

REVOLVING LOAN FUND - HOME REPAIR

Dear Applicant:

Thank you for your interest in our Revolving Loan Fund (RLF) program. Please complete the enclosed application and return to the address indicated below. Please note that in order for your application to be processed and assigned a priority file number, you must include all of the following forms:

1. **RLF Application:** This must be completely and accurately filled out. Any misrepresentation of the facts may disqualify you from the program. **An application fee of \$100.00 (cash/check/money order made payable to Greater Opportunities, Inc.) and \$125.00 for the Realtor Evaluation is due at the time you apply and is non-refundable**
2. **About The Revolving Loan Fund:** Disclosure needs to be signed by all applicants
3. **GREATER OPS, Inc. Intake Forms and Agency Request for Services**
4. **Personal Profile Intake Form** which includes **Conflict of Interest** disclosure and **Authorization** to pull/review credit file
5. **Monthly Budget Worksheet**
6. **Step-By-Step Guidelines disclosure** for borrowing money for Home Repair

You will also need to provide the following documentation:

1. Proof of all household income (last 30 days of pay stubs, social security statement, pension statement, etc.)
2. Last 2-years signed income tax returns including W-2's
3. If self-employed your last 2 years of income tax returns (form 1040) and most recent profit & loss or last 3 months of bookkeeping records
4. Explanation letter for any gaps in employment over 1 month in duration
5. Divorce decree, verification of child support paid or received and any/all supplemental income documentation for household
6. Copy of the deed showing ownership of property
7. Copy of your paid real estate and school tax receipts
8. Copy of your homeowners insurance binder
9. Estimates for repairs/improvements – at least 3 estimates should be submitted with complete breakdown of materials and labor

When all of the above documentation including the application fee is received, we will order and review your credit report and the RLF application and documentation. At that time, we will contact you for an appointment to come into our office or over the phone, to complete the intake process.

At this meeting, we will try to accomplish the following:

- Review your application in its entirety
- Complete an "Assessment of Borrowing" to see if you qualify for the program according to your income and debt

REVOLVING LOAN FUND - HOME REPAIR

- Discuss information and loan terminology
- Answer any questions or concerns regarding loan policy and procedure

We will also schedule a site visit before your full application is presented to our Housing Oversight Committee for review and final approval. After the scope of the work is completed, a housing rehabilitation specialist will do a monitoring visit to ensure that the work was carried out properly.

Our staff is available to assist you as you fill out the application package and/or answer any questions you may have as well as advocate for you as you participate in the program. Please feel free to call us at 607-334-7114 ext. 4004
Thank you.

MAIL COMPLETED APPLICATION TO:

Cathy Berger
GREATER OPPORTUNITIES, INC.
44 W. Main Street
Norwich, NY 13815

**REVOLVING LOAN FUND
HOME REPAIR LOAN APPLICATION**

Date _____ RLF# (for office use) _____

Name of Applicant: _____ Date of Birth _____ S.S.# _____

Name of Co-applicant: _____ Date of Birth _____ S.S.# _____

Address: _____ Phone: _____ (h) _____ (w) _____

Name and Age of Family Members: _____

How many years have you been in your home? _____ Amount of Mthly Pmt including taxes: _____

Mortgage Holder: Name: _____ Address _____

Purpose of Loan: _____ Amount of loan requested \$ _____

Applicant's Employer: _____ Co-applicant's Employer _____

Address & Phone # _____ Address & Phone # _____

Length of Employment _____ Length of Employment: _____

Gross Household Income: \$ _____ /mo. Applicant: \$ _____ /mo.

Co-applicant: \$ _____ /mo.

Additional Sources of Income _____

Total Savings: \$ _____

	Name of Bank Account #	Amount
Checking:	_____	_____

Savings	_____	_____
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Other:	_____	_____
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Total Debts: \$ _____

Creditor	Account #	Orig. Loan	Loan Bal.	Amt. of Mo. Pmt.
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Automobile _____

Mortgage: _____

Other (credit cards, etc.) _____

Have you applied to any other source for a loan for the above stated purpose? Yes () No ()

If so, to whom? _____

Results of request: _____

About the Revolving Loan Fund

The purpose of the Revolving Loan Fund is to assist individuals who work or live in Broome, Chenango, Madison or Otsego counties and are unable to obtain financing elsewhere, with loans for the purpose of obtaining and/or maintaining good quality, affordable housing and to assist in projects that promote neighborhood revitalization and economic development. All applications are submitted to the staff, who will process the loan and present it to the Revolving Loan Fund Committee for review and approval. Among some of the considerations for loan approval are:

1. The applicant must live or work in Broome, Chenango, Madison or Otsego County.
2. The loan is to be used for the purpose stated in the application only.
3. The applicant must be unable to get financing elsewhere.
4. The applicant must demonstrate the ability and willingness to repay the loan.
5. A co-signer or mortgage may be required to secure the loan.

Please read the statement below and sign:

I understand this is an application, not a loan agreement. I certify to the truth of my statements above and authorize the Revolving Loan Fund Loan Officer to obtain credit reports in connection with any accounts in my name and any updates or renewals that might occur. If it does so, I will, upon request, be informed of that fact and of each bureau's name and address. I authorize the Fund to verify with others information contained in this application and to report for lawful purposes its transactions with me.

Signature of Applicant

Date

Signature of Co-applicant

Date



Greater Opportunities, INC.
CAP INTAKE FORM – HOUSING

Date: _____

Program Information

Enrolling Agency: Greater Opportunities, INC. Program: _____

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

First Name: _____ **Last Name:** _____ **Gender:** _____ **DOB:** _____

SSN: _____ TANF WIC Food Stamps/SNAP **Military Status:** Active Duty Veteran

Primary Language: African Languages American Sign Language Arabic
 Dutch English Far Eastern Asian Language French Creole Korean
 Kurdish Middle Eastern/Indic Pacific Island Languages Spanish Turkish
 Vietnamese
Secondary Language: African Languages American Sign Language
 Arabic Dutch English Far Eastern Asian Language French Creole
 Korean Kurdish Middle Eastern/Indic Pacific Island Languages Spanish
 Turkish Vietnamese

Ethnicity: Hispanic or Latino
Race: Asian Black White
 Middle Eastern Multiple Ethnicities
 Native American Pacific Islander
 Other _____

Education Level: No High School Some High School
 Grade 9 Grade 10 Grade 11 Grade 12 High School
Graduate GED Some College/Vocational/Associates
Degree College Degree or Training School Certificate
 Bachelor or Advanced Degree ESL Unknown
Education Completion Date: _____
 Completed Job training Program, Professional Certificate or
License Program Completion Date: _____

Employment Status: Farmer Full-time & Training Employed
Full-time Homemaker Job Training/School (PT) Migrant
Farm Worker Part-time & Training Employed Part-time
 Retired or Disabled Employed Seasonally Seasonal Farm
Worker Self-Employed Unemployed (Not if Labor Force)
 Unemployed (Short-term: Less than 6 mo.) Unemployed
(Long-term: More than 6 mo.) Unknown
Employer/School Name: _____
Income: _____ Weekly Monthly Bi-Monthly Yearly
HIRE DATE: _____ **TITLE:** _____

Contact Information
Home Phone: _____ Email Address: _____ Consent to receive text messages
Mobile Phone: _____ Work Phone: _____

Address: Permanent Temporary Mailing

County: _____ School District: _____

Address: Permanent Temporary Mailing

County: _____ School District: _____

HOUSEHOLD INFORMATION

Family Structure:
 Single Parent/Person
 Two-Parent/Persons

Marital Status:
 Married Single Divorced
 Widowed Separated
 Other _____

Head Of Household Info: (You Are :)
Parent(s)/Guardian(s) Best Descriptor:
 Mother Father Parents
 Grandparent(s) Relative Other than
Grandparent(s) Foster Parent(s)
 Step Parent
 Other _____

Family Type: Single Parent/Female
 Single Parent/Male Two-Parent
Household Two-Parent Unmarried
 Single Person Two Adults (No
Children) Non-related Adults with
Children Multigenerational Household
 Unknown/Not Reported
 Other _____

Number in Family (*Supported by PCG
Income): _____
Number in Household (*Total number of
people in the home): _____

Disabled: Unknown Yes No
Mental Health Treatment: Yes No
Medical Insurance: Yes No
Insurance Carrier: _____

Pregnant Mother Before Enrollment
(EHS Pregnant Services ONLY)
Expected Delivery Date: _____

Current Housing: <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Unknown/Not Reported Current Housing Date: _____	Previous Housing: <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Moved in the last 24 months <input type="checkbox"/> Maintained Independent Living <input type="checkbox"/> HEAP Housing Type: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other Housing Cost: _____
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Recruitment Activity

<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Family/Friend <input type="checkbox"/> Local Community Agency Referral <input type="checkbox"/> Physician/Dentist <input type="checkbox"/> PSA	<input type="checkbox"/> Walk In <input type="checkbox"/> Community Event <input type="checkbox"/> Flyer from School <input type="checkbox"/> Mailings <input type="checkbox"/> Placemat Advertisement <input type="checkbox"/> School District	<input type="checkbox"/> Website <input type="checkbox"/> Community Partner Referral <input type="checkbox"/> Flyers/Posters <input type="checkbox"/> Other _____ <input type="checkbox"/> Posters/Banners/Lawn signs <input type="checkbox"/> Social Media	<input type="checkbox"/> Drive By <input type="checkbox"/> Former Parent <input type="checkbox"/> Other Head Start <input type="checkbox"/> Public Ads <input type="checkbox"/> State Preschool
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CO-APPLICANT/SPOUSE INFORMATION (IF APPLICABLE)

First Name: _____	Last Name: _____	Gender: _____	DOB: _____
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SSN: _____	<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP	Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran
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Primary Language: <input type="checkbox"/> African Languages <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dutch <input type="checkbox"/> English <input type="checkbox"/> Far Eastern Asian Language <input type="checkbox"/> French Creole <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Middle Eastern/Indic <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Turkish <input type="checkbox"/> Vietnamese Secondary Language: <input type="checkbox"/> African Languages <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dutch <input type="checkbox"/> English <input type="checkbox"/> Far Eastern Asian Language <input type="checkbox"/> French Creole <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Middle Eastern/Indic <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Turkish <input type="checkbox"/> Vietnamese	Ethnicity: <input type="checkbox"/> Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander
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Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates Degree <input type="checkbox"/> College Degree or Training School Certificate <input type="checkbox"/> Bachelor or Advanced Degree <input type="checkbox"/> ESL <input type="checkbox"/> Unknown Education Completion Date: _____ <input type="checkbox"/> Completed Job training Program, Professional Certificate or License Program Completion Date: _____	Employment Status: <input type="checkbox"/> Farmer Full-time & Training <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Job Training/School (PT) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Part-time & Training <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term: Less than 6 mo.) <input type="checkbox"/> Unemployed (Long-term: More than 6 mo.) <input type="checkbox"/> Unknown Employer/School Name: _____ Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly
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Contact Information:	Email Address: _____	<input type="checkbox"/> Consent to receive text messages
Home Phone: _____	Mobile Phone: _____	Work Phone: _____

Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ _____ County: _____ School District: _____	Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ _____ County: _____ School District: _____
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Disabled: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____	Relation to Applicant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other
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OTHER HOUSEHOLD MEMBER INFORMATION

First Name: _____	Last Name: _____	Gender: _____	DOB: _____
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SSN: _____	<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP	Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran
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Ethnicity: <input type="checkbox"/> Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates Degree <input type="checkbox"/> College Degree or Training School Certificate <input type="checkbox"/> Bachelor or Advanced Degree <input type="checkbox"/> ESL <input type="checkbox"/> Unknown Education Completion Date: _____ <input type="checkbox"/> Completed Job training Program, Professional Certificate or License Program Completion Date: _____		Disabled: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____			
First Name: _____		Last Name: _____		Gender: _____ DOB: _____	
SSN: _____		<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP		Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran	
Ethnicity: <input type="checkbox"/> Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates Degree <input type="checkbox"/> College Degree or Training School Certificate <input type="checkbox"/> Bachelor or Advanced Degree <input type="checkbox"/> ESL <input type="checkbox"/> Unknown Education Completion Date: _____ <input type="checkbox"/> Completed Job training Program, Professional Certificate or License Program Completion Date: _____		Disabled: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____			
First Name: _____		Last Name: _____		Gender: _____ DOB: _____	
SSN: _____		<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP		Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran	
Ethnicity: <input type="checkbox"/> Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates Degree <input type="checkbox"/> College Degree or Training School Certificate <input type="checkbox"/> Bachelor or Advanced Degree <input type="checkbox"/> ESL <input type="checkbox"/> Unknown Education Completion Date: _____ <input type="checkbox"/> Completed Job training Program, Professional Certificate or License		Disabled: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____		USE ADDITIONAL PAPER IF NEEDED FOR OTHER FAMILY MEMBER INFO	

Certification of Information

I certify that the information provided in this packet and the proof of income provided for the enrollment eligibility is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program.

Head of Household Name (Print)

Staff Name (Print)

Head of Household Signature Date

Staff Signature Date

Co-Applicant Name (Print)

Co-Applicant Signature Date

First Time Home Buyer and Revolving Loan Fund Only

I authorize Greater Opportunities, Inc. to:

- A) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- B) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- C) Obtain a copy of HUD-1 Settlement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may in civil liability under the provisions of Title 18, United States Code, Section 1001.

If at any point of this program, Greater Opportunities, Inc. becomes aware for any reason that any information you have provided Greater Opportunities, Inc. is untrue or inaccurate, Greater Opportunities, Inc. has the right to immediately terminate your eligibility to participate in this program.

Applicant Date

Co-Applicant Date



Name: _____

Date: _____

MONTHLY BUDGET WORKSHEET**MONTHLY INCOME****LIQUID ASSETS**

Net Pay		Checking Account	
Child Support/Alimony		Savings Account	
Social Security/SSI/SSD		Cash Value of Life Ins.	
Public Asst./AFDC		Pension, Annuity, IRA	
Food Stamps/HEAP		Other	
Workman's Comp.			
Unemployment			
TOTAL INCOME		TOTAL ASSETS	

MONTHLY EXPENSES

HOUSING		EDUCATION	
Rent		School Fees	
Mortgage		Books	
Property Taxes		School lunch	
Maintenance/Repairs		TRANSPORTATION	
SERVICES & UTILITIES		Gasoline/Bus Fare	
Oil		Car Repairs	
Propane		Car Maintenance (oil, tires)	
Electricity		RECREATION	
Phone		Movies/Games/Sports	
Water/Sewer		Newspapers/Magazines	
Garbage Collection		Vacations	
Cable TV		Bingo/Casino/Lottery Tickets	
INSTALLMENT LOANS		PERSONAL	
Automobile/Truck		Toiletries	
Furniture/Appliance		Childcare/Child support	
Charge cards		Spending money	
INSURANCE		GIFTS & CONTRIBUTIONS	
Homeowners/Renters		Charity giving	
Life		Gifts for family/friends	
Health		Church/religious giving	
Automobile		CLOTHING	
FOOD		Clothes	
Groceries		Laundromat/Dry Cleaning	
Meals at restaurants			
Food at work		MEDICAL	
HOUSEHOLD		Physician	
Items not includ. In groceries		Dentist	
Pet food/products		Prescriptions	
Alcohol/Tobacco			
TOTAL COLUMN 1		TOTAL COLUMN 2	
TOTAL EXPENSES			

TOTAL INCOME		TOTAL EXPENSES		BALANCE	+
					--

CONFLICT OF INTEREST DISCLOSURE

I/We certify to GREATER OPS, Inc. that to the best of my/our knowledge, I/we am/are not related to any employee of GREATER OPS, Inc., any member of the board of directors of GREATER OPS, Inc. I am/am not an employee (full time or part time) of GREATER OPS. Related is defined as a member of an immediate family (spouse, parent, sibling or child) of any person/official described above. In addition I/we certify to GREATER OPS, Inc. that to the best of my/our knowledge I/we am/are not related (same definition of related as above) to a person with a business relationship with GREATER OPS, Inc. with the exception listed below:

Name	Relationship
_____	_____
_____	_____

Applicant Signature

Date

Co-Applicant Signature

Date

CHECKLIST FOR REVOLVING LOAN FUND
APPLICATIONS FOR UNDERWRITING
HOME REPAIR

- RLF Application
- Monthly Budget
- Copy of Deed
- Copy of paid property tax receipts
- Copy of 2 years federal income taxes including W-2's. Please sign and date.
- Copy of paid homeowner's insurance receipt and deck page
- Proof of all household income (4 weeks pay stubs, Social Security Statement, Child Support statement, Pension Statement)
- Copy of current bank statement and 2 prior months

I (We), _____, have received and read the
Greater Opportunities, Inc. Revolving Loan Fund Step-by-Step Guidelines to
Borrowing Money For Repairs to Your Home.

Home owner

Date

Home owner

Date

Greater Opportunities, Inc.
Representative

Date



REVOLVING LOAN FUND

**STEP BY STEP GUIDE TO BORROWING MONEY
FOR REPAIRS TO YOUR HOME**

I WANT TO BORROW MONEY FOR REPAIRS ON MY HOME.

WHERE DO I START?

Step One:

Contact Greater Opportunities, Inc. to request an Application Packet for the Revolving Loan Fund. Fill this out completely and return to Greater Opportunities, Inc. (44 West Main Street, Norwich, NY 13815 or you can hand deliver it). Please note that the thoroughness and accuracy of your application will greatly contribute to the speed of your individual application process. The application has to be returned with a check for the credit report.



Step Two:

The loan officer will perform an initial assessment based on your credit report and information supplied on your application. If you are determined eligible to continue with the application, you will be notified by mail to make an appointment with a loan officer to complete the intake process.



Step Three:

At this meeting we will accomplish several goals: 1) review your credit report, 2) review all household income, review all household debt, and determine affordability. After this meeting, it will be determined if you are eligible to proceed forward with the program. You will also be asked to register for the next available Financial Literacy class.

Step Four:

You will be asked to provide a copy of your deed, paid property tax receipts, homeowners insurance coverage, a hand drawn map to locate the property.



Step Five:



The GREATER OPS, Inc. Housing Rehabilitation Department will schedule a walk through inspection with you to assess the house and the repairs you would like to make. This inspection is to make sure that the house is sound and does not have any major defects. There will not be a charge for this service. The rehab department will give a written report to the loan officer which will be added to your file. This written report that will include an estimate for each repair will be included with your other documents and presented to the Housing Oversight Committee, the decision-making body of the GREATER OPS, Inc. Housing Department. They will review your information and give the final decision on the monetary assistance that you have requested.

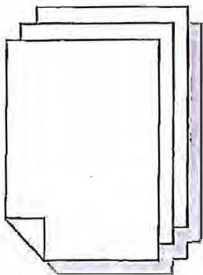
Step Six:

Once your loan is approved, you will receive a commitment letter with the expiration date and loan conditions. Your signature on the loan commitment letter is an agreement that you are accepting the loan with the conditions outlined.



Step Seven:

You will meet with the GREATER OPS housing inspector to go over a scope of work on your home. You will then choose contractors that you would like to submit bids on the work being performed on your home. The inspector will prepare the bids, mail and receive back in a 10 time period. Contractors will be informed of the winning bids. The contractor who is awarded the project will be contacted to come to GREATER OPS, Inc. and sign a contract for the work to be completed.



Step Nine:

Your loan officer will prepare the closing documents which includes a 3-day right to cancel provision and the loan agreement. There will be a note and mortgage filed with the Chenango County Clerk for your property until the time that the loan is paid off.

Step Ten:

We will meet at 44 West Main Street Norwich, to sign and notarize all closing documents of which you will receive a copy. The loan officer will request the funds for the contractor as determined in the draw schedule.



Step Eleven:

When the scope of work has been completed, a representative from the Housing Rehabilitation Department will make a site visit to ensure that the work was completed to your and his satisfaction. The contractor will sign a release of liens and warranty document at the time he receives his last payment. All checks will be issued to you, the homeowner, and the contractor.

Step Twelve:

Congratulations, you have successfully completed the repairs to your home!