Habitat for Humanity®

Home Ownership Selection Application

How did you hear about Central Vermont Habitat for Humanity's open application period?

Shared Equity

To be considered for Habitat homeownership, you and your family must be willing to complete at least 250 hours "sweat equity". Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities. **Are you willing to complete the required sweat equity hours?**

Applicant	Co-Applicant
Housing Information	
How long have you lived at your present address?	Number of Bedrooms?
	Bathroom Living room Dining room
Other (please describe)	<u> </u>
In the space below, describe the condition of the house or apartment when	re you live. Why do you need a Habitat home?
Current Renters	
If you rent, please provide the name, address and phone number of curren than 2 years)	nt and previous landlord (if you have lived here for less
Current Property Ow	ners
If you own your home, what is your monthly mortgage payment? \$	/month Unpaid balance \$
Do you own your land? □ Yes □No Monthly payment? \$	/month Unpaid balance \$
Please provide a copy of your mortgage statement or a copy of a money of your land, please attach land ownership documentation.	rder receipt or canceled mortgage check. If you own
Personal Finances	S
Where will you get the money to make the \$500 down payment, due at clo	
If you're borrowing the funds for the down payment, from whom will you be	orrow it, and how will you pay it back?
Would you need assistance from Habitat for closing costs, which are approx	ximately \$3000
Please check the box beside the word that best answers the following questions for	you and the co-applicant. Applicant Co-Applicant
Do you have any outstanding judgements because of a court decisi	ion against you?
Have you declared bankrupt within the past seven years?	
Have you had a property foreclosed on or deed in lieu of foreclosur years?	re in the past seven
Are you currently involved in a lawsuit?	
Have you directly or indirectly been obligated on any loan which re-	sulted in
foreclosure, transfer of title in lieu of foreclosure, or judgement?	
Are you currently delinquent or in default on any federal debt or an	v other loan
mortgage financial obligation or loan guarantee?	
Are you paying alimony or child support or separation maintenance	a?
Are you a co-signer or endorser on any loan?	
Are you a United States citizen or permanent resident?	
· , · · · · · · · · · · · · · · · · · ·	





Authorization & Release I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Homeownership Program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check. Applicant's Signature Co-Applicant's Signature Date Date **Right to Receive Copy of Appraisal** This is to notify you that we may order an appraisal in connection with your loan. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close. Applicant's Signature Date Co-Applicant's Signature Date

Page 2 of 13





Supporting Document Checklist

Please provide <u>copies</u> of the following documentation, along with your completed registration packet, to your housing counselor. If e-mailing, <u>please include your full name in the subject line</u>. If sending by post, please mail to...

Rural Edge Attn: HOC 1222 Main Street Saint Johnsbury VT, 05819

REQUIRED DOCUMENTS:

- ☑ Completed income and spending plan (included)
- ☑ Proof of Income (all that apply to the household)
 - \rightarrow Last 2 years of Federal Taxes
 - \rightarrow Last 2 years of W-2's
- ☑ Divorce Decree or Separation Documents (if applicable)
- ☑ Bankruptcy Documentation
- **Z** One month of current pay stubs or other income documents for all household members over 18
 - \rightarrow SSI / Disability award letter
 - \rightarrow Retirement Statement
 - → Alimony and Child Support Documentation
- Last two months of Banking Statements
 - \rightarrow Checking
 - \rightarrow Savings
- ☑ Current Cost of Housing
 - → Copy of current lease, money order receipt, or cancelled rent check (if currently renting)
 - \rightarrow Documentation of land ownership (if applicable)
 - \rightarrow Copy of mortgage, money order receipt, or cancelled mortgage check (if you own a home)

☑ Any other supporting Documents





Page **4** of **13**

Shared Equity Eligibility Application

	Primary	Applicant				
Last Name:	First Name:	MI:	Social Security Number:			
202						
DOB:	Military Status:	Gender:	□ Female □ Male			
	□ None □ Active □ Veteran		□ Non-Binary □ Other:			
		sian	□ Native American □ Pacific Islander			
	White 🗆 Other:	E .1 · · ·				
Primary Language:		Ethnicity:				
		□Hispanic/				
Highest Education: 🗆 Less Than H			12-Year Degree/Trade School			
		□Masters	□Above Masters □Apprenticeship			
Employment Status: □Full Time St		Employed	□Permanently unable to work			
	□Unemployed □Part-Time	Employed	Full-Time Employed Seasonal Employment			
Occupation:						
	Additional Household Member					
Last Name:	First Name:	MI:	Social Security Number:			
DOB:	Military Status:	Gender:	□ Female □ Male			
	□ None □ Active □ Veteran		□ Non-Binary □ Other:			
Race: (check all that apply):	African American/Black	sian	🗆 Native American 🛛 🗆 Pacific Islander			
	🗆 White 🛛	∃ Other:				
Primary Language:		Ethnicity:				
, , ,		□ Hispanic/	/ Latino 🛛 Non-Hispanic/Latino			
How is This Person Related to the Ap	oplicant?		·			
	Dependent	□ Oth	er:			
	If Under 18	3 Years Old				
Name of School Attending:		City or Scho	pol District Attending:			
	If Over 18	Years Old				
Highest Education: 🛛 Less Than High	ghschool 🛛 🗆 🛛 🖾 🖾 🖓 🖾 🖓 🖾		2-Year Degree/Trade School			
□Some Coll		□Masters	□Above Masters □Apprenticeship			
Employment Status: □Full Time St		Employed	□Permanently unable to work			
□Retired	□Unemployed □Part-Time		□Full-Time Employed □Seasonal Employment			
Occupation:						

Additional Household Member					
Last Name:	First Name:	MI:	Social Security Number:		
DOB:	Military Status: □ None □ Active □ Veteran	Gender:	□ Female □ Male □ Non-Binary □ Othe	er:	
Race: (check all that apply):		sian □ Other:	□ Native American	🗆 Pacific Islander	
Primary Language:		Ethnicity: Hispanic/	Latino 🗆 Non-His	spanic/Latino	
How is This Person Related to the Ap	oplicant? □Dependent	□Otł	ner:		
	If Under 1	8 Years Old			
Name of School Attending:		City or Scho	ol District Attending:		
	lf Over 18	Years Old			
Highest Education: 🛛 Less Than High	ghschool 🛛 🗆 🖾 GED/Highschool	l 🗆 2	2-Year Degree/Trade School		
□Some Col	ege 🛛 🖾 4-Year Degree	□Masters	□Above Masters	□Apprenticeship	
Employment Status: □Full Time St □Retired	udent 🗆 Homemaker 🗆 Self □Unemployed □Part-Time	Employed Employed	□Permanently unable to wo □Full-Time Employed	ork □Seasonal Employment	
Occupation:					





Page **5** of **13**

Additional Household Member						
Last Name:	First Name:	MI: Social Security Number:				
Last Maine.	nistiname.	Wi. Social Security Number.				
DOB:	Military Status:	Gender: 🗆 Female 🗆 Male				
		□ Non-Binary □ Other:				
	Veteran					
Race: (check all that apply):		Asian 🗆 Native American 🗆 Pacific Islander				
Primary Language:		Ethnicity:				
		☐ Hispanic/ Latino ☐ Non-Hispanic/Latino				
How is This Person Related to the A	pplicant?					
	□Dependent	□Other:				
	If Under 1	8 Years Old				
Name of School Attending:		City or School District Attending:				
		B Years Old				
Highest Education:		-				
	<u> </u>	Above Masters Apprenticeship				
Employment Status: □Full Time S		Employed Dermanently unable to work				
□Retired Occupation:	I □Unemployed □Part-Time	Employed				
Occupation.						
	Additional Hou	usehold Member				
Last Name:	First Name:	MI: Social Security Number:				
		···· , · · ·				
DOB:	Military Status:	Gender: 🗆 Female 🛛 Male				
	□ None □ Active □	□ Non-Binary □ Other:				
	Veteran					
Race: (check all that apply):	African American/Black □ A □ White	Asian 🛛 Native American 🗆 Pacific Islander				
Primary Language:		Ethnicity:				
		□ Hispanic/ Latino □ Non-Hispanic/Latino				
How is This Person Related to the A	pplicant?					
	Dependent	□Other:				
	If Under 1	8 Years Old				
Name of School Attending:		City or School District Attending:				
	If Over 19	B Years Old				
Highest Education: 🛛 Less Than H						
		□Masters □Above Masters □Apprenticeship				
Employment Status: □Full Time S	<u> </u>	Employed Permanently unable to work				
Occupation:						
	Additional Hou	usehold Member				
Last Name:	First Name:	MI: Social Security Number:				
DOB:	Military Status:	Gender: 🗆 Female 🛛 Male				
	□ None □ Active □	□ Non-Binary □ Other:				
	Veteran					
Race: (check all that apply):		Asian 🛛 Native American 🗌 Pacific Islander				
Drive and Les avec and	□ White	Other:				
Primary Language:		Ethnicity:				
How is This Person Related to the A	nalicant?	□ Hispanic/ Latino □ Non-Hispanic/Latino				
	Dependent	□Other:				
		8 Years Old				
Name of School Attending:		City or School District Attending:				
		· · · · · · · · · · · · · · · · · · ·				
	If Over 18	8 Years Old				
Highest Education: 🛛 Less Than H	Highschool DGED/Highschool	ol 🛛 🗆 2-Year Degree/Trade School				
□Some Coll		Above Masters Apprenticeship				
Employment Status: □Full Time S	tudent 🗆 Homemaker 🗆 Self	Employed Permanently unable to work				
Occupation:						





Page **6** of **13**

Contact Information						
Street Address (w/ Apt Number):		City:	State:	Zip Code:		
Mailing Address (If Different):		City:	State:	Zip Code:		
Primary Phone Number: Alternate		e Phone Number:				
E-Mail:	Alternate E-Mail:					

	Other	Information					
Are you currently married, have a domestic pa	□Yes						
	Do you or any household member own or have owned within the last 3 years:						
Any residential property/ real estate, or have in	nterest in the same, inclu	iding real estate in foreigi	n countries?	□Yes			
If yes, list the Address & State:			Market Value: \$				
Have you sold this property? □Yes	□No If Yes, List t	he date of sale:					
	not sold your home, pl	ease tell us about your r	mortgage below				
Unpaid Mortgage Balance:	Any other liens on the	· · · · · · · · · · · · · · · · · · ·	If yes, how much?				
\$		□Yes		\$			
	□No						
Are you currently a RuralEdge tenant or home	owner? □Yes	Are you at risk of being	displaced from your curr	rent home? □Yes			
□No		□No					
If Yes, Please explain:							
Do you or any household members need any s	special housing accomm	nodations? 🛛 Yes	□No				
If Yes, Please explain:	•						
· · · · · · · · · · · · · · · · · · ·							
Have you completed the Homebuyer Education	n Workshop? □Yes						
Have you completed a one-on-one financial co	ounseling session? 🛛 Ye	es If Yes, when an	d who was you Counselo	r?			
□No							
Have you attended a Shared Equity Program Informational Meeting withing the last year?							
How did you hear about the Shared Equity Pro	v	,	Education Workshop	□Rural <i>Edge</i> Counselor			
	□Fri	end or Family Member	□Other:				

Current Living Situation							
What describes your current living situation?							
When did you move to this address?	When did you move to this address? Current # of bedrooms?						
Do you or any household member o	currently have a Sec	tion 8 vou	ıcher? □Yes	□No			
If Yes, Where is you voucher from?		HA 🗆	JWHA □St. Alb	ans HA	\ □Other:		
Complete this row if you Total Monthly Rent Water Electricity Heat						Heat	
rent.	\$	0	\$		\$	9	5

		Desired L	iving Situatio	on			
How many months d	o you expect it to take b	efore you are financially re	eady to purch	ase a home î	?		
		🗆 Less than 1 mor	nth □2-	4 months	□ 5-7 months	□ 7-9 months	□ 10
months or more							
Which of the following	ng, if any, are barriers to	buying a home? (Check a	ll that apply)	🗆 Insuffic	ient savings for dow	/npayment 🛛 🗆 Ir	nsufficient
income							
□ Over income	🗆 Too many assets	Poor credit history	🗆 Debt	□ None	🗆 Residence		
What type of home a	are you looking for? (Ho	use, Condo, Mobile, etc.)				How many bedro	oms?
Please list the areas	where you are interested	ł in buying:					
What is your primary	reason for purchasing a	a home?					
What is most import	,	ghborhood where you pu					
	□Schools □	Safety/Crime DProxim	mity to work/s] Proximity to ameni		
	Proximity to family	′friends □ Strong hou	sing market	🗆 Part of	the Shared Equity P	'rogram	





Page **7** of **13**

If you are already working with a lender, please complete the following section					
Company Name:	Loan Officer:				
Phone #:	E-Mail:				
Have you been pre-approved for a mortgage?	If Yes, please list the amount: \$				
	0				
How much money do you have saved for closing costs and/or additional	down payment? \$				
Are you expecting to receive a family gift toward closing costs and or add If Yes, how much? \$	litional down payment? 🛛 Yes 🖓 No				
	aformation				

Gross income is the combined pre-tax income for everyone in the household (regardless of whether they will be on the Mortgage and / or deed) which includes job earnings benefit payments, support payments, and income from assets.

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

EMPLOYMENT INCOME - Please list all income that any household member over age 17 receives from Self-Employment, Wages/Salaries, Overtime Pay, Commissions, Fees/Tips, and Bonuses.

Household Member	TYPE of Income	Employer's Name	Avg Hours per week	Pay Schedule	Gross Monthly Income*
					\$
					\$
					\$
					\$
					\$
		Total Gross Mon	thly Household Employ	ment Income:	\$

*Gross Monthly Income means income before taxes and other deductions. If you are Self-Employed, please list your Net Income (after deducting business expenses) for the past 12 months. If you hold several jobs, list each one on a separate line. If you are paid every other week, take your gross income paycheck amount and multiply it by 26, then divide that number by 12 to get your Gross Monthly Income. If you are paid weekly, take your gross paycheck amount and multiply it by 52, then divide that number by 12 to get your Gross Monthly Income.

BENEFIT PAYMENTS/SUPPORT PAYMENTS/OTHER INCOME - 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. (add additional information on separate sheet)

Household Member	Source of Income	Gross Monthly Income*	Clarification, if needed For example, if any payments are not regular or are not expected to continue
		\$	
		\$	
		\$	
Total G	ross Other Income	\$	

Total Gross Other Income:

Current Debt Information								
Do you have any monthly in	stallment debt? 🛛							
If Yes, please complete the s	section below. Instal	Iment debt includes payments on	credit cards, studer	t loans, ai	uto loans, etc.			
		should not be included. (add add						
Creditors Name	Type of Debt	Unpaid Balance	Interest Rate		Minimum Monthly Payment			
					1			
, , ,	oort, or separate maintenance?		∃Yes \$	/mo.				
Do you have any open col	lections?		🗆 No 🛛] Yes				

Do you have any open collections?		🗆 No	🗆 Yes		
How many times have you been late with your bill payments in the la	ast year?	🛛 Never	🗆 Once	🗆 2-3 times	🗆 4 + times
How much do you typically pay on your monthly credit card bills?	🗆 Full Balar	nce 🗆 N	linimum	🗆 >Minimum	🗆 <minimum< td=""></minimum<>





Page **8** of **13**

Authorization to Release Information

Name:	Social Security #:	D.O.B	
Name:	Social Security #:	D.O.B.	
Address:		Phone:	
Address:		Phone:	

This document constitutes my/our consent for the following organization(s) to release information to Rural*Edge* Housing & Community Development Homeownership Center (RE HOC) and for RE HOC to release information to said organization(s), for the purposes of any/all Down Payment and Home Purchase Services, Homebuyer Education, Counseling, Credit, Budget, Financial Counseling, Foreclosure/Mortgage Delinquency Counseling, Home Rehabilitation and Lending Services:

- Credit Bureau Services of Vermont (CBC), Equifax, Experian, and TransUnion to obtain my credit report
- Banks and/or other lending institutions associated with the transaction(s), to include providing a copy of my Closing Disclosure Settlement Statement to RE HOC upon the purchase of my home.
- Attorneys, mediators, and/or title companies associated with the transaction(s)
- Creditors and/or collections agencies
- Housing and Urban Development (HUD)
- NeighborWorks[®]
- Efficiency Vermont
- Habitat for Humanity
- USDA Rural Development (RD)
- Vermont State Housing Authority
- Vermont Housing Finance Agency (VHFA)
- Homeowner's Insurance/Hazard Insurance Agencies and/or companies
- Any/All Social Service Agencies to which I am referred
- Social Security Administration
- My employer(s) for purposes of verifying employment and income
- Housing Advisors: Wendy Moran, Victoria Porter, Holly Elwood, or other HOC Center staff
- Other:

A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

By checking this box, I am authorizing that my typed name is to act as my signature

Signature:	Date:
Signature:	Date:





EQUAL CREDIT OPPORTUNITY ACT NOTICE

THE Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at FTC Regional Office for the **Northeast** region, **1-877-FTC-HELP (382-4357)**, or Federal Trade Commission, Equal Opportunity, Washington D.C. 20580. You need not disclose income from alimony, child support, or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's marital status, alimony, child support, and separate maintenance income, and the spouses' financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the program.

Applicant(s):	
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:





PRIVACY POLICY AND PRACTICES

Rural*Edge* / Northeast Community Lending Corporation and the NeighborWorks[®] HomeOwnership Center value your trust. Protecting your confidential information is important to us. This notice describes our policy regarding the collection and disclosure of personal information.

Rural**Edge** / Northeast Community Lending Corporation <u>does not sell or share any personal information</u> with commercial companies for the purpose of marketing their products to you.

What Information We Collect

Personal information means information that identifies an individual and is not otherwise publicly available information. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security Number, and other information you provide on a Personal Profile or Ioan application.

We collect the personal information in order to provide financial fitness, counseling, counseling to prepare you for applying for a home mortgage from a conventional lender, counseling to prevent foreclosure, and our own lending for down payment, closing costs, home rehab, or other purposes related to home purchase or foreclosure prevention.

Restrictions on Disclosure of Personal Information

In general, **Rural**Edge / Northeast Community Lending Corporation and the NeighborWorks[®] HomeOwnership Center discloses personal information only when necessary to provide services to you, or when allowed by law.

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, social security number, assets and income;
- Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history.

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;
- Other service providers with whom we may coordinate efforts to make efficient use of resources, such as NETO (Weatherization), PATH (Emergency Assistance), NEKCA, VHCB Lead Abatement, VT Center for Independent Living, or other nonprofit community resources.
- Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and Other third parties who are involved in program review, auditing, research, or oversight purposes.

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of us, to government entities, in response to subpoenas, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, **Rural***Edge* / Northeast Community Lending Corporation publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases, we will specifically seek your permission to use any personal information.





Medical Information

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

Protecting the Confidentiality of Your Personal Information

All **Rural***Edge* / Northeast Community Lending Corporation employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

If You Want More Information

If you have any questions regarding our Privacy Policy, please contact the Director of the NeighborWorks[®] HomeOwnership Center at (802) 535-3555, Toll Free at 1-800-234-0560 or write to NeighborWorks[®] HomeOwnership Center, 1222 Main Street, Saint Johnsbury, VT 05819.

By signing below, I (we) have read and understand the above Privacy Policies:

Dated: _____, at _____, Vermont.

Applicant Signature

Applicant Signature





CONFLICT OF INTEREST STATEMENT

-Please keep a copy for your records-

Rural*Edge* is a non-profit housing organization subject to the laws of the State of Vermont. Rural*Edge* values the trust of its customers and is committed to fair and professional relationships. This notice describes the HomeOwnership Center's policy to avoid conflicts of interest. Rural*Edge* has clear protocols and policies to avoid conflicts of interest which include a limit on gifts that can be received by staff, a requirement to not engage in any activity that would result in personal gain to an employee and his/her relative, and a prohibition against preferential treatment of organizations or individuals. Where applicable, Rural*Edge's* standard is to offer at least three options of lenders, Realtors, inspectors, attorneys and contractors when providing resources to our customers and clients.

All employees must avoid engaging in any activity that would create a Conflict of Interest or the appearance of a Conflict of Interest. A Conflict of Interest, or the appearance of one, may arise when **Rural**Edge employees have an interest, financial or otherwise, or engage in a business, transaction, or professional activity, that interferes with performance of their primary responsibilities to **Rural**Edge.

It is impossible to relate all of the situations that may cause or give the appearance of a conflict, but the following are examples of types of prohibited conduct that may create an actual or potential conflict:

- The unauthorized release of information may result in negative financial or competitive action, productive loss, or cause legal or other non-beneficial impacts to **Rural***Edge*.
- Any business dealing of **Rural***Edge* that is a potential conflict or results in personal gain to an employee or their significant personal relationships. These relationships include, but are not limited to, spouses, domestic partners, family members, dating or physical relationships, close friends, and business relationships outside of **Rural***Edge*. **Rural***Edge* business relationships include, but are not limited to, vendors, clients, suppliers, contractors, temporary agency workers or similar relationships*.
- Interfering with any business opportunity of **Rural**Edge for personal gain to the employee or their significant personal relationship(s).
- Acceptance of gifts, money, discounts, or gratuities of a value greater than \$50.00 from any person or entity doing business or seeking to do business with **Rural***Edge*, particularly if the item is not offered to the public.
- An offer by an employee to provide anything of value to a person or organization to induce them to do business with **Rural**Edge, except as reasonable compensation for agreed-upon services.
- Unless previously cited in the Conflict-of-Interest disclosure, fraternizing with residents or clients at any time, either during work hours or while off duty is prohibited. Fraternizing with residents and clients is disruptive to the work environment and poses other risks for **Rural**Edge.
- An employee or employee's significant personal relationship(s) (*see defining terms above) serving or attempting to serve on the Board of Directors of **Rural***Edge*.
- Preferential treatment of a vendor that is not based on business needs.
- Any conduct that disrupts or damages the mission of **Rural**Edge.

Employees and their significant personal relationships (*see defining terms above) are eligible to apply and use the services/programs **Rural***Edge* administers.

Conflict of Interest and Program Services:

• Application for Assistance - any and all persons may apply for program assistance regardless of their professional association with **Rural**Edge or their relationship with **Rural**Edge employees or representatives.





- Determination of Eligibility Applications for assistance submitted by persons with a perceived Conflict of Interest will be reviewed for eligibility using the same standards, criteria and point systems as all other applications. Personal or professional relationships will not be considered in the determination of eligibility.
- Conflict of Interest Exception The Conflict-of-Interest provision does not apply in instances where a person who might otherwise be included under a Conflict of Interest provision and meets all eligibility requirements in accordance with **Rural***Edge*'s written policies for eligibility, admission and occupancy for families for housing assistance with **Rural***Edge* funds, provided that there is no Conflict of Interest under applicable Federal or State laws.
- Employees will not have any access, paper or electronic, to any accounts or account information of significant personal relationships applying or receiving services through **Rural***Edge*.
- The confidential and personal information of Employees who apply for **Rural**Edge services will have their information received and viewed by the Executive Director and/or members of senior management staff. Access to relevant paperwork, both electronic and paper files, will be kept confidential.

Disclosure of Conflict of Interest - If an employee becomes aware of any conduct that may create an actual or potential Conflict of Interest (*see defining terms above) or questions whether any conduct may violate this Policy, the employee must bring the conduct to the attention of their immediate supervisor, Human Resources, or the Executive Director. The Executive Director will have the final discretion in determining whether conduct is prohibited under this Policy.

Employees may hold outside jobs if they meet the performance standards of their job with **Rural**Edge and as long as this outside employment is not for or in connection with an organization or entity that competes with **Rural**Edge or potential conflicts with **Rural**Edge's interests. Employees must notify their supervisor in writing, in advance, of any intention to engage in outside employment, and must receive their supervisor's permission before commencing such employment. Employee Conflict of Interest Agreements will be completed annually unless potential conflicts arise before the annual date.



