



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.) _____

Household Composition (list all household members)

Name	Age	Name	Age

Income

Employment - Applicant

Employer: _____
Name and Address

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

Gross Monthly Income: Hourly Rate \$ _____ Hours Worked Per Week _____ Overtime \$ _____
Bonus/Commission \$ _____ Other \$ _____

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: Hourly Rate \$ _____ Hours Worked Per Week _____ Overtime \$ _____
Bonus/Commission \$ _____ Other \$ _____

Previous Employment: _____
(if current employment less than 2 years) Name and Address
Phone# _____ - _____ - _____ Position / Title _____ Start Date ____/____/____ Years in Profession ____

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 housing 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 Income
Wages			
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: _____			

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

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	

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IF CURRENT CASH VALUE IS GREATER THAT \$5,000.00, MULTIPLY BY
_____ (PASSBOOK RATE) AND ENTER RESULT HERE, OTHERWISE LEAVE BLANK

\$ _____

Liabilities:

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



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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

(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.

_____	_____	_____	_____
Applicant Name (Print)	Date	Co-Applicant Name (Print)	Date
_____	_____	_____	_____
Applicant Name (Sign)	Date	Co-Applicant Name (Sign)	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.

_____	_____	_____	_____
Applicant Name (Print)	Date	Co-Applicant Name (Print)	Date
_____	_____	_____	_____
Applicant Name (Sign)	Date	Co-Applicant Name (Sign)	Date



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Keuka Housing Council Program Disclosure

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About Us and Program Purpose: Keuka Housing Council, Inc., is a Not-For-Profit, HUD approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling services such as:

-Homebuyer Education Workshops: These workshops are offered in a group setting or individually online and explain the homebuying process. Fair housing is also explained in detail so the potential homeowner will be able to determine that he/she has been treated fairly. These workshops segue into the one on one pre-purchase counseling. The fee for an online individual workshop is \$99.00 and the fee for an on-site group workshop is \$75.00.

-Pre-Purchase Counseling: Detailed focus is on the whole homebuying process which includes budgeting, credit review, readiness and preparation to purchase, financing options, fair housing, importance of inspections and post purchase obligations such as maintenance, property taxes, and homeowners insurance. No fee.

-Mortgage Delinquency and Default Resolution: Assist the homeowner to determine the reason for delinquency and default, assist the homeowner in exploring and initiation of best mitigation options for the situation through budgeting and credit review, referrals provided to agencies for possible assistance outside our realm of expertise (for example Legal Assistance of Western NY for legal issues). No fee.

-Non-Delinquency Post Purchase/ Home Improvement and Rehabilitation Counseling: Reinforces the rights and responsibilities of the homeowner. Includes budget review to help homeowners determine what costs may be lessened, for example: refinancing for more favorable mortgage terms or possible energy assistance programs. Assist homeowners in developing a home maintenance plan and a disaster recovery plan. Assistance available in applying for loans/grants that may be available in our area to complete necessary home repairs. No fee.

-Rental Counseling: Determine affordability of the potential renter and provide housing search assistance. Provides information on fair housing, landlord/ tenant laws, lease terms, budgeting for rent payments, affordable housing lists. No fee.

-Homelessness Assistance: Assist homeless individuals or families in securing temporary or permanent housing. Referrals to agencies that provide homeless assistance (DSS), information for transitional housing, and other resources to address needs. No fee.

-Financial Management and Budget Counseling: Assists clients with budgeting, money management skills, and credit issues. This counseling service is designed to evaluate the client's unique financial situation and develop a personalized plan to meet the clients financial goals. No fee.

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 matters 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.
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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.

Alternative Services, Programs, and Products & Client Freedom of Choice: Keuka Housing Council, Inc., has a First-Time Home Buyers Program developed with many grant opportunities. However, you are not obligated to participate in this or other KHC programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyers loan programs or Lyons National Bank or Community Bank, for other first-time homebuyer programs. You are entitled to choose whatever real estate professional, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also includes alternative agencies that provide services programs or products identical to those offered by KHC and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of the KHC's Privacy Policy.

Initial _____ / _____

Errors and Omissions and Disclaimer of Liability: I/we agree Keuka Housing Council, Inc., its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in KHC Counseling; and I hereby release and waive all claims of action against KHC and its affiliates. I have this documents, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extend necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowable by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, KHC, or one of its partners, may contact you during or after completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey date may be confidentially shared with KHC grantors such as HUD.

I/we acknowledge that I/we received, reviewed, and agree to Keuka Housing Council, Inc.'s Program Disclosures.

Applicant Signature Date

Counselor Signature Date

Applicant Signature Date

Counselor Signature Date



