

**CHAMPLAIN  
HOUSING TRUST**



HOMEOWNERSHIP CENTER  
NMLS ID #179570, 184793  
MLO NMLS ID #377856,  
1457533, 1457543



# Champlain Housing Trust Home Repair Landlord Loan **Landlord Eligibility 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.

## Required Document Checklist:

- One month of recent income documentation (paystubs, benefit/pension statements, or 2 years of tax returns if self-employed)
- Property Tax Bill
- Explanation of credit related issues.

**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](mailto:cdoggett@getahome.org). Completed packets can be submitted to:

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

## Part 1: Property Owner Information

|                                     |                                      |                |  |
|-------------------------------------|--------------------------------------|----------------|--|
| Name:                               |                                      |                |  |
| Social Security #:                  |                                      | Date of Birth: |  |
| Mailing Address:                    |                                      |                |  |
| Physical Address (if different):    |                                      |                |  |
| Best Way to Reach you (circle one): | Home Phone:<br>Cell Phone:<br>Email: |                |  |

Total number of people in the household: \_\_\_\_\_ County in which you reside: \_\_\_\_\_

## Part 2: 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.

|   |         |             |  |
|---|---------|-------------|--|
| Employer:                               |         |             |  |
| Employer Address:                       |         |             |  |
| Employer Contact:                       | Phone:  | Email:      |  |
| Date of Hire:                           |         |             |  |
| Self Employed:                          | \$      |             |  |
| Social Security:                        | \$      |             |  |
| Pension:                                | \$      |             |  |
| Unemployment:                           | \$      |             |  |
| Child Support and/or Alimony (monthly): | Pay: \$ | Receive: \$ |  |

### **Please report any additional household income:**

| Household Member | Employer Name & Address | Pay frequency | Current <u>Gross</u> Monthly Income |
|------------------|-------------------------|---------------|-------------------------------------|
| 1.               |                         |               | \$                                  |
| 2.               |                         |               | \$                                  |

### Part 3: Property Information

|   |                              |                             |              |           |
|---|------------------------------|-----------------------------|--------------|-----------|
| Property Address:   |                              |                             |              |           |
| Current Value of Property:  | \$                           | Year of Purchase and Price: | Year:        | \$        |
| Who has ownership interest in the home*?<br>(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 |
| 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.

### Insurance and Mortgage Information

|                           |                    |      |                  |    |            |
|---------------------------|--------------------|------|------------------|----|------------|
| Insurance Company*:       |                    |      | Policy Number:   |    |            |
| Contact Information:      | Phone:             | Fax: | Email:           |    |            |
| Address:                  |                    |      |                  |    |            |
| Coverage:                 | Dwelling: \$       |      |                  |    |            |
|                           | Deductible: \$     |      |                  |    |            |
|                           | Annual Premium: \$ |      |                  |    |            |
| Mortgage Terms:           | _____ years _____% |      | Fixed/Adjustable |    |            |
| Current Mortgage Balance: | \$                 |      | Monthly Payment  | \$ |            |
| Lender Name:              |                    |      |                  |    |            |
| Line of Credit?           | Yes                |      | No               |    | Don't know |

\* 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

### 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.

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





**Rehab Addendum**  
 Housing Conditions Form  
 NMLS ID#17970, 184793

**Applicant:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**I. Property Information: CHECK ALL THAT APPLY**

| Property Type                               | Ownership Type                       | General Information  |
|---|--------------------------------------|----------------------|
| <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             |                                      | _____ Year Built     |
| <input type="checkbox"/> Other:             |                                      |                      |

**Utilities Information**

**Have you had any of the following work done? :**

- |  |   |
|--|---|
| <input type="checkbox"/> Public Water/Sewer          | <input type="checkbox"/> Radon Testing _____ Year _____ Result          |
| <input type="checkbox"/> Well                        | <input type="checkbox"/> Weatherization Program _____ Year _____ Result |
| <input type="checkbox"/> Septic System               | <input type="checkbox"/> Lead Testing _____ Year _____ Result           |
| <input type="checkbox"/> Electric: _____ Provider    | *If yes which Lead Program? _____                                       |
| <input type="checkbox"/> Oil: _____ Provider         | <input type="checkbox"/> Are your smoke detectors functioning?          |
| <input type="checkbox"/> Solar: _____ Provider       |   |
| <input type="checkbox"/> Natural Gas: _____ Provider |   |
| <input type="checkbox"/> Other: _____                |   |

**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.**

Applicant Signature

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](mailto: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](mailto:radon@state.vt.us) with the subject "Radon Kit Request"

Print