



Dear		
Deai		,

Thank you for allowing the HomeOwnership Center to review your request for the Landlord repair program. This packet shows you your steps in the process; you will find the following enclosed:

- 1. Items Needed for Processing Checklist
- 2. RuralEdge / Northeast Community Lending Corporation Privacy Policy and Practices
- 3. Personal Profile Intake Form-Landlord Repair Program
- 4. Steps in the Process
- 5. Authorization to Release Information
- 6. Authorization to Pull Credit
- 7. Demographic Information
- 8. Estimate Tracking Sheets

You must complete and return the items listed under number 1 and 2 above to move your request on to the next step. If we receive your packet but it is missing documents, you will receive a letter stating what is missing. If we do not receive the information in 30 days, your file will be closed.

The Estimate Tracking Sheet was created to help you keep track of the contractors that you will be calling regarding the project. All contractor(s) working with the program are required to have applicable licenses, full liability insurance coverage, signed W-9 form and must sign any and a construction agreement and contract related to the project. Projects started prior to the approval of your request may not be paid.

During the process, please feel free to contact us regarding the request. We are here to help you along the way. We are open for business Monday through Friday 8am to 4:30pm by appointment only. The Homeownership Center can be reached at 1.800.234.0560 or 802.535.3555 ext. 1301 or via email at homeownership@ruraledge.org.

Inank	you,
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HomeOwnership Center







ITEMS NEEDED FOR PROCESSING CHECKLIST

The first step in the process is for us to review your Personal Profile Intake Form to determine if you are eligible for our program, and if the repairs/improvements you want to make qualify for funding. The more information you provide to us directly, the less time it will take us to process your request. **Please provide copies of the following information as it pertains to you.**

DOCUMENTATION OF INCOME (FOR EVERY MEMBER OF THE HOUSEHOLD).

	Secondary metallic (For Every Members of The Medal Medal Members of The Mem
	Most recent 30 days of pay stubs (or one pay stub showing year-to-date income)
	W2s/1099s for the previous tax year
	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 all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the bank's logo or if they are not faxed to us by the bank.
	Written documentation of any other income which may include but is not limited to 3SquaresVT (food stamp income), Reach UP income, Fuel Assist, etc.
	Most recent 2 years of Federal income tax returns, including Schedule E
	DOCUMENTATION OF DEPOSIT/INVESTMENT ACCOUNTS (FOR EVERY MEMBER OF THE HOUSEHOLD):
	Past 2 months of all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the bank's logo or if they are not faxed to us by the bank.
	Most recent investment/retirement account statements. Internet print outs are not acceptable.
	INFORMATION REGARDING YOUR PROPERTY:
	Current property tax bill
□ а сору	Warranty Deed or Quit Claim Deed showing the current owner(s) of the property. If you don't have of your warranty deed or quit claim deed, you can get one from your town clerk's office.
	Current insurance bill and/or declarations page of your policy (for the rental property)
	Written estimates for work to be completed if you have any.
	If you have a mortgage and or any liens on the property, we will need a copy of your most recent mortgage statement /or statements.

If you have any questions, please call us at 802-535-3555 ext. 1301 or toll-free at 1-800-234-0560. Please return to our offices located at 1222 Main Street, St. Johnsbury, Vermont 05819; via email at homeownership@ruraledge.org; Or via fax at 1-877-689-5754.







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 loan application.

We collect the personal information 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, 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 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, 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 1222 Main Street St. Johnsbury, Vermont 05819







Personal Intake Form- Landlord Repair Program

<u>Please complete the entire form. The information on this form will be used to make an **initial assessment** of your **eligibility** for the Landlord Repair Program.</u>

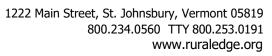
This is NOT an application for a loan or a grant.

Customer Information

NAME:				
	FIRST	MI	LAST	
MAILING ADDRESS:				
			ADDRESS	
		CITY	STA	TE ZIP CODE
MAILING ADDRESS:	<u>-</u>			
			ADDRESS	
		CITY	STA	TE ZIP CODE
HOME PHONE:	()	wo	RK PHONE: ()
CELL PHONE:	()	EMA	JL:	
ATE OF BIRTH:	_//	_	HANDICAPPED OR DISABLED?	YES □ NO □
you receive disabilit	ty income, is it for a permea	nt disability?	YES 🗆	NO □
EDUCATION	☐ NO HIGH SCHOOL		☐ HIGH SCHOOL DIPLO	MA/GED
	☐ TWO YEAR COLLEGE		☐ BACHELOR'S DEGREE	<u>:</u>
	☐ MASTER'S DEGREE		☐ ABOVE MASTER'S DEGREE	
	☐ OTHER (DESCRIBE)			
MARITAL STATUS	☐ MARRIED		☐ SINGLE	
	☐ SEPERATED		□ WIDOWED	
	☐ DIVORCED			









VETERAN	☐ YES			□NO		
ACTIVE MILITARY	☐ YES			□ NO		
CURRENT LIVING ARRANGEMENT:	☐ HOMEOWNER w/I☐ HOMEOWNER w/I☐ LIVING W/FAMILY☐ Other (describe)		RTGAGE PAII MBER/NOT			
HOUSEHOLD TYPE:	☐ Female-headed household			☐ Male-headed sin		sehold
	☐ Single adult			☐ Two or more unr	elated adults	
	☐ Married with de☐ Other (describe)	•		☐ Married without	•	
Do you receive Section 8 If yes, what is the month!		Assist	ance?		☐ YES	□NO
Number of people living i	n the home:					
List dependents (if application	able):					
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES		NO			
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES		NO			
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES		NO			
*Please attach a page if m	ore space is neede	d				
Are there any non-depen	dents that will be I	iving	in the home	e?	☐ YES	□ NO
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES		NO			
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED	⊃ YES		NO			
NAME:			AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED	D ☐ YES		NO			







Customer Employment Information:

PRIMARY EMPL	OYER:					
EMPLOYER ADD	RESS					
				CITY		
			CITY		STATE	ZIP CODE
TITLE / LOD DEC	CDIDTION.				SIAIE	ZIP CODE
TITLE / JOB DES	CRIPTION:			PHONE	NUMBER (XXX) XXX	(- XXXX
☐ PART-TIME	☐ FULL-TIMI		HIRE DATE:			
GROSS MONTH	LY INCOME DEDUCTIONS)	\$		ANNUAL:	\$	
SELECT ONE:	☐ HOURLY	☐ SALARY	☐ COMMISSION	☐ OTHER:		
CAN YOU BE CO	NTACTED AT W	ORK:	☐ YES ☐ NO			
SECONDARY EN	IPLOYER:					
EMPLOYER ADD	RESS					
				CITY		
			CITY		STATE	ZIP CODE
TITLE / JOB DES	CRIPTION:			DHONE	NUMBER (XXX) XXX	(- VVVV
☐ PART-TIME	☐ FULL-TIMI		HIRE DATE:	FHONE	NOMBER (XXX) XXX	X- AAAA
GROSS MONTH	LY INCOME DEDUCTIONS)	\$		ANNUAL:	\$	
SELECT ONE:	☐ HOURLY	☐ SALARY	☐ COMMISSION	☐ OTHER:		
CAN YOU BE CO	NTACTED AT W	ORK:	☐ YES ☐ NO			





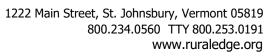


Co-Customer Information

NAME:						
	FIRST	MI		LAST		
MAILING ADDRESS:						
			ADDRESS			
		CITY		STA1		7ID CODE
		CIT		STAT	ie.	ZIP CODE
MAILING ADDRESS:			ADDRESS			
		CITY		STAT	ľE	ZIP CODE
HOME PHONE:	()	wo	ORK PHONE:	()	
CELL PHONE:	()	EM/	AIL:			
					V50 🗆	
DATE OF BIRTH:	/ /		HANDICA OR DISA		YES □ NO □	
					но Ц	
f you receive disabil	ity income, is it for a p	permeant disability?	,	YES 🗆	NO □	
EDUCATION	□ NO HIGH SCHO		☐ HIGH SCHO			
	☐ TWO YEAR COL		☐ BACHELOR'			
	☐ MASTER'S DEG		☐ ABOVE MAS	STER'S DEG	GREE	
	☐ OTHER (DESCRI	ве)				
MARITAL STATUS	☐ MARRIED		☐ SINGLE			
	☐ SEPERATED		☐ WIDOWED			
	☐ DIVORCED					
VETERAN	☐ YES		□ NO			
ACTIVE MILITARY	☐ YES		□NO			









CURRENT LIVING ARRANGEMENT:		v/MORTGAGE PAID LY MEMBER/NOT PA			
HOUSEHOLD TYPE:	☐ Female-headed household	single parent	☐ Male-headed sing	le parent hous	sehold
	☐ Single adult		☐ Two or more unre	elated adults	
	☐ Married with de☐ Other (describe)		☐ Married without o	•	
Do you receive Section 8 If yes, what is the month				☐ YES	□NO
Number of people living i	n the home:				
List dependents (if applic	able):				
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED	O □ YES	□ NO			
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES	□ NO			
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED	O □ YES	□ NO			
*Please attach a page if m	nore space is neede	d			
Are there any non-depen	dents that will be I	iving in the home?		☐ YES	□ NO
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED)	□ NO			
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) □ YES	□NO			
NAME:		AGE:	RELATIONSHIP:		
HANDICAPPED OR DISABLED) \square YFS	Пио			







Co-Customer Employment Information:

PRIMARY EMPL	.OYER:					
EMPLOYER ADD	DRESS					
	_			СІТУ		
			CITY		STATE	ZIP CODE
TITLE / JOB DES	CRIPTION:					
				PHONE	NUMBER (XXX) XXX	- XXXX
☐ PART-TIME	☐ FULL-TIM	E	HIRE DATE:			
GROSS MONTH (BEFORE	LY INCOME DEDUCTIONS)	\$		ANNUAL:	\$	
SELECT ONE:	☐ HOURLY	☐ SALARY	☐ COMMISSION	☐ OTHER:		
CAN YOU BE CO	NTACTED AT W	ORK:	□ YES □ NO			
SECONDARY EN	//PLOYER:					
EMPLOYER ADD	DRESS					
	_			CITY		
	_		CITY		STATE	ZIP CODE
TITLE / JOB DES	CRIPTION:					
				PHONE	NUMBER (XXX) XXX	- XXXX
☐ PART-TIME	☐ FULL-TIM	E	HIRE DATE:			
GROSS MONTH (BEFORE	LY INCOME DEDUCTIONS)	\$		ANNUAL:	\$	
SELECT ONE:	☐ HOURLY	☐ SALARY	☐ COMMISSION	☐ OTHER:		
CAN YOU BE CO	NTACTED AT W	ORK:	□ YES □ NO			







All Household Income

INCOME TYPE	MONTHLY HOUSEHOLD AMOUNT						
INCOIVIL TIFE	Customer	Co-Customer	Other Me	ember(s)			
Salary/Employment							
Self-employment							
Seasonal Employment							
Unemployment							
Alimony/Child Support							
Public Assistance							
Food Stamps							
Social Security							
Supplemental Security							
Dependent SSI							
Disability							
Pension							
Rental							
Other:							
Total yearly household income b	efore deductions:	\$					
Can you document you	☐ YES	□ NO					
If <i>yes,</i> how long will it	If <i>yes</i> , how long will it continue?						
If your child or family member ro years will the payments continu		nany more					







Liabilities / Debits

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

PAID TO	Current Balance Monthly Payment			Whose Debt		
	T			C=0	Customer CC=Co-	Customer
(1)						
(2)						
(3)						
(4)						
(5)						
			Custo	mer	Co-Customer	
Have your payments been m	nade on time?		☐ YES	□ №	☐ YES	□ №
Are you currently in Chapter	13 bankruptcy?		☐ YES	□NO	☐ YES	□ №
If yes, date it began?						
If yes, how much in the paym	ent?		\$		S	
Have you ever had a Chapte	r 7 bankruptcy?		□ YES	□ NO	□ YES	□ NO
If yes, when was it discharge?	?					
Comments:						
Automobiles Owned:						
Make:	Year:	Mileage:	Appro	ox. Value:		
Make:	Year:	Mileage:	Appro	ox. Value:		





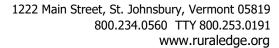


Liquid Funds / Savings / Investments

	<u>Liquid i dilas / Savings /</u>		
TYPE OF ACCOUNT	CUSTOMER	CO-CUSTOMER	
Cash	\$	\$	
Checking			
NAME of BANK			
	\$	\$	
	\$	\$	
	\$	\$	
Savings			
NAME of BANK			
	\$	\$	
	\$	\$	
	\$	\$	
CD/Money Market			
NAME of BANK			
	\$	\$	
	\$	\$	
	\$	\$	
Retirement			
NAME of BANK			
	\$	\$	
	\$	\$	
	\$	\$	
Non-Retirement			
Investments	_		
NAME of BANK			
	\$	\$	
	\$	\$	
	\$	\$	







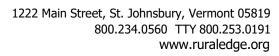


Property to be Rehabilitated Information

Property Addr	ess:				
		CITY		STATE	ZIP CODE
Applicant	Corporation	LLC/LLC	Partnership	Sole Pr	oprietorship
Legal Structure	2: □				
Do you have an	y loans on the property?		□ Ү	ES	□ NO
If YES	With whom:				
	Original Loan Balance: \$				
	Current Loan Balance: \$				
	Monthly Payments: \$				
Are you current	on your loans		ПΥ	ES	□ NO
If you are not c	urrent, please explain:				
Are the taxes ar	nd insurance escrowed?		□ Y	ES	□NO
Are the taxes cu	irrent?		□ Ү	ES	□ NO
If NO	How much do you	owe in delinque	ent property taxes?	, \$	
		How much is t	he total year taxes	\$ <u> </u>	
Do you currentl	y have insurance on the property	?	□Y	ES	□ NO
How much is yo	ur annual insurance policy?			\$	
Insur	ance Agency Name:				
Insura	ance Agency Phone:		_ Policy Expire	s:	
Is the property l	ocated in a flood zone?		□ Ү	ES	□ NO
Do you currentl	y have flood insurance on the pro	perty?	□ Ү	ES	□NO









How much is your annual floo		۶ 		
Insurance Agency	Name:			
	Phone:			
If you not currently have floo			t?	
Condition of Building	Cannot Afford Insur	ance	Other	
If other, please explain:				
Who owns the property? List name(s) on the deed:				
Have you ever had NETO (No and /or NEKCA (Northeast Kipproperty?	ngdom Community Action	n) work on your] YES	□ NO
If YES, when				
		Number of units at the pro	perty:	
Unit # or Property Address		Unit # or Property Address		
Leased/Occupied		Leased/Occupied		-
or Vacant		or Vacant		
Tenant Name if		Tenant Name if		
Leased/Occupied		Leased/Occupied		
Current mailing address		Current mailing address		
and		and		
Phone number of the		Phone number of the		
tenant if Leased/Occupied		tenant if Leased/Occupied		
Monthly Rent \$\$		Monthly Rent \$\$		







Unit # or	Unit # or Property
Property Address	Address
Leased/Occupied	Leased/Occupied
or Vacant	or Vacant
Tenant Name if	Tenant Name if
Leased/Occupied	Leased/Occupied
Current mailing address	Current mailing address
and	and
	Phone number of the
Phone number of the	tenant if
tenant if Leased/Occupied	Leased/Occupied
Monthly Rent \$\$	Monthly Rent \$\$
Unit # or	
Property Address	Unit # or Property Address
Leased/Occupied	Leased/Occupied
or Vacant	or Vacant
Tenant Name if	Tenant Name if
Leased/Occupied	Leased/Occupied
Current mailing address	Current mailing address
and	and
Phone number of the	Phone number of the
tenant if Leased/Occupied	tenant if Leased/Occupied
Monthly Rent \$\$	Monthly Rent \$\$
Monthly Kent 55	Monthly Rent \$\$
Utilities included in rent: (please check)	
(prease area)	
☐ Heat ☐ Hot Water ☐ Electricity ☐ Water	☐ Sewer ☐ Other:
Age of the building:	
Has there been any major renovations done to the bu	ıilding? □ YES □ NO
If Yes, When?	
Description of renovations:	







Site and Unit Conditions:

					d unfit for occupa assessment perfo	-	l for this		☐ YES	□ NO
			e provide a copy	-	assessifient perio) ille	1 101 11113		☐ YES	□ №
Has	there been an	asbes	tos assessment	comp	oleted for this pro	perty	/ ?		☐ YES	□NO
Oth	er comments:									
Wh	at else needs to	o be re	epaired at the p	roper	ty?					
	-	pertie	es water come f	rom?	CITY □			TOWI	u 🗖	
	ED WELL □ _AGE □		SPRING □ OTHER □		CITY			TOWI	V L	
VIL	-AOL LI									
How	much money o	do you	ı believe you co	uld sp	end monthly on	a loa	n payment	for the	repairs?	
	\$0		\$1-\$25		\$26-\$50		\$51-\$75		\$76-\$10	0
	\$101-\$150		\$151-\$200		OVER \$200		OTHER:			







Steps in the Process

These Steps will help you follow the process and requirements regarding the program.

Step 1: Complete Forms and Return the Following Items:

You **must** complete the following to determine eligibility for the program, because our funders require us to follow certain rules, not everyone who considers this program will be eligible:

- A. Personal Profile Intake Form and Additional Questions for Home Repair
- B. Authorization to Release Information Form
- C. Authorization to Pull Credit
- D. Signed receipt of Privacy Policy
- E. Items Needed for Processing Checklist

Step 2: Visiting Your Building/ Units in the Building

If you are determined eligible for the program, we will come to your property to develop a thorough scope of work and to ensure the project meets the requirements of the program. This visit may require photographs of your property and a discussion with you.

Step 3: Application Process

If your project meets the requirements of the program, and you decide to file a formal application, we will then ask you for additional information as needed.

Step 4: 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, if you decide to accept the offer, you must return the signed commitment letter. A title search will be ordered by Rural Edge, if needed. 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.

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.

Other Important Information: Fees

Our funding services may require fees such as: credit report; document recording; title search; historic preservation consultation; flood zone determination; and property inspections. The cost of fees can usually be included in the loan or grant.

Due to high demand for these services, requests for emergency situations will take priority and your project





may be placed on a waiting list.

Helping You Manage the Rehab Project

We will provide guidance and tips on selecting a contractor; however, we cannot provide contractor names or recommendations to you. Qualified contractors are to be licensed (if applicable), fully insured and qualified to do the work.

NOTE: We may not allow property owners, their friends or family members to perform the renovations without professional building experience.

It is the property owner's responsibility to approve all plans and specifications for the rehab work, to review bids, select the contractor(s), sign contracts, and approve all payments that are made. RuralEdge/NCLC must approve all their contracts and bids. All contractors must show proof of liability insurance, signed W-9, and applicable licenses prior to signing the construction contract. Contractors who fail to supply proof of liability insurance, signed W-9, and applicable licenses will not be eligible to provide services due to our funding requirements.

Completion of all steps listed is necessary for approval. Funds will not be paid to contractors without a fully executed construction contract between the contractor, property owner and Rural Edge.

Rural Edge/NCLC reserves the right to withhold funds to ensure compliance with all federal and state requirements; building codes; funder requirements; health and safety requirements; and contractor agreements. Payments for work and materials are authorized only with written approval by BOTH the Homeowner(s) and an authorized Rural Edge representative.

RuralEdge/NCLC is not the "Contractor". RuralEdge/NCLC provides no guarantee regarding the rehab work to be performed. The contractors are responsible for the quality and/or timeliness of their work.

I/We agree to release and hold harmless Rural Edge/NCLC, its employees, members, officers, and directors in connection with their actions reasonably associated with property inspection, consultation, technical advice, financial consultation, loan processing, and any defects in construction work performed as part of the project.

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 14th and Independence Ave., SW, Washington, DC 20250-9410".

By signing this document, I agree that I have read and understand the terms and conditions and agree to its terms and conditions.

CUSTOMER:		
	SIGNATURE HERE	DATE
CO-CUSTOMER:		
	SIGNATURE HERE	DATE







Credit Pull Authorization

<u>I authorize RuralEdge</u> and Northeast Community Lending Corporation to:

- (a) pull my/our credit report to review my/our credit file for program eligibility 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.

CUSTOMER:		
	SIGNATURE HERE	DATE
CO-CUSTOMER:		
	SIGNATURE HERE	DATE







DEMOGRAPHIC INFORMATION

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating you 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.

<u>Customer</u>	<u>Co-Customer</u>		
Ethnicity: (select one)	Ethnicity: (select one)		
Hispanic or Latino	Hispanic or Latino		
Not Hispanic or Latino	Not Hispanic or Latino		
Race (select one or more):	Race (select one or more):		
White	White		
American Indian/Alaskan Native	American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander		
Asian and White	Asian and White		
American Indian/Alaskan Native and Black	American Indian/Alaskan Native and Black		
Black or African American	Black or African American		
Asian	Asian		
American Indian/Alaskan Native and White	American Indian/Alaskan Native and White		
Black/African American and White	Black/African American and White		
Other	Other		
Gender (select one):	Gender (select one):		
Male	Male		
Female	Female		
Were you born in the US? (Circle one) Yes No	Were you born in the US? (Circle one) Yes No		

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights1400 Independence Ave, S.W., Stop 9410 Washington, DC 20250-9410. Or call Toll Free at (866) 632-9992 (English) or (800)877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800)845-6136 (Spanish Federal-Relay). USDA is an equal opportunity provider and employer."

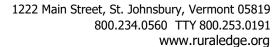
I have received a copy of the Rural Edge/ Northeast Community Lending Corporation Privacy Policy and Practices.

CUSTOMER:		
_	CUSTOMER SIGNATURE HERE	DATE
CO-CUSTOMER:		
CO-COSTOWIER.	CO-CUSTOMER SIGNATURE HERE	DATE

Thank you for providing this information. If you have any questions, please feel free to contact us at: 802-473-3923









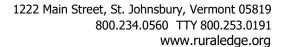
AUTHORIZATION TO RELEASE INFORMATION

	SS#:
	SS#:
	PHONE #:
of information to and/or from the Northeast Co HomeOwnership Center (HOC) regarding my hazard insurance, housing situation and any ort at any time, in order to obtain, verify or re nancing, refinancing, retention or repair of house on may be used for the purposes stated above.	y/our income, debt, credit, mortgage, rent, other necessary information, including the e-verify any information for the purposes of
ny/our consent for the following organization(suralEdge and the HOC to release information to	•
mpanies associated with the transaction(s) institutions associated with the transaction(s) (NVRH) Care & Hospice f Vermont ("CBC") and Equifax, Experian and Tra	ansUnion (credit bureaus)
/ hazard Insurance agencies and/or companies h Care and Training Org., Inc. ("NETO") Northeast Kingdo (CA") Northeast Kingdom Human Services ation t ("RD") an Services (AHS) Vermont Center for Independent Children and Families ("DCF") Disabilities, Aging and Independent Living ("DAII onservation Board ("VHCB") Authority ("VSHA") on and Hospice Inc. (Orleans/Essex)	ent Living("VCIL")
Elimino du cri offo Aracatada	HomeOwnership Center (HOC) regarding my hazard insurance, housing situation and any ort at any time, in order to obtain, verify or mancing, refinancing, retention or repair of housing may be used for the purposes stated above. In may be used for the following organization (sural Edge) and the HOC to release information to institutions associated with the transaction (s) (NVRH) Care & Hospice (Vermont ("CBC") and Equifax, Experian and Training Org., Inc. ("NETO") Northeast Kingdom agencies I hazard Insurance agencies and/or companies in Care ("RD") Northeast Kingdom Human Services (AHS) Vermont Center for Independent ("RD") I an Services (AHS) Vermont Center for Independent Children and Families ("DCF") Disabilities, Aging and Independent Living ("DAI inservation Board ("VHCB") ("VSHA")

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 HomeOwnership Center. (if applicable).









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

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 14th and Independence Ave., SW, Washington, DC 20250-9410".

CUSTOMER:		
_	CUSTOMER SIGNATURE HERE	DATE
CO-CUSTOMER:		
·	CO-CUSTOMER SIGNATURE HERE	DATE







ESTIMATE TRACKING SHEET

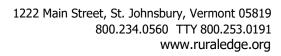
It is the property owner's responsibility to approve of and select all contractors, plans and specifications for the work that you are requesting to have done to your property.

Any contractors that are selected MUST have insurance, be willing to complete and submit a W-9 form and complete all required construction agreements prior to the work starting.

Work that I am requesting:			
CONTRACTOR'S NAME:			
PHONE NUMBER:	DATE/TIME:		
DO YOU HAVE INSURANCE?		YES □	NO □
ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
OUTCOME:			
OUTCOIVIE:			





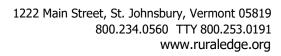




CONTRACTOR'S NAME:			
PHONE NUMBER:	DATE/TIME:		
DO YOU HAVE INSURANCE?		YES □	NO □
ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
OUTCOME:			
CONTRACTOR'S NAME:			
PHONE NUMBER:	DATE/TIME:		
DO YOU HAVE INSURANCE?		YES □	NO □
ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES □	NO □
OUTCOME:			









CONTRACTOR'S NAME:			
PHONE NUMBER:	DATE/TIME:		
DO YOU HAVE INSURANCE?		YES □	NO □
ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
OUTCOME:			
CONTRACTOR/C NIABAE.			
PHONE NUMBER:			
PHONE NUMBER: DO YOU HAVE INSURANCE?			NO □
PHONE NUMBER:			
PHONE NUMBER: DO YOU HAVE INSURANCE?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □
PHONE NUMBER: DO YOU HAVE INSURANCE? ARE YOU ABLE TO SUBMIT A W-9 FORM?		YES 🗆	NO □



