

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





# **Shared Equity Eligibility Application**

|   | Primary A   | Appucant        |   |  |
|---|---|-----------------|---|--|
| Last Name:  | First Name:   | MI:             | Social Security Number:                                       |  |
| DOB:  | Military Status:  □ None □ Active □ Veteran                 |                 | Female  |  |
| Race: (check all that apply): African American/Black Asian Native American Pacific Islander  White Other:   |   |                 |   |  |
| Primary Language:  Buthicity:  Hispanic/ Latino  Non Hispanic/Latino  |   |                 |   |  |
| Highest Education: □Less Than High  | hschool GED/Highschool                                      | □2-Year         | Degree/Trade School Above Masters   Apprenticeship            |  |
| Employment Status:   Full Time Stud   |   | loyed $\Box$ Pe | rmanently unable to work ime Employed Seasonal Employment     |  |
| Occupation:   |   |                 | Seasonat Employment   |  |
|   |   |                 |   |  |
|   | Additional Have   | achald Mamb     |   |  |
| Last Name:  | Additional House<br>First Name:                             | MI:             | Social Security Number:                                       |  |
| DOB:  | Military Status:  □ None □ Active □ Veteran                 |                 | I<br>  Female   |  |
| Race: (check all that apply): ☐ Afr   | rican American/Black 🗆 Asian                                | 1               | ve American ☐ Pacific Islander                                |  |
| Primary Language:   | inte 🗆 Other.   | Ethnicity:      | _atino □ Non-Hispanic/Latino                                  |  |
| How is This Person Related to the App   | licant?<br>□Dependent □ Oth                                 | '               | and morallo calle   |  |
|   |   |                 |   |  |
| N. CO. L. LAN.  | If Under 18   | Years Old       | I D' a l'a Augustia   |  |
| Name of School Attending:   |   |                 | ol District Attending:  |  |
|   | If Over 18  | Years Old       |   |  |
| Highest Education: □Less Than High □Some College  | school □GED/Highschool □4-Year Degree □Maste                |                 | Degree/Trade School<br>□Above Masters □Apprenticeship         |  |
| Employment Status: ☐ Full Time Stud   | dent □Homemaker □Self Emp<br>⊒Unemployed □Part-Time Employe | •               | rmanently unable to work<br>ime Employed □Seasonal Employment |  |
| Occupation:   |   |                 |   |  |
|   |   |                 |   |  |
|   | Additional House  | sehold Memb     | er  |  |
| Last Name:  | First Name:   | MI:             | Social Security Number:                                       |  |
| DOB:  | Military Status:  ☐ None ☐ Active ☐ Veteran                 |                 | Female □ Male<br>  Non-Binary □ Other:                        |  |
| Race: (check all that apply):   |   |                 |   |  |
| Primary Language: Ethnicity:  □ Hispanic/ Latino □ Non-Hispanic/Latino  |   |                 |   |  |
| How is This Person Related to the Applicant?  □ Dependent □ Other:  |   |                 |   |  |
|   | If Under 18   | Years Old       |   |  |
| Name of School Attending:  City or School District Attending:   |   |                 |   |  |
| If Over 18 Years Old  |   |                 |   |  |
| Highest Education: ☐Less Than Highschool ☐GED/Highschool ☐2-Year Degree/Trade School ☐Some College ☐4-Year Degree ☐Masters ☐Above Masters ☐Apprenticeship |   |                 |   |  |
| Employment Status: □Full Time Student □Homemaker □Self Employed □Permanently unable to work   |   |                 |   |  |
| ☐ Retired ☐ Unemployed ☐ Part-Time Employed ☐ Full-Time Employed ☐ Seasonal Employment  Occupation:   |   |                 |   |  |
|   |   |                 |   |  |





## Page **3** of **11**

| Additional Household Member  |  |  |  |  |  |
|--|--|--|--|--|--|
| l ANI  |  |  |  |  |  |
| Last Name:   | First Name:                                      | MI: Social Security Number:  |  |  |  |
| DOB:   | Military Status:  ☐ None ☐ Active ☐ Veteran      | Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other:  |  |  |  |
|  | frican American/Black                            | ☐ Native American ☐ Pacific Islander   |  |  |  |
| Primary Language:  | Primary Language: Ethnicity:                     |  |  |  |  |
| How is This Person Related to the App  | plicant?   | ☐ Hispanic/Latino ☐ Non-Hispanic/Latino  |  |  |  |
|  | □Dependent □Oth                                  | er:  |  |  |  |
|  | If Under 18                                      | Years Old  |  |  |  |
| Name of School Attending:  |  | City or School District Attending:   |  |  |  |
|  | If Over 18                                       | Years Old  |  |  |  |
| Highest Education: ☐Less Than Hig<br>☐Some College                                     | ghschool GED/Highschool  4-Year Degree Maste     | □2-Year Degree/Trade School rs □Above Masters □Apprenticeship  |  |  |  |
| Employment Status: Full Time Stu   | <del>-</del>                                     | ., .   |  |  |  |
| ' <i>'</i>   | □Unemployed □Part-Time Employe                   |  |  |  |  |
| Occupation:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | sehold Member  |  |  |  |
| Last Name:   | First Name:                                      | MI: Social Security Number:  |  |  |  |
| DOB:   | Military Status:  □ None □ Active □ Veteran      | Gender: □ Female □ Male □ Non-Binary □ Other:  |  |  |  |
| (  | frican American/Black Asian /hite Dother:        | □ Native American □ Pacific Islander   |  |  |  |
| Primary Language:  | Title 🗆 Other.                                   | Ethnicity:   |  |  |  |
| How is This Person Related to the App  | olicant?   | ☐ Hispanic/Latino ☐ Non-Hispanic/Latino  |  |  |  |
|  | □Dependent □Oth                                  | er:  |  |  |  |
| Name of School Attending:  | If Under 18                                      | B Years Old City or School District Attending:   |  |  |  |
| Trains or conservation amg.  |  | , and the second |  |  |  |
|  | If Over 18                                       |  |  |  |  |
| Highest Education: ☐Less Than Hig<br>☐Some College                                     | ghschool GED/Highschool  4-Year Degree Maste     | □2-Year Degree/Trade School rs □Above Masters □Apprenticeship  |  |  |  |
| Employment Status:     Full Time Stu   | 3  | Prince the prince of the princ |  |  |  |
|  | $\square$ Unemployed $\square$ Part-Time Employe | d Full-Time Employed Seasonal Employment   |  |  |  |
| Occupation:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Additional Hou                                   | sehold Member  |  |  |  |
| Last Name:   | First Name:                                      | MI: Social Security Number:  |  |  |  |
| DOB:   | Military Status:  ☐ None ☐ Active ☐ Veteran      | Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other:  |  |  |  |
| (  | frican American/Black 🗆 Asian                    | □ Native American □ Pacific Islander   |  |  |  |
| □ White □ Other:  Primary Language: Ethnicity: □ Hispanic/Latino □ Non-Hispanic/Latino |  |  |  |  |  |
| How is This Person Related to the Applicant?   |  |  |  |  |  |
| □ Dependent □ Other:   |  |  |  |  |  |
| Name of School Attending:  City or School District Attending:                          |  |  |  |  |  |
| If Over 18 Years Old   |  |  |  |  |  |
| Highest Education: □Less Than Highschool □GED/Highschool □2-Year Degree/Trade School   |  |  |  |  |  |
| □Some College Employment Status: □Full Time Stu  | □4-Year Degree □Maste                            | rs   Above Masters   Apprenticeship  |  |  |  |
| □Retired   | □Unemployed □Part-Time Employe                   |  |  |  |  |
| Occupation:  |  |  |  |  |  |





| Contact Information  |                                  |             |                                       |                       |                   |                   |
|--|----------------------------------|-------------|---------------------------------------|-----------------------|-------------------|-------------------|
| Street Address (w/ Apt Number):  |                                  | Contact I   |                                       |                       | State:            | Zip Code:         |
| Street Address (W. Apt Number).  |                                  |             | City:                                 |                       | State:            | Zip Code:         |
| Mailing Address (If Different):  |                                  |             | City:                                 |                       | State:            | Zip Code:         |
| Primary Phone Number: Alte   |                                  |             | ernate Phone Numl                     | ber:                  |                   |                   |
|  |                                  |             |                                       |                       |                   |                   |
| E-Mail:  |                                  | Alt         | ernate E-Mail:                        |                       |                   |                   |
|  |                                  | I           |                                       |                       |                   |                   |
|  |                                  | Other In    | formation                             |                       |                   |                   |
| Are you currently married, have a dom  | estic partner, or are you in a c | common l    | aw marriage?                          |                       | □Ye               | s 🗆 No            |
| Do you or any household member own   | n or have owned within the las   | st 3 years: |                                       |                       |                   |                   |
| Any residential property/ real estate, o   | r have interest in the same, in  | ncluding re | eal estate in foreign                 | countries?            | □Ye               | s                 |
| If yes, list the Address & State:  |                                  |             |                                       | Market Value          | :: <b>\$</b>      |                   |
| Have you sold this property?   | Yes □No If Ye                    | s, List the | date of sale:                         |                       |                   |                   |
|  | If you have not sold your ho     | ome, plea   | ise tell us about yo                  | our mortgage below    | I                 |                   |
| Unpaid Mortgage Balance:   | Any other liens of               | on the pro  | perty?                                | If yes,               | how much?         |                   |
| \$   |                                  |             | □Yes                                  | □No                   | \$                |                   |
| Are you currently a RuralEdge tenant of  | or homeowner?                    | □No         | Are vou at risk of be                 | ing displaced from y  | our current ho    | me?               |
| If Yes, Please explain:  |                                  |             |                                       | <u> </u>              |                   |                   |
| ,  |                                  |             |                                       |                       |                   |                   |
| Do you or any household members ne   | ed any special housing accor     | nmodatio    | ns? □Yes                              | □No                   |                   |                   |
| If Yes, Please explain:  |                                  |             |                                       |                       |                   |                   |
|  |                                  |             |                                       |                       |                   |                   |
| Have you completed the Homebuyer E   | Education Workshop?              | Yes 🗆       | No If Yes, Wh                         | ien?                  |                   |                   |
| Have you completed a one-on-one fin  | ancial counseling session?       | □Yes □      | ∃No If Yes, whe                       | en and who was you    | Counselor?        |                   |
|  |                                  |             |                                       |                       |                   |                   |
| Have you attended a Shared Equity Pro  | ogram Informational Meeting      | withing th  |                                       | Yes □No               |                   |                   |
| How did you hear about the Shared Eq   | quity Program?   Newspa          | per Ad      | ☐ Homebuyer Ed                        | lucation Workshop     | □Rural <i>Edg</i> | ge Counselor      |
|  | ☐Friend o                        | r Family N  | 1ember □Othe                          | er:                   |                   |                   |
|  |                                  |             |                                       |                       |                   |                   |
|  | C                                | urrent Liv  | ing Situation                         |                       |                   |                   |
| What describes your current living situ  |                                  |             |                                       | .ease Purchase $\qed$ | Other:            |                   |
| When did you move to this address?   | Cu                               | ırrent # of | bedrooms?                             |                       |                   |                   |
| Do you or any household member cur   | rently have a Section 8 youch    | er2 -       | Yes □No                               |                       |                   |                   |
| If Yes, Where is you voucher from?   |                                  |             |                                       | □Other:               |                   |                   |
| · · · · · · · · · · · · · · · · · · ·  | Total Monthly Rent               |             | Water                                 | Electricit            | tv                | Heat              |
| Complete this row if you rent.   | \$                               | \$          | · · · · · · · · · · · · · · · · · · · | \$                    | .,                |                   |
|  | ΙΨ                               | Ψ           |                                       | ΙΨ                    | 1 4               | ,                 |
|  |                                  |             |                                       |                       |                   |                   |
| Harry manny mannished allowers are set it to   |                                  |             | ring Situation                        |                       |                   |                   |
| How many months do you expect it to  | •                                |             | •                                     |                       | 0 months          | 10 months or more |
| Less than 1 month 2-4 months 5-7 months 7-9 months 10 months or more   |                                  |             |                                       |                       |                   |                   |
| Which of the following, if any, are barriers to buying a home? (Check all that apply)     Insufficient savings for downpayment   Insufficient income     Over income   Too many assets   Poor credit history   Debt   None   Residence |                                  |             |                                       |                       |                   |                   |
| What type of home are you looking for? (House, Condo, Mobile, etc.)  How many bedrooms?  |                                  |             |                                       |                       |                   |                   |
| Please list the areas where you are interested in buying:  |                                  |             |                                       |                       |                   |                   |
|  |                                  |             |                                       |                       |                   |                   |
| What is your primary reason for purchasing a home?   |                                  |             |                                       |                       |                   |                   |
| What is most important to you shout t  | the neighborhood where your      | aurobooo (  | homo? (Coloot voi                     | uton 2)               |                   |                   |
| What is most important to you about the neighborhood where you purchase a home? (Select you top 3)  Schools Safety/Crime Proximity to work/school Proximity to amenities   |                                  |             |                                       |                       |                   |                   |
| ☐ Proximity to family/friends ☐ Strong housing market ☐ Part of the Shared Equity Program  |                                  |             |                                       |                       |                   |                   |
| If you are already working with a lender, please complete the following section  |                                  |             |                                       |                       |                   |                   |
| Company Name:  |                                  |             | Loan Officer:                         | 8                     |                   |                   |
| Disease #  |                                  |             | E Maile                               |                       |                   |                   |
| Phone #:   |                                  |             | E-Mail:                               |                       |                   |                   |
| Have you been pre-approved for a mortgage?  If Yes, please list the amount: \$   |                                  |             |                                       |                       |                   |                   |
| ☐ Yes ☐ No   |                                  |             |                                       |                       |                   |                   |
| How much money do you have saved   | for closing costs and/or addit   | ional dow   | n payment? \$                         |                       |                   |                   |
| Are you expecting to receive a family g  | ift toward closing costs and o   | r addition  | al down payment?                      | ☐ Yes ☐ No            |                   |                   |



If Yes, how much? \$



#### **Income Information**

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.

| Household Member   | TYPE of Income   | Employer's Name  | Avg Hours per week   | Pay Schedule   | Gross Monthly Income   |
|--|--|--|--|--|--|
| Troubonota Frombor   | 777 2 07 111001110   | 2.mptoyor o rtumo  | Aug Houre per week   | . ay concaute  | \$   |
|  |  |  |  |  | \$   |
|  |  |  |  |  |  |
|  |  |  |  |  | \$   |
|  |  |  |  |  | \$   |
|  |  |  |  |  | \$   |
|  |  | Total Gross I  | Monthly Household Emplo  | yment Income:  | \$   |
| onths. If you hold several jobs, list umber by 12 to get your Gross Mon onthly Income.  BENEFIT PAYMENTS/SUPPOF Security, Supplemental Secur Disability pay/benefits, Unem | each one on a separate thly Income. If you are part of the part of | er deductions. If you are Self-Empl<br>line. If you are paid every other wed<br>aid weekly, take your gross payched<br>R INCOME – Please list all payr<br>olemental Security Disability In<br>Severance Pay, Annuities, Insu | ek, take your gross income payor<br>ck amount and multiply it by 52,<br>ments any household memb<br>come (SSDI), Housing Assis<br>rance Policy Payments, Pen | heck amount and r<br>then divide that nu<br>ber (including mir<br>stance Payment (<br>sion, Retirement | nultiply it by 26, then divide that<br>umber by 12 to get your Gross<br>nors) receives from Social<br>(HAP), Worker's Comp,<br>Benefits, Death Benefits, |
|  |  | pport, OTHER: Money or gifts re  |  | _  |  |
| periodically; rental income fro  | m tenants; Interest, d<br>I  | lividends, royalty income, inco  |  | other – please spe<br>clarification, if ne   |  |
| Household Member   | Source of Income   | Gross Monthly Income*  | _  |  | eaea<br>or are not expected to continu   |
|  |  | \$   | 1 7 71 7   |  | ·  |
|  |  | \$   |  |  |  |
|  |  | \$   |  |  |  |
|  |  | \$   |  |  |  |
|  |  | <u> </u>   |  |  |  |
|  |  | \$   |  |  |  |
| Total (  | Bross Other Income:  | \$   |  |  |  |
|  |  | Current Debt Inf   | ormation   |  |  |
| Oo you have any monthly insta  | allment debt? 🗌 Yes  |  |  |  |  |
|  |  | ent debt includes payments on  | credit cards, student loans  | , auto loans, etc.   |  |
| Regular monthly payments like  | e rent and utilities sho   | ould not be included.  |  |  |  |
| Creditors Name   | Type of Debt   | Unpaid Balance   | Interest Rate  | Minimu   | um Monthly Payment   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| re you obligated to pay alimo  | ny, child support, or s  | eparate maintenance?   | □No□   | Yes \$   | /m   |
| lave you declared bankrupt w   |  |  | □ No □   | Yes  |  |
| lave you had a property forec  |  | 7 years?   |  | Yes  |  |
| o you have any open collecti   |  |  | □ No □   | Yes  |  |
| Yes to any of the above, plea  | se explain:  |  |  |  |  |
|  |  |  |  |  |  |
| low many times have you bee  | an late with your bill be  | avments in the last year?  | ☐ Never ☐ Once ☐   | 2-3 times  | 4 or more times  |





## **Authorization to Release Information**

| Name:  | Social Security #:   | D.O.B   |                                   |
|--|--|---|-----------------------------------|
| Name:  | Social Security #:   | D.O.B   |                                   |
| Address:   |  | Phone:  |                                   |
| Address:   |  | Phone:  |                                   |
| Housing & Community said organization(s), fo Education, Counseling Home Rehabilitation at Credit Bureau Servi Banks and/or other Closing Disclosure Attorneys, mediato Creditors and/or coe Housing and Urban NeighborWorks® Efficiency Vermont Habitat for Humani USDA Rural Develo Vermont State Hou Vermont Housing FHomeowner's Insure Any/All Social Servi Social Security Adn My employer(s) for | ces of Vermont (CBC), Equifax, Experian, and lending institutions associated with the trans Settlement Statement to RE HOC upon the purs, and/or title companies associated with the Illections agencies Development (HUD)  ty pment (RD) sing Authority inance Agency (VHFA) rance/Hazard Insurance Agencies and/or comce Agencies to which I am referred | DC) and for RE HOC to release informations and for RE HOC to release information and provided action (s), to include providing a copurchase of my home.  transaction(s) | mation to<br>er<br>seling,<br>ort |
| the undersigned may b  | on copy of this authorization bearing a photoge deemed to be equivalent to the original here x, I am authorizing that my typed name is to a  | eof and may be used as a duplicate  |                                   |
| 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 eligibility for the program and the affordable mortgage amount, information regarding the 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 loan 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<sup>®</sup> 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**

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

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.

| 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 RuralEdge 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 RuralEdge.
   RuralEdge 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 general 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 RuralEdge's written policies for eligibility, admission and occupancy for families for housing
  assistance with RuralEdge 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 or not conduct is prohibited under this Policy.

Employees may hold outside jobs as long as 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.



