

Dear _____,

You recently contacted us for information on our Housing Stabilization Grant Program. This program is to assist low to moderate income households who have been directly affected by COVID-19 resulting in financial instability. This program will provide financial capabilities and/or housing stabilization counseling services and may provide delinquent payment assistance to qualifying households who have delinquent mortgage and utility (electric, gas, municipal water, municipal sewer, oil, and alternative heating cost) payments.

Enclosed you will find the following:

1. Intake Form
2. Items Needed for Processing Checklist
3. Privacy Policy and Practices Disclosure

Once you complete the Intake and return all related documents to our office, you will be contacted to set up a time to be contacted by our Housing Counselor to go over your request and develop an action plan together to help stabilize your current situation.

During this process, please feel free to contact our office with any questions or concerns you may have regarding this request at (802) 535-3555 or (800) 234-0560.

Thank you,

HomeOwnership Center

Items Needed for Processing Checklist

In addition to the completed Intake packet, please provide copies of the following documentation to help us assess your current situation and determine your eligibility for this Program. **Please provide copies of the following information that pertains to your situation.**

Required Documentation

- ☐ Proof of Hardship – Briefly describe your current situation and how your finances have been adversely affected by COVID-19.
- ☐ 1 month of Pay Stub(s), Unemployment Statement(s) and/or Social Security Statement(s). If self employed, please provide last 2 years tax returns.
- ☐ 2 months of Bank Statements.



Housing Stabilization Intake Form

CUSTOMER

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip Code

Physical Address: _____
Street City State Zip Code

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-Mail: _____

Social Security # _____ Birth Date ____/____/____

Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed ____ Separated ____ Civil Union

Military Status: ____ Active ____ Non-Active ____ Not Applicable

Handicapped or Disabled? ____ Yes ____ No Veteran? ____ Yes ____ No

CUSTOMER EMPLOYMENT

EMPLOYER: _____ Can you be contacted at work? ____ Yes ____ No
Phone: (____) ____ - ____

____ Town State

____ Part-Time or ____ Full-Time ____/____/____
Title or Job Description Hire Date

CO-CUSTOMER

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip code

Physical Address: _____
Street City State Zip code

Home phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-Mail: _____

Social Security # _____ Birth Date ____/____/____

Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed ____ Separated ____ Civil Union

Military Status: ____ Active ____ Non-Active ____ Not Applicable

Handicapped or Disabled? ____ Yes ____ No Veteran? ____ Yes ____ No

CO-CUSTOMER EMPLOYMENT

EMPLOYER: _____ Can you be contacted at work? ____ Yes ____ No
Phone: (____) ____ - ____

____ Town State

____ Part-Time or ____ Full-Time ____/____/____
Title or Job Description Hire Date



☐ Female-Headed Single Parent Household ☐ Male-Headed Single Parent Household ☐ Single Adult
☐ Two or More Unrelated Adults ☐ Married with Children ☐ Married Without Children
☐ Other (Describe) _____

Age(s) of Dependent(s): _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

All Household Income

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ALL HOUSEHOLD EXPENSES

Your Bills and When They Are Due		Next Due Date of Bill	Monthly Payment	Amount Past Due	Principal Balance
Housing	Mortgage (1 st) / Rent				
	Mortgage (2 nd) / Rent				
	Mortgage (3 rd) / Rent				
	Electricity				
	Heating				
	Telephone / Cell Phone				
	Cable TV / Satellite				
	Internet				
	Water / Sewer / Septic				
	Trash				
	Home Repair / Maintenance				
	Insurance - Escrowed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Property Taxes - Escrowed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Food	Groceries				
	Dining Out				
Vehicles	Vehicle #1				
	Vehicle #2				
	Gas				
	Car Insurance				
Credit, Loans, Savings & Other	Credit Card #1:				
	Credit Card #2:				
	Credit Card #3:				
	Loan #1:				
	Loan #2:				
	Loan #3:				
	Savings for				
	Other:				
	Other:				
Other	Health Insurance Premium				
	Out of Pocket Medical				
	Child Care				
	Clothes – All Family Members				

Please complete and return to:
 RuralEdge NeighborWorks® HomeOwnership Center
 PO Box 259 ~ 48 Elm Street, Lyndonville, VT
homeownership@ruraledge.org
 802-535-3555 ♦ www.ruraledge.org ♦ toll free at 1-800-234-0560

"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 it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname."

CUSTOMER

Ethnicity: (Select One)

Hispanic or Latino _____
 Not Hispanic or Latino _____

Race (Select One or More):

White _____
 American Indian/Alaskan Native _____
 Native Hawaiian/Other Pacific Islander _____
 Black or African American _____
 Asian _____
 Other _____

Gender (Select One):

Male _____
 Female _____

Education (Select One):

No High School Diploma _____
 High School Diploma or Equivalent _____
 Two Year College Degree _____
 Bachelor's Degree _____
 Graduate Level Degree _____

Were you born in the US? Yes _____ No _____

CO-CUSTOMER

Ethnicity: (Select One)

Hispanic or Latino _____
 Not Hispanic or Latino _____

Race (Select One or More):

White _____
 American Indian/Alaskan Native _____
 Native Hawaiian/Other Pacific Islander _____
 Black or African American _____
 Asian _____
 Other _____

Gender (Select One):

Male _____
 Female _____

Education (Select One):

No Highschool Diploma _____
 High School Diploma or Equivalent _____
 Two Year College Degree _____
 Bachelor's Degree _____
 Graduate Level Degree _____

Were you born in the US? Yes _____ No _____

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.
- c) Pull my/our credit report and review my/our credit file in connection with my/our voluntary enrollment in the Housing Stabilization Counseling Program.

☐ 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

"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."

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, VHCBA 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.