



48 Elm Street • P.O. Box 259  
Lyndonville, VT 05851  
800.234.0560 TTY 800.253.0191  
ruraledge.org

Dear \_\_\_\_\_,

This packet is being sent to you because you requested information from the Home Ownership Center at RuralEdge for the Revolving Loan Fund Home Repair Program. By completing the enclosed Eligibility Packet and supplying the additional required information, RuralEdge will be able to evaluate your eligibility for our Home Repair Program. Please note that you will be initially evaluated for a loan as grant funds are limited and based on Area Median Income Guidelines for eligibility.

***Due to high demand for these services, funding requests are prioritized based upon the scope of work and funding availability. Emergency situations will take priority. In those cases, when a delay is unavoidable, or funding is unavailable, a letter will be mailed to you defining the current waiting period.***

This packet contains the following items:

- 1) Additional Documentation Needed for Processing Checklist
- 2) Customer Copy – What you need to know to have a successful Home Repair
- 3) Eligibility Packet
- 4) Eligibility Addendum
- 5) RuralEdge/Northeast Community Lending Corporation Privacy Policy and Practices
- 6) Radon Kit Request Form

Please complete, sign and return to our office along with all necessary documentation needed from the Processing Checklist. If you need assistance completing these documents, please contact our office at 802-535-3555 or email us at: [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org).

Thank you,

*HomeOwnership Center*



## ADDITIONAL DOCUMENTATION NEEDED FOR ELIGIBILITY CHECK LIST

**Please provide copies of the following information as it pertains to you.**

- One month's worth of income documents (or one pay stub, benefit award letter, pension statement, etc.). Documents must be provided for every member of the household 18 years and older.
- Most recent Social Security, SSI or disability benefits statement(s). Or, if your benefits are deposited directly to a bank account, you can send the past 2 months of statements for that bank account.
- Two (2) months of bank statements for all accounts (checking and savings) (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the bank logo.
- If you are self-employed, most recent two (2) years of Federal Income tax returns, including all schedules.
- Written documentation of any other income which may include, but is not limited to: 3SquaresVT (food stamp income), Reach UP income, Fuel Assistance, etc.
- Current property tax bill.
- Warranty Deed or Quit Claim Deed showing the current owner(s) of the property. If you don't have a copy of your Warranty Deed or Quit Claim Deed, you can obtain one from your Town Clerk's office. If you own a mobile home, we will need your Bill of Sale as proof of ownership.
- Current homeowner's insurance bill and/or declarations page of your policy.
- Written estimates for work to be completed.
- If you have a mobile home and live in a park or association, please provide a copy of your lot agreement. Our program requirements state that we must have verification of a lease commitment for five years from the date of funds awarded (if any).
- If you have a mortgage, we will need a copy of your most recent mortgage statement.

If you have any questions please call us at (802) 535-3555 ext. 1302 or 1303 or toll-free at (800) 234-0560. Please return documents to our offices located at 48 Elm Street, PO Box 259, Lyndonville, VT 05851 or via email at [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org) or via fax at (877) 689-5754.

## Steps for a Successful Home Repair What You Need to Know

**Due to high demand for these services, requests for emergency situations will take priority. If we are unable to take action due to the demand, a letter will be mailed defining the current waiting period.**

### ***Step 1 – Filling out the forms and returning the required documents.***

#### ***Visiting Your Home***

Once we have received your completed Intake and supporting document, we will come to your property to develop a thorough Scope of Work and see if your project meets the requirements of the Program. This visit may require photographs of your property and a discussion with you.

#### ***Step 2: Scope of Work***

A Scope of Work will be prepared by the Rehabilitation Specialist based upon the initial visit to your home. The Scope of Work will only reflect the repairs that meet our Program requirements.

#### ***Step 3: Review and Estimates***

The Rehab Specialist will review the scope of work with client and supply a list of contractors if needed for the homeowner to obtain estimates. Although it is your responsibility, as the Homeowner, to obtain estimates (**at least two**) from contractors our Housing Rehab Specialists will work with you to help you find a qualified professional of your choice should you need assistance.

#### ***Step 4: Application Process***

Once the Scope of Work is complete your file will be reviewed to determine if you are eligible for a loan. This review is based upon your household income and your debt obligations obtained from your credit report. You may be required to provide additional documentation before final consideration is presented to the Review Committee.

#### ***Step 5: Loan Review Committee Decision***

The Loan Review Committee will meet to consider your application.

If funding is approved for a loan, a commitment letter will be mailed to you with the details of the decision. At this point, you can either accept or reject the offer. Accepting the offer requires you to send back the signed commitment letter. A title search will be ordered by GHT, if needed.

Under certain circumstances you may qualify for a grant. If you do qualify, a grant letter will be mailed to you with the details. At this point you can either accept or reject the offer. Accepting the offer requires you to send back the signed grant letter. *Grant monies are very limited and are distributed under very strict guidelines.*

#### ***Step 6: Mortgage Closing/Grant Award***

Once you return the commitment letter and the title search is completed, you will be contacted to schedule a closing. You may be required to sign a mortgage deed or other necessary documents for filing with your city or town and/or the State of Vermont at closing. This means we may need to place a lien on your property.

The funds to complete the home repairs will be held by RuralEdge and payments will be approved by you and made directly to the contractor. The Rehabilitation Specialist will monitor the progress on the repairs and ensure that the repairs are completed according to the Scope of Work.

## **RuralEdge/ NORTHEAST COMMUNITY LENDING CORPORATION PRIVACY POLICY AND PRACTICES**

RuralEdge /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.

RuralEdge /Northeast Community Lending Corporation does not sell or share any personal information 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 Intake 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 rehabilitation, or other purposes related to home purchase or foreclosure prevention.

### *Restrictions on Disclosure of Personal Information*

In general, RuralEdge/ Northeast Community Lending Corporation and the NeighborWorks® HomeOwnership Center disclose 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 in order 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.

## PRIVACY POLICY AND PRACTICES

*(Continued)*

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, RuralEdge/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 RuralEdge/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 Manager of the NeighborWorks® HomeOwnership Center at (802) 535-3555, Toll Free at 1-888-MYVTHOME (888-698-8466) or write to NeighborWorks® HomeOwnership Center, PO Box 259, Lyndonville, VT 05851.

## HOME REPAIR LOAN/GRANT PROGRAM - ELIGIBILITY PACKET

The information on this form will be used to make an initial assessment of your eligibility for the Home Repair Program.

### CUSTOMER

Name: \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Marital Status:     Unmarried     Married     Separated

Disabled?     Yes     No

Veteran?     Yes     No

Active Military?     Yes     No

United States Citizen?     Yes     No

Current Housing Arrangement:

Rent     Homeowner     Homeless     Other -Please Describe: \_\_\_\_\_

Household Type:

Female-headed Single Parent Household     Male-Headed Single Parent Household     Single Adult  
 Two or More Unrelated Adults     Married with Dependents     Married without Dependents  
 Other (Describe) \_\_\_\_\_

Do you receive Section 8 Housing Payment Assistance?     Yes     No    Monthly Amount \$ \_\_\_\_\_

How did you hear about us?     Brochure     Workshop Flyer     HUD     Lender     NETO  
 Real Estate Agent     Social Service     Radio     USDA     Walk In     Website     Word of Mouth

Number of People Living in the Home: \_\_\_\_\_ (Please use back page if additional space is needed.)

Dependents Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Disabled: \_\_\_ Yes \_\_\_ No

Dependents Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Disabled: \_\_\_ Yes \_\_\_ No

Dependents Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Disabled: \_\_\_ Yes \_\_\_ No

**\*If 18 years and older, income and bank statements are required.**

Are there non-dependents who will be living in the home? \_\_\_ Yes \_\_\_ No

If **YES**, list Non-Dependents:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Handicapped or Disabled: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Handicapped or Disabled: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Handicapped or Disabled: \_\_\_ Yes \_\_\_ No

Emergency Contact – **Person not living with you:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

**CUSTOMER EMPLOYMENT** (If Applicable)

PRIMARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code ( ) - Phone

\_\_\_\_\_  
Title or Job Description \_\_\_ Part-Time \_\_\_ Full-Time \_\_\_/\_\_\_/\_\_\_  
Hire Date

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ (Annual: \$ \_\_\_\_\_ )

Select One: \_\_\_ Hourly \_\_\_ Salary \_\_\_ Commission \_\_\_ Other: \_\_\_\_\_

Can you be contacted at work? \_\_\_ Yes \_\_\_ No

Secondary Employer (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code ( ) - Phone

\_\_\_\_\_  
Title or Job Description \_\_\_ Part-Time \_\_\_ Full-Time \_\_\_/\_\_\_/\_\_\_  
Hire Date

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ (Annual: \$ \_\_\_\_\_ )

Select One: \_\_\_ Hourly \_\_\_ Salary \_\_\_ Commission \_\_\_ Other: \_\_\_\_\_

Can you be contacted at work? \_\_\_ Yes \_\_\_ No

**CO-CUSTOMER (If Applicable)**

Name: \_\_\_\_\_  
                    First  MI  Last

Mailing Address: \_\_\_\_\_  
  Street  City  State  Zip code

Physical Address: \_\_\_\_\_  
  Street  City  State  Zip code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status:  Unmarried  Married  Separated

Disabled?  Yes  No

Veteran?  Yes  No Active

Military?  Yes  No

United States Citizen?  Yes  No

**CO-CUSTOMER EMPLOYMENT (If Applicable)**

PRIMARY EMPLOYER: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      (\_\_\_\_) - \_\_\_\_\_  
                    Street                    City                    State                    Zip Code                    Phone

\_\_\_\_\_      \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                    Title or job description                               Hire Date

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ (Annual: \$ \_\_\_\_\_)

Select One:  Hourly  Salary  Commission  Other: \_\_\_\_\_

Can you be contacted at work?  Yes  No

Secondary Employer (if applicable): \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      (\_\_\_\_) - \_\_\_\_\_  
                    Street                    City                    State                    Zip Code                    Phone

\_\_\_\_\_      \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                    Title or Job Description                               Hire Date

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ (Annual: \$ \_\_\_\_\_)

Select One:  Hourly  Salary  Commission  Other: \_\_\_\_\_

Can you be contacted at work?  Yes  No



**ALL HOUSEHOLD INCOME**

Type of Income	Customer Monthly Amount	Co-Customer Monthly Amount	Other Household Member(s) Monthly Amount
Salary/Employment Income			
Alimony/Child Support Income			
Public Assistance Income			
Food Stamps Income			
Social Security Income			
Supplemental Security Income			
Dependent SSI Income			
Disability Income			
Pension Income			
Other Income: _____			

**ANNUAL FAMILY OR HOUSEHOLD INCOME: \$ \_\_\_\_\_**

Can you document your child support/alimony income? \_\_\_ Yes \_\_\_ No If yes, how long will it continue? \_\_\_\_\_

**\*I certify that the income stated above is a complete and accurate household income and includes all sources from all members of your household. Intentional omissions will be subject to penalty and possible immediate repayment of funds awarded.**

**LIABILITIES/DEBTS**

Please list any debts you have, including credit cards and auto loans.

***DO NOT INCLUDE UTILITIES***

Paid To	Current Balance	Monthly Payment	Whose Debt? C=Customer CC=Co-Customer
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Out of Pocket Medical Expenses			

	<u>Customer</u>	<u>Co-Customer</u>
Have your payments been made on time?	___ Yes ___ No	___ Yes ___ No
Are you currently in Chapter 13 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, Date it began?	_____	_____
If yes, when will it be paid out?	_____	_____
If yes, how much is the payment?	_____	_____
Have you had a Chapter 7 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, when was it discharged?	_____	_____

## Additional Questions for Home Repair Program

1) Do you have a loan on your home now?  Yes  No *(If No, skip to question 2)*

Who is your Mortgage Lender? \_\_\_\_\_

How much is your Monthly Payment? \$ \_\_\_\_\_

Does your monthly payment include amounts for taxes and/or insurance?  Yes  No

If Yes, how is your payment broken down?

Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Principal & Interest \$ \_\_\_\_\_

2) Who owns the property? (Names on the Deed): \_\_\_\_\_

Sole Owner (1 person)

Husband and Wife

Joint Tenants

Tenants in Common

Life Estate

3) Property Address (if different than mailing address): \_\_\_\_\_

4) Approximately what year was your home built? \_\_\_\_\_

5) How many year(s) have you lived in your home? \_\_\_\_\_

6) Is your home a mobile home?  Yes  No

Are the wheels and hitch removed?  Yes  No

Do you own the lot?  Yes  No

If you do NOT own the lot, who is the owner? \_\_\_\_\_

If you pay lot rent, how much do you pay? \$ \_\_\_\_\_ per Month

7) What needs to be repaired?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Where does your water come from?

Drilled Well  Spring  City  Town  Village

Other: \_\_\_\_\_

9) How many bedrooms are in your home? \_\_\_\_\_

10) How much money do you believe you could spend monthly on a home repair loan?

\$0 to \$25.00  \$25 to \$50  \$50 to \$75  \$75 to \$100  \$100 or More

**Grant funds are limited and eligibility is based upon Area Median Income Guidelines  
and other Program guidelines.**

## Additional Questions for Home Repair Program

(Continued)

11) What Town do you pay Property Taxes to? \_\_\_\_\_

How much are your total Property Taxes? \$ \_\_\_\_\_

Are your Property Taxes current? \_\_\_ Yes \_\_\_ No

If No, how much do you owe in delinquent Property Taxes? \$ \_\_\_\_\_

12) Do you currently have Homeowner's Insurance? \_\_\_ Yes \_\_\_ No

How much is your annual Homeowner's Insurance premium? \$ \_\_\_\_\_

Your Insurance Agency's Name: \_\_\_\_\_

Your Insurance Agency's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Your Policy Expires on: \_\_\_\_\_ (Date)

If you don't currently have Homeowner's Insurance, what is preventing you from obtaining it?

Condition of the Home

Cannot afford Homeowners Insurance

Other \_\_\_\_\_

13) Is your home located in a flood zone? \_\_\_ Yes \_\_\_ No

If Yes, how much is your annual Flood Insurance premium? \$ \_\_\_\_\_

Your Insurance Agency's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Your Policy Expires on: \_\_\_\_\_ (Date)

14) Have you ever had *NETO (Northeast Employment and Training Organization Inc.)* and/or *NEKCA (Northeast Kingdom Community Action)* work on your home?

\_\_\_ Yes \_\_\_ No If Yes, what year? \_\_\_\_\_

15) Have you ever worked with *VCIL (Vermont Center of Independent Living)* regarding work on your home? \_\_\_ Yes \_\_\_ No Have you completed an application to VCIL? \_\_\_ Yes \_\_\_ No

16) Are you interested in learning more about *Support and Services at Home\* (SASH)*? \_\_\_ Yes \_\_\_ No

*\*SASH is a free program that works to keep senior and disabled individuals living independently at home. The SASH Coordinator helps individuals get connected with local resources to help fulfill their needs and pursue their wellness goals. SASH also includes a free wellness nursing visit.*

**AUTHORIZATION TO PULL CREDIT**

I/We authorize RuralEdge and Northeast Community Lending Corporation to:

- a) Pull my/our credit report to review my/our credit file for housing counseling in connection with my/our pursuit for funding to repair or improve real property.
- b) Pull my/our credit report and review my/our credit file for informational inquiry purposes.

I have received a copy of the RuralEdge/Northeast Community Lending Corporation Privacy Policy and Practices.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Customer

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN TO:**  
 RuralEdge/Northeast Community Lending Corporation  
 48 Elm Street, PO Box 259, Lyndonville VT 05851  
 (802) 353-3555 x1303 or Toll Free (800) 234-0560  
 Email @ [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this Program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish this information, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.”

<b>CUSTOMER</b>	<b>CO-CUSTOMER</b>
Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian/Alaskan Native and Black <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Other	Race (Select One or More) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian/Alaskan Native and Black <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Other
Gender (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female
Were you born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

## AUTHORIZATION TO RELEASE INFORMATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I/We authorize the release of information to and/or from the Northeast Community Lending Corporation, (NCLC) NMLS 223009, RuralEdge and the HomeOwnership Center (HOC) regarding my/our income, debt, credit, mortgage, rent, employment, homeowners/hazard insurance, housing situation and any other necessary information, including the procurement of a credit report at any time, in order to obtain, verify or re-verify any information for the purposes of assisting in the acquisition, financing, refinancing, retention or repair of housing. I/We further agree that photocopies or facsimiles of this authorization may be used for the purposes stated above.

This document constitutes my/our consent for the following organization(s) to release information to NCLC, RuralEdge and the HOC and for NCLC, RuralEdge and the HOC to release information to said organization(s), for the purposes stated above:

- Area Agency on Aging
- Attorneys and/or Title Companies Associated with the Transaction(s)
- Banks and Other Lending Institutions Associated with the Transaction(s)
- Community Connections (NVRH)
- Caledonia Home Health Care & Hospice
- Credit Bureau Services of Vermont (CBC) and Equifax, Experian and TransUnion (Credit Bureaus)
- Creditors and/or Collection Agencies
- Efficiency Vermont
- Habitat for Humanity
- Homeowner's insurance /Hazard Insurance Agencies and/or Companies
- Northern Counties Health Care
- Northeast Employment and Training Organization, Inc . (NETO)
- Northeast Kingdom Community Action (NEKCA)
- Northeast Kingdom Human Services
- Social Security Administration
- USDA Rural Development (RD)
- Vermont Agency of Human Services (AHS)
- Vermont Center for Independent Living (VCIL)
- Vermont Department for Children and Families (DCF)
- Vermont Department of Disabilities, Aging and Independent Living (DAIL)
- Vermont Housing and Conservation Board (VHCB)
- Vermont State Housing Authority (VSHA)
- Visiting Nurses Association and Hospice Inc. (Orleans/Essex)
- Other (If Applicable): \_\_\_\_\_

This consent is given freely and is open to all information provided to or acquired by NCLC, RuralEdge and the HOC and/or the above organizations in connection with my/our pending acquisition, financing, refinancing, retention or repair of housing. This consent is in addition to the release of information as provided for in my/our Customer Service Agreement with the Home Ownership Center (if applicable).

I/We further agree that the Home Ownership Center may use information, history, and photos taken in connection with your request for promoting the Home Ownership Center, and for the preparation of proposals to the funders of NCLC, RuralEdge and the HOC. I/We also authorize the Home Ownership Center to share information about the services I/we receive through the Home Ownership Center with Vermont Housing Finance Agency for research and statistical purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DECLARATION OF HOMESTEAD RIGHTS

Can anyone, other than you, claim a Homestead\* Interest in the property that will secure repayment of the loan?

No       Yes

If yes, who may be able to claim a Homestead Interest?

Name \_\_\_\_\_

Name \_\_\_\_\_

\*Vermont law recognizes a Homestead Right in the spouse or civil union partner of the legal owner of real estate, which is used or kept as their primary home, even if the spouse or civil union partner is not a co-owner of that home. This Homestead Interest prevents creditors from attaching the entire Homestead Property without the written consent of both spouses and partners. Therefore, the Lender will require that both spouses and civil union partners sign the Mortgage Deed, or otherwise waive their Homestead Interest in the property, in order to insure that it is fully enforceable.

This Declaration has been prepared in response to Act 91 of the 2000 Legislative Session, effective July 1, 2000, which provides that parties to a civil union shall have all the same benefits, protections, and responsibilities afforded under Vermont law to spouses in a marriage.

You should consult an attorney for specific legal advice regarding Homestead Rights and for specific legal advice regarding benefits, protections, and responsibilities under Act 91.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Accurate Information Acknowledgement Form

Each of the undersigned specifically represents to RuralEdge and to RuralEdge's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that:

- 1) The information provided in this Intake is true and correct as of the date set forth opposite my/our signature and that any intentional or negligent misrepresentation of this information contained in this Intake may result in Civil Liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I/we have made on this Intake, 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 Intake are made for the purpose of obtaining a grant and/or residential mortgage loan;
- 3) RuralEdge and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the Intake, and I/we are obligated to amend and/or supplement the information provided in this Intake if any of the material facts that I/we have represented herein should change prior to closing;

Each of the undersigned hereby acknowledges that RuralEdge, its servicers, successors and assigns, may verify or reverify any information contained in this Intake or obtain any information or data relating to the Intake, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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"

