

# OLDC Exterior Housing Rehabilitation Loan Program Application

For timely and accurate processing, please follow all of the steps listed below. If you need assistance to complete this application, please call 716-376-5647.

- 1) **Answer all questions on the application.**
- 2) **Place your signature in the appropriate spaces.**
- 3) **Provide copies of all required documents.**
- 4) **Applicant will pay a \$250 processing fee at closing to cover costs incurred by the OLDC to close the loan, i.e. filing of the mortgage, etc.**

## Required Documents

To be submitted with application.

- Please submit the following income documents for each household member 18 and older. If it does not apply, you do not need to turn in a copy of the document:
  - IRS tax returns (Most current two years)
  - Paystubs for the most recent 2 months
  - Unemployment payments received
  - Current year Social Security earnings or Supplemental Security Income (SSI) statement
  - Disability or Worker's Compensation
  - Child Support or Alimony received
  - TANF and/or SNAP assistance
  - Other annuity or retirement income statements (most recent statements)
  - Bank Statements for the most recent 2 months showing all transactions
  - Before, and after photos of the work to be performed.
- Homeowner's Insurance: Declaration page showing coverage amounts and current coverage period.
- Quote(s) to perform the work from licensed and insured contractor(s).
- Other documents, if applicable:
  - Disability/Accessibility Modifications Documentation
  - Mortgage Documentation (Current statement showing outstanding balance and payment status)
  - Judgment/Lien/Bankruptcy Documentation

Form & Required Documents can be returned to the following location:

Organization Name	Address	Phone
OLDC Exterior Housing Rehabilitation Program	101 East State Street, Room 209 Olean, NY 14760	716-376-5647

## Property Information

Street Address:	City: Olean	State: NY	Zip Code: 14760
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Has this property ever been inspected for lead-based paint? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ Name of Inspector or Inspection Firm: \_\_\_\_\_

Type of Occupancy:	Age of Home:	Type of Housing Unit:
<ul style="list-style-type: none"><li><input type="radio"/> Owner Occupied (no mortgage)</li><li><input type="radio"/> Owner Occupied with a mortgage loan (current on payments) *please provide mortgage statement.</li><li><input type="radio"/> Owner Occupied with a mortgage loan (not current) *please provide mortgage statement.</li><li><input type="radio"/> Other</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Pre 1950</li><li><input type="radio"/> 1950-1978</li><li><input type="radio"/> Post 1978</li><li><input type="radio"/> Unsure</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> House</li><li><input type="radio"/> Townhouse</li><li><input type="radio"/> Duplex How many Units? ____</li><li><input type="radio"/> Other</li></ul>

## I have one or more of the following needs:

<input type="radio"/> Lead Paint Hazard	<input type="radio"/> Soffit	<input type="radio"/> Roof	<input type="radio"/> Foundation	<input type="radio"/> Doors
<input type="radio"/> Code Violation	<input type="radio"/> Venting	<input type="radio"/> Chimney	<input type="radio"/> Structural	<input type="radio"/> Other
<input type="radio"/> Siding	<input type="radio"/> Gutters	<input type="radio"/> Porch	<input type="radio"/> Windows	_____

Is this an emergency condition (a condition involving a health or safety issue)? Yes \_\_\_ No \_\_\_

## Owner (s) Information

Owner Name (s)	Total Number Living in Household
Phone Number (Day)	Phone Number (Evening)
Email Address	Best Time to Reach You

**Please enter the monthly income sources for each household member who is 18 years and older. Please also provide two (2) months documentation for each applicable income source entered below.**

Household Member

Income Sources	A.	B.	C.	D.	E.	F.	G.
1. Wages							
2. Retirement Pension							
3. Social Security Disability							
4. Supplemental Security Income (SSI)							
5. Public Assistance (TANF/SNAP)							
6. Child Support/Alimony							
7. Interest Income							
8. Savings Bond/Securities							
9. Other							
10. Other							
Monthly Subtotal (add rows 1-10)							
Annual Subtotal (multiply 12 x row above)							
Annual Gross Household Income (add Annual Subtotal for Columns A-G)							

**PROPERTY QUESTIONNAIRE**

Are property taxes paid up through the last billing cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are there any judgments or liens against the property to be rehabilitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, please provide documentation.
Is the property owner in bankruptcy or Chapter 13 proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, please provide documentation.
Does the house have at least one bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is the property owner(s) currently participating in a HUD program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, which one?

**Project Information**

Summary Project Description:

Project Costs	Sources of Funds
Construction/Renovation      \$ _____	Private Financing                      \$ _____
Materials                              \$ _____	Public (other than OLDC EHRLP)    \$ _____
Labor                                      \$ _____	Private Equity                              \$ _____
Total:                                      \$ _____	Other    \$ _____
	Subtotal                              \$ _____
	OLDC EHRLP Funds Requested      \$ _____
	Total    \$ _____

**DECLARATION**

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true.

I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Olean Local Development Corporation and may be a felony under the laws of the State of New York.

I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) finances.

I (we) further authorize the Olean Local Development Corporation to order credit reports and/or other information on my (our) personal and financial background.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving loan/deferred loan monies. This loan request may be withdrawn at any time prior to a formal closing of the loan, subject to the terms and conditions of any written financial commitment offered by the Olean Local Development Corporation. However, this application is being submitted in good faith as a request for funds.

Owner (Print): \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner (Print): \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is unlawful to discriminate based on certain protected characteristics, which include, but are not limited to: race, creed, color, religion, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status.