #184793

Prequalification Packet Instructions

- This packet is required in order to determine eligibility for our loan program. *This is not an application for a loan.*
- Please fill out this packet in its entirety before submitting. This includes filling out each section completely and signing all specified sections.
- Please do not submit packets without ALL supporting documentation. **Packets that are submitted without all supporting documentation will not be processed.**
- If you need help filling out this packet, or have questions, please contact Charlotte at (802) 861-7347 or cdoggett@getahome.org
- Completed packets can be submitted to:

Attn: Charlotte Doggett
Champlain Housing Trust
88 King Street
Burlington, VT 05401

For Office Use Only

Income Documentation included:

Pre-Qualification signed by all applicants:

Pre-Qualification Form Complete:

Pre-Qual Packet Complete: _____

Sent request for more information: _____

Initials: _____

Part 1: Household Member Information

Primary Applicant

| | | | |
|-------------------------------------|--------------------------------------|--------------------------|--|
| Name: | | | |
| Social Security #: | | Date of Birth: | |
| Mailing Address: | | | |
| Physical Address (if different): | | | |
| Best Way to Reach you (circle one): | Home Phone: Cell Phone: Email: | | |
| Are you married/in a civil union? | Yes | No | |
| Citizenship Status? | U.S. Citizen | Permanent Resident Alien | |
| Military Veteran? | Yes | No | |
| Gender? | | Pronoun you prefer? | |

Co Applicant

| | | | |
|-------------------------------------|--------------------------------------|--------------------------|--|
| Name: | | | |
| Social Security #: | | Date of Birth: | |
| Mailing Address: | | | |
| Physical Address (if different): | | | |
| Best Way to Reach you (circle one): | Home Phone: Cell Phone: Email: | | |
| Are you married/in a civil union? | Yes | No | |
| Citizenship Status? | U.S. Citizen | Permanent Resident Alien | |
| Military Veteran? | Yes | No | |
| Gender? | | Pronoun you prefer? | |

Other Household Members:

| | | | | | | | | |
|-------|--|----------------|--|--------|--|--------------------|-----|----|
| Name: | | Date of Birth: | | Income | | Full time student? | Yes | No |
| Name: | | Date of Birth: | | Income | | Full time student? | Yes | No |
| Name: | | Date of Birth: | | Income | | Full time student? | Yes | No |
| Name: | | Date of Birth: | | Income | | Full time student? | Yes | No |

Part 2: Housing Information

| | | | |
|---|-----------|---|-----------------------------|
| Current Value of Home: | \$ | | |
| Year of Purchase and Price: | Year: | \$ | |
| Who has ownership interest in the home*? (circle all that apply) | Applicant | | Co-Applicant |
| | Other: | | |
| Title of property is in the name of: | | | |
| Are real estate taxes current? | Yes | | No |
| How much do you pay in property taxes? | \$ | Monthly | Yearly Quarterly |
| Please specify location of taxes: (circle all that apply) | Town | City | Village of |
| Are you in our Shared Equity Program? | Yes/No | Do you pay HOA fees or lot rent (park)? | No/Yes, I pay \$_____/month |

*Vermont law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate when it is used or kept as their primary residence, even if the spouse or civil union partner is not a Title Owner to that property. This homestead interest prevents creditors from attaching the entire interest in the property without consent of all parties who have an ownership interest in the property. For this reason we will require all parties with an ownership interest to sign the mortgage deed to insure that our lien is fully enforceable.

Homeowner's Insurance

This program requires you to maintain Homeowners' Insurance on your property. You will also be required to maintain flood insurance if your property is determined to be in a flood hazard area

| | | | |
|----------------------|--------------------|----------------|-----------|
| Insurance Company: | | Policy Number: | |
| Name of Your Agent: | | | |
| Contact Information: | Phone: | Fax: | Email: |
| Address: | | | |
| | City/Town: | State: | Zip code: |
| Coverage: | Dwelling: \$ | | |
| | Deductible: \$ | | |
| | Annual Premium: \$ | | |

Mortgage/Lender Information

| | | | | |
|---------------------------|-----|-----------------------------|------------|------------------|
| Original Mortgage Amount: | \$ | Term (years): | | |
| Current Mortgage Balance: | \$ | Loan Terms: | % | Fixed/Adjustable |
| Monthly Payment: | \$ | Includes Taxes & Insurance? | Yes | No |
| Line of Credit? | Yes | No | Don't Know | |
| Lender Name: | | | | |
| Lender Street Address: | | | | |
| City/Town, State, Zip: | | | | |
| Account Number: | | | | |

Acceptable forms of documentation for Part 2:

Current Property Tax Bill

Part 3: Income Information

Please list all payments any household member (including minors) receives from Social Security, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Housing Assistance Payment (HAP), Worker's Comp, Disability pay/benefits, Unemployment Insurance, severance pay, annuities, insurance policy payments, pension, retirement benefits, death benefits, Armed Forces Pay, alimony/maintenance, Child Support, OTHER: Money or gifts regularly given by persons not living in the home; Lottery winnings paid periodically; rental income from tenants; interest, dividends, royalty income, income from estates or trusts; Other- please specify.

Primary Applicant

| | | | |
|-----------------------------|--------|------|--------|
| Employer: | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email: |
| Date of Hire: | | | |
| Employer 2 (if applicable): | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email: |
| Date of Hire: | | | |

| | |
|---|--|
| Self Employed: | \$ |
| Social Security: | \$ |
| Pension: | \$ |
| Unemployment: | \$ |
| Child Support and/or Alimony (monthly): | Pay: \$ Receive: \$ |

Co Applicant

| | | | |
|-----------------------------|--------|------|--------|
| Employer: | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email |
| Date of Hire: | | | |
| Employer 2 (if applicable): | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email: |
| Date of Hire: | | | |

| | |
|---|--|
| Self Employed: | \$ |
| Social Security: | \$ |
| Pension: | \$ |
| Unemployment: | \$ |
| Child Support and/or Alimony (monthly): | Pay: \$ Receive: \$ |

Failure to report household income is considered fraud and can have serious consequences.

Part 3: Income Information (continued)

Please list income any additional household members over the age of 17 receive from Self-Employment, Wages/Salaries, Overtime Pay, Commissions, Fees/Tips, and Bonuses.

Additional Household Member (other than primary and co-applicants):

| | | | |
|-------------------|--------|------|--------|
| Employer: | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email |
| Date of Hire: | | | |
| Employer: | | | |
| Employer Address: | | | |
| Employer Contact: | Phone: | Fax: | Email: |
| Date of Hire: | | | |

Other Income (if applicable):

| | | |
|---|---------|-------------|
| Social Security: | \$ | |
| Pension: | \$ | |
| Unemployment: | \$ | |
| Child Support and/or Alimony (monthly): | Pay: \$ | Receive: \$ |

Failure to report household income is considered fraud and can have serious consequences.

Acceptable forms of documentation for Part 3 (include all that apply to your household):

| |
|---|
| IF YOU GET PAID → YOU NEED TO SEND |
| Every week → Your last 5 paystubs Every two weeks → Your last 3 paystubs Monthly → Your last paystub Pension → Statements Social Security → Benefit Letter Self-Employed → 2 years of tax returns Unemployment → Statements |

Part 4: Assets and Liabilities

***Assets-** Including the following: Cash held in savings and checking accounts, safe deposit boxes. Equity in real estate, including mortgages or deeds held by either applicants. Cash value of stocks, bonds, treasury bills, or certificate of deposit and money market accounts. Trust Funds, mutual funds, individual retirement accounts. Retirement and pension funds; Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as gems, jewelry, coin collections, cars etc. **DO NOT COUNT:** Personal property such as clothing, furniture, cars, etc.

Primary Applicant

| Financial Institution | Address | Type of Asset | Cash Value | Account Number |
|-----------------------|---------|---------------|------------|----------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

Co Applicant

| Financial Institution | Address | Type of Asset | Cash Value | Account Number |
|-----------------------|---------|---------------|------------|----------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

Additional Household Members:

| Financial Institution | Address | Type of Asset | Cash Value | Account Number |
|-----------------------|---------|---------------|------------|----------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

****Liabilities:** **Please include ALL liabilities for ANY household members

| Creditor's Name | Outstanding Balance | Minimum Monthly Payment | Is this an installment debt? (circle one) | |
|-----------------|---------------------|-------------------------|---|----|
| | \$ | \$ | Yes | No |
| | \$ | \$ | Yes | No |
| | \$ | \$ | Yes | No |
| | \$ | \$ | Yes | No |
| | \$ | \$ | Yes | No |

Credit and Legal Information (circle all that apply):

| | | | | |
|---|-----|----|---|--|
| Are you currently or have you ever filed bankruptcy? | Yes | No | If answered yes, provide date of discharge: | |
| Do you currently or have you ever had a judgment or lawsuit against you? | Yes | No | | |
| Do you have any liens on your property? (other than first or second mortgage) | Yes | No | | |
| Are there any other legal claims against you? | Yes | No | | |
| Is this Property in probate? | Yes | No | | |

Acceptable forms of documentation for Part 4:

- Current Asset Statements
- Letter of Explanation for any credit related issues

PART 5: AFFIRMATION, AUTHORIZATION, ACKNOWLEDGEMENT, AND SIGNATURE(S)

Each of the undersigned specifically represents to Champlain Housing Trust, Inc. (CHT) and to CHT's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that:

- (1) the information provided in this packet is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.
- (2) all statements made in this packet are made for the purpose of determining program eligibility
- (3) the property will not be used for any illegal or prohibited purpose or use
- (4) the property will be occupied as indicated in this packet
- (5) Champlain Housing Trust, Inc., its servicers, successors or assigns may retain the original and/or an electronic record of this packet, whether or not I am eligible for the program and/or a Loan is subsequently recommended
- (6) Champlain Housing Trust, Inc. and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the worksheet, and I am obligated to amend and/or supplement the information provided in this worksheet if any of the material facts that I have represented herein should change prior to the origination of any such Loan
- (7) This Eligibility Packet is not considered an application for a Loan, I will be required to complete a Loan Application Form prior to Champlain Housing Trust, Inc. loan committee making a loan decision.

Acknowledgement. Each of the undersigned hereby acknowledges that Champlain Housing Trust, Inc., its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Eligibility Worksheet, for any legitimate business purpose through any source, including a financial institution, employer, creditor, landlord, or any other source listed in this form, or a consumer reporting agency.



Applicant Signature Date

Co-applicant Signature Date

Champlain Housing Trust, Inc. is an Equal Housing Opportunity program. Discrimination is prohibited by Federal Law.

GOVERNMENT MONITORING INFORMATION

The following information is requested by the Federal Government in order to monitor the Lender's compliance with equal credit opportunity, fair housing and mortgage disclosure laws. You are not required to provide 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 or not you choose to provide it. However, if you choose not to provide it, under Federal regulations this Lender is required to note race and gender on the basis of visual observation or surname.

Applicant: I do not wish to provide this information, **or check all that apply:** Handicapped/Disabled
Sex: Female Head of Household Female Male Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: White Black/African American Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native
 American Indian/Alaskan Native and White Asian and White Black African American and White
 Other Multi-Racial

Co-Applicant: do not wish to provide this information, **or check all that apply:** Handicapped/Disabled
Sex: Female Head of Household Female Male Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: White Black/African American Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native
 American Indian/Alaskan Native and White Asian and White Black African American and White
 Other Multi-Racial

If noted by Lender, by:
 Visual Observation Surname



Rehab Addendum
 Housing Conditions Form
 NMLS ID#17970, 184793

Applicant: _____ Co-Applicant: _____
 Property Address: _____

I. Property Information: CHECK ALL THAT APPLY

| <u>Property Type</u> | <u>Ownership Type</u> | <u>General Information</u> |
|---|--|----------------------------|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Owned Land | _____ # of bedrooms |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Leased Land | _____ # of bathrooms |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> CHT's Shared Equity | _____ Year Built |
| <input type="checkbox"/> Other: | | |

Utilities Information

Public Water/Sewer
 Well
 Septic System
 Electric: _____ Provider
 Oil: _____ Provider
 Solar: _____ Provider
 Natural Gas: _____ Provider
 Other: _____

Have you had any of the following work done? :

Radon Testing _____ Year _____ Result
 Weatherization Program _____ Year _____ Result
 Lead Testing _____ Year _____ Result

*If yes which Lead Program? _____
 Are your smoke detectors functioning?

II. Housing Conditions

Please describe the reason(s) why you are applying for this program. Include all *essential* (non-cosmetic) repairs that need to be made to your home. If you have an over-crowding situation, please describe. (Use the back of this sheet if necessary).

This form gives us information about your house and the items that require work. Champlain Housing Trust uses public funds that require borrowers to comply with the following government regulations:

- 1) Housing Quality Standards established by the U.S. Department of Housing and Urban Development (HUD);
- 2) State and local Health, Safety, Building, and Energy Codes;
- 3) If your home is eligible for the State and/or National Register of Historic Places, all rehabilitation must comply with the Secretary of the Interior's Standards for Rehabilitation;
- 4) In compliance with federal EPA regulations and Vermont law, all repair work in homes with lead-based paint that disturbs the paint will be done by pre-approved contractors with certification in EPA-approved lead-safe work practices and will be done in a lead-safe manner;

In addition, our program policies require that we follow these procedures:

- 1) Energy audits for weatherization loans must be performed by pre-approved certified energy auditors;
- 2) A priority system will be used to address the most serious problems (mechanical and structural systems) before including less severe conditions in the scope of work.

I / we authorize Champlain Housing Trust (CHT) Rehab Specialist(s) to perform any/all necessary inspection(s) required to prepare the scope of work recommendation estimate(s) associated with this application, to determine the loan amount I may be eligible to apply for.

 Primary Applicant Date

 Co-Applicant Date

Champlain Housing Trust HomeOwnership Center

Consumer Privacy Policy

**PLEASE RETAIN THIS COPY OF
OUR PRIVACY POLICY FOR
YOUR RECORDS.**

Champlain Housing Trust (CHT) is a non-profit housing organization subject to the laws of the State of Vermont. CHT values the trust of its customers and is committed to the responsible management, use and protection of personal information. This notice describes the HomeOwnership Center's policy for the collection and disclosure of your information. We are entrusted with sensitive non-public information about you and your finances and uphold strict confidentiality procedures within our organization. We do not now, nor have we ever, sold or rented your non-public personal information to any non-affiliated third party for any reason.

What information we collect: We may collect "non-public personal information" which could include but is not limited to items such as your social security number, household income, payment history, and account balances. This information is collected in order to provide homebuyer education, individual counseling, shared equity grants and services, financing options, and loans.

The following are sources we may obtain information from:

- Information you provide to us, on applications and other eligibility or loan related documents
- Information we receive from third parties such as credit bureaus, employers or other income sources, institutions with which you have deposited funds or that have extended you credit
- Information about your transactions with us, our affiliates, or others

What Information We Disclose: We may share information under the law about our experiences or transactions with you or your account (such as your account balance and payment history with us) with companies related to us by common control or ownership ("affiliates"). However, where state law may be more restrictive, we will abide by the more restrictive requirements.

In order to expedite processing of our services on your behalf, CHT may need to disclose non-public personal information about you to "non-affiliated third parties" (that is companies not related to us by common control or ownership) and **will do so only with a signed authorization to release information from you**. These entities may include: attorneys, other lending entities, CHT funding sources as required, government-funded programs and/or service providers, or other government entities; and when required by law or in response to subpoenas; and to reputable credit reporting agencies via servicers ("credit bureaus"). We also may share information with other funding programs in order to combine different sources of loans and/or grants to help address your housing needs. Finally, in order to remain compliant with funders requirements, CHT may be required to allow funders such as (but not restricted to) HUD, NeighborWorks America, CHAPA and/or NFMC to engage in a review process that may include reviewing electronic and/or hard copy files.

If the HomeOwnership Center shares information with any non-affiliated third party, we will require their agreement to protect the confidentiality of customer information and use it only for the specific purpose intended and not reuse, sell, rent, or disclose it in any other form to any other entity. We will continue to adhere to the privacy policies and practices described in this notice whether or not we find you eligible for our program, or if you pay off your loan with us.

Our Security Procedures: We will always maintain control over the confidentiality of our customer information, which includes having physical, electronic and procedural safeguards that comply with federal standards. We will permit only authorized employees, who are trained in the proper handling of our customers' sensitive non-public information, to have access to that information in order to provide you with quality products and superior service. All of our operational and data processing systems are in a secure environment that protects your information from being accessed by third parties. Thank you for your confidence in Champlain Housing Trust and the HomeOwnership Center and for allowing us to help meet your housing needs.



Division of Environmental Health

Radon Kit Request Form

For Office Use Only

Radon Detector #: _____

To receive a complimentary radon detector, please provide the following information and submit the form by e-mail or select the 'Print' button to mail or fax the form to the Radon Program.

First Name Last Name

Contact Number Cell Home Work

Physical Address of Property Being Tested (required)

'E911' Street Address

Town State VT Zip

Mailing Address

mail kit to physical address

Street

Town State Zip

Has this property been tested using the free VDH long term kit before? Yes No

*Please allow 2 - 4 weeks for delivery.
This offer is only valid for properties located in Vermont.*

Please submit completed form to:

VT Dept of Health, Radon Program
Division of Environmental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

1.800.439.8550
fax: 802.863.7483
e-mail: radon@state.vt.us
website: <http://healthvermont.gov/enviro/rad/radon.aspx>

To Submit Via E-mail:

- 1) **Save** the completed form
- 2) Attach to an e-mail to radon@state.vt.us with the subject "Radon Kit Request"

