Instructions

- If you need assistance in filling this out, please contact Melissa at (802) 861-7347 or mabbott@getahome.org. The toll free number is (877) 274-7431.

- This packet is required to determine eligibility for our home repair loan/grant program. This is not an application for a loan.

- Please fill out this packet in its entirety before submitting.

- If you need to provide additional information in any section, please include a separate sheet of paper.

- You must submit your packet with the following information:
  
  o One month’s worth of income documents (i.e. paystubs, benefit award letter, pension statement, etc)
  o Most recent bank statement
  o Property Tax Bill
  o Detailed explanation of any credit related issues

If you have questions, please call (802) 861-7347

Please return to:

Champlain Housing Trust
88 King Street
Burlington, VT 05401

Headquarters: 88 King Street, Burlington, VT 05401 NMLS ID #179570
Franklin/Grand Isle: 13 Lake Street, St. Albans, VT 05478 NMLS ID #104793
MLO NMLS ID #377856, 1457533, 1457543
Home Repair Loan Program
Eligibility Packet

Applicant Information

Primary Applicant
Name: ___________________________
Social Security Number: ____________
Birth Date: _______________________
Marital Status: Married☐ Unmarried☐ Separated☐
Are you a: U.S. Citizen☐ Permanent Resident Alien☐
Gender: Male ☐ Female ☐ Transgender ☐ Other ☐
Military Veteran? Yes ☐ No ☐

Co-Applicant
Name: ___________________________
Social Security Number: ____________
Birth Date: _______________________
Marital Status: Married☐ Unmarried☐ Separated☐
Are you a: U.S. Citizen☐ Permanent Resident Alien☐
Gender: Male ☐ Female ☐ Transgender ☐ Other ☐
Military Veteran? Yes ☐ No ☐

Mailing Address: ___________________________

Property Address (if different): _______________________________________

Email Address: ________________________________________________

Phone Number: ________________________________

Best way to Reach you (circle one; only choose email if you check it at least once a day):    phone   email   USPS mail

Other Household Members

Please list everyone (aside those listed above) who reside in the home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Income</th>
<th>Full time Student?</th>
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</table>
Home Repair Loan Program
Eligibility Packet

Income Information:

Please list all payments any household member (including minors) receives from working, 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 Name: ___________________________ Hire Date: _______________ Job Title: ___________________________

Employer Mailing Address: ___________________________

Pay Rate: ___________________________ Hours Worked Per Week: _______________ Frequency of Pay: _______________

If less than two years at current job, please provide previous employer and income information: ___________________________

Other Income (Y/N): ________ If Yes, Provide Source and Monthly Income: ___________________________

Co-Applicant:

Employer Name: ___________________________ Hire Date: _______________ Job Title: ___________________________

Employer Mailing Address: ___________________________

Pay Rate: ___________________________ Hours Worked Per Week: _______________ Frequency of Pay: _______________

If less than two years at current job, please provide previous employer and income information: ___________________________

Other Income (Y/N): ________ If Yes, Provide Source and Monthly Income: ___________________________

Other Household Income:

Household Member Name: ___________________________ Source of Income: ___________________________ Monthly Amount: ___________________________

Household Member Name: ___________________________ Source of Income: ___________________________ Monthly Amount: ___________________________

Household Member Name: ___________________________ Source of Income: ___________________________ Monthly Amount: ___________________________

Notes: ___________________________

**For wage/salary income, please submit one month’s worth of your most recent paystubs**

**For Social Security/Benefits, please submit Award Letter**

**For Self-Employment, Two Years Tax Returns and Year to Date Profit and Loss**

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Home Repair Loan Program
Eligibility Packet

Housing Information:

Current Value of Home: $________ Year of Purchase: ______ Original Purchase Price: $________

Are you in our Shared Equity Program (Y/N): ______ Do you pay HOA fees or Lot Rent? If yes, how much? ______

Title to the Property is in the name(s) of: ____________________________________________________________

Does anyone else have an ownership interest in the property (i.e. life estate, homestead rights)? Yes □ No □ *

If yes, please state their name and type of ownership: ___________________________________________________

*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.

Property Taxes:

Tax Assessed Value: $__________________________ Town/Village/City you pay: __________________________

How much do you pay in taxes per year? __________________________ Are Taxes Current (Y/N): __________________

**Please Submit a Copy of Your Most Recent Property Tax Bill**

Homeowner’s Insurance:

This program requires you to maintain Homeowner’s 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: ____________________________

Agent Name: __________________________________

Phone: __________________________ Fax: __________________________ Email: __________________________

Coverage: Dwelling __________ Deductible: __________ Annual Premium: __________

Mortgage Information:

Original Mortgage Amount: $________ Current Balance: $________

Interest Rate: __________ Term (years): __________ Fixed or Adjustable Rate: __________

Monthly Payment: $________ Includes Taxes and Insurance (Y/N): __________

Lender’s Name: ____________________________ Account Number: ____________________________

Address: ____________________________ City: ____________________________ State: __________ Zip: __________
Home Repair Loan Program
Eligibility Packet

Mortgage Information (continued):

Is there a Second Mortgage? Or Home Equity Line of Credit? (Y/N): ______ If Yes, Lender: __________________________

Current Balance: $________ Rate: ______ Term (Years): ________ Monthly Payment: $________

Notes: ________________________________________________

How much money do you believe you can pay monthly on a Home Repair Loan? $________/per month

**Assets:** Please include cash held in checking/savings accounts, mutual funds, certificate of deposit, money market, and retirement accounts. Include the cash value of any owned stock, bonds, treasury bills, trust funds, and life insurance policies (available to individual before death). Additionally, please include any equity in Real Estate, and cash value of personal investments in jewelry, gems, coins, cars, etc. DO NOT COUNT personal property such as clothing, furniture, cars etc.

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<tr>
<th>Household Member</th>
<th>Asset Type</th>
<th>Financial Institution</th>
<th>Amount/Value</th>
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**Liabilities:** Please include items such as car loans/leases, student loans, credit cards, other installment loans

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Creditor/Type of Liability</th>
<th>Outstanding Balance</th>
<th>Minimum Monthly Payment</th>
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**Credit and Legal Information:**

1. Are you currently or have you ever filed for bankruptcy? Yes No If yes, provide type and date of discharge: ____________
2. Do you currently or have you ever had a judgement or lawsuit against you? Yes No
3. Do you have any liens on your property (other than mortgage)? Yes No
4. Are there any other legal claims against you? Yes No
5. Is this property in probate? Yes No
6. Have you been more than 30-days late with any creditor, or received notice of collections/charge offs? If yes, please explain: __________________________________________________________________________________________

Home Repair Loan Program
Eligibility Packet

Affirmation, Authorization, Acknowledgement, and Signatures

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 packet 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 packet, and I am obligated to amend and/or supplement the information provided in this packet 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 packet or obtain any information or data relating to the packet, 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
  □ Female Head of Household  □ Female  □ Male  Ethnicity:  □ Hispanic or Latino  □ Not Hispanic or Latino
  □ 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:  □ I do not wish to provide this information, or check all that apply:  □ Handicapped/Disabled
  □ Female Head of Household  □ Female  □ Male  Ethnicity:  □ Hispanic or Latino  □ Not Hispanic or Latino
  □ 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

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NeighborWorks®
CHARTERED MEMBER
Home Repair Loan Program
Rehab Addendum

Applicant: ___________________________ Co-Applicant: ___________________________

Property Address: ___________________________

Property Type:
☐ Single Family Home  ☐ Mobile Home  ☐ Duplex  ☐ Other _____________

Ownership Type:
☐ Owned Land  ☐ Leased Land  ☐ CHT Shared Equity  ☐ Other _________

General Information:
_______ # of bedrooms  _______ # of bathrooms  _______ Year Built

Utility 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  Year ______ Result ___________________________
☐ Lead Testing  Year ______ Result ___________________________

*If yes which Lead Program? ___________________________

Are your smoke detectors functioning?  Yes  No

Housing Conditions:
Please describe the reason(s) why you are applying to this program. Include all essential repairs that need to be made to your home. 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 or National Register of Historic Places, all work 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 built prior to 1978 will be done by EPA RRP Certified contractors who will use lead-safe work practices.

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 auditor
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) Construction Consultant to perform any/all necessary site visits required to prepare a recommended scope of work, which will further determine the loan amount I may be eligible to apply for.

Applicant Signature ___________________________ Date _____________ Co-Applicant Signature ___________________________ Date _____________

Headquarters: 88 King Street, Burlington, VT 05401 NMLS ID #179570
Franklin/Grand Isle: 13 Lake Street, St. Albans, VT 05478 NMLS ID #184793
Champlain Housing Trust HomeOwnership Center
Consumer Privacy Policy

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.
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)

'911' 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

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"

Print

8/5/2011