

First Time Homebuyer Program

Application Package

Program Services

The Homeownership Program's objective is to assist in all aspects of homeownership. Services provided by our homeownership counseling staff include:

- Pre-purchase counseling
- Enrollment into the First Home Club 4 to 1 matched savings program
- Post-closing assistance
- Refinancing
- Home repairs and maintenance
- Credit and budget counseling

The Housing Council at PathStone staff will educate you on how to fulfill the "American Dream of Homeownership."

- How much you can afford
- Credit restoration
- Savings-ask about the 4 to 1 Matched Savings Programs through various area lenders
- Home buying process
- Unique mortgage programs
- Selection of professionals that will help you along your homeownership path

Once you have identified your options and taken the necessary steps to ready yourself, you may be eligible to receive financial assistance to be used towards the purchase of your home. If you are approved for program financial assistance, the eligible program area includes all Monroe County suburbs, excluding the City of Rochester.

The
Housing
Council
at PathStone



There are no exceptions to any of these requirements for participation in the First Time Homebuyer Program. Completed application, copied required documentation & credit fee should be returned to:

**THE HOUSING COUNCIL AT PATHSTONE
75 COLLEGE AVENUE, SUITE 412
FIRST TIME HOMEBUYERS PROGRAM
ROCHESTER, NY 14607**

Homebuyer Document Checklist

WE DO NOT ACCEPT ORIGINAL DOCUMENTS & UNFORTUNATELY CANNOT MAKE COPIES

FOR ALL HOUSEHOLD MEMBERS 18 AND OLDER WE REQUIRE:

- Copy of complete 2015, 2016 (and 2017 once filed) **FEDERAL INCOME TAX RETURNS** (1040 FORMS). **NOTE:** If you did not file Federal Income taxes for these years, or if you cannot locate them, you can contact the IRS at (844) 545-5640, they are located in 255 East Ave. Roc NY 14604. **Please do not supply us with New York State tax returns, they are not needed, nor are they required.**
- W2s and 1099s from all employers for 2015, 2016 and 2017.
- If you or anyone in your household receives income from the Social Security Administration (SSI / SSD) please provide a copy of the award letter(s) for 2015 (most recent).
- Copy of current paycheck stubs for the last six pay periods from all employers.
- Copy of most recent six (6) months bank statements for **all** bank accounts
- Listing of all monthly debts on attached budget worksheet.
- Complete copy of Bankruptcy paperwork, including discharge (if applicable).
- Complete copy of Divorce/Separation Agreement/Child Support Order (if applicable).
- Proof of receipt of Child Support (if applicable).
- Copy of Drivers License or Non-Drivers ID.
- Copies of Social Security Cards for **ALL** household members (if you do not have a social security card for someone in your household, you can apply for a duplicate at any Social Security Office or online at <http://www.ssa.gov/online/ss-5.pdf>).
- **PLEASE DO NOT FORGET TO SUBMIT THE CREDIT ACCESS FEE
SINGLE \$24.55, JOINT \$49.10**



PERSONAL PROFILE INTAKE FORM

APPLICANT

CO-APPLICANT

NAME: _____
First, Middle, Last

Street

City, State, Zip Code

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

Email: _____
_____-_____-_____
Social Security Number

Birthdate: ____/____/____

Race: (please circle)

- 1. White
- 2. Black or African American
- 3. American Indian/ Alaskan Native
- 4. Asian
- 5. Native Hawaiian/ Pacific Islander
- 6. Asian/ White
- 7. American Indian/ Alaskan Native and White
- 8. Black/ African American and White
- 9. American Indian/ Alaskan Native and Black
- 10. Other

Ethnicity: (please select "yes: or "no" for Hispanic Origin)

Hispanic: YES NO

Foreign Born: (please circle one) YES NO

Marital Status: (please circle)

- 1. Single 2. Married 3. Engaged
- 4. Divorced 5. Separated 6. Widowed

Gender: (please circle) Male Female

Disabled? YES NO

Disabled Dependent? YES NO

Education: (please circle one)

- 1. Below High School
- 2. High School Diploma/equivalent
- 3. Two-Year College 4. Bachelors Degree
- 5. Masters Degree 6. Above Masters Degree

NAME: _____
First, Middle, Last

Street

City, State, Zip Code

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

Email: _____
_____-_____-_____
Social Security Number

Birthdate: ____/____/____

Race: (please circle)

- 1. White
- 2. Black or African American
- 3. American Indian/ Alaskan Native
- 4. Asian
- 5. Native Hawaiian/ Pacific Islander
- 6. Asian/ White
- 7. American Indian/ Alaskan Native and White
- 8. Black/ African American and White
- 9. American Indian/ Alaskan Native and Black
- 10. Other

Ethnicity: (please select "yes: or "no" for Hispanic Origin)

Hispanic: YES NO

Foreign Born: (please circle one) YES NO

Marital Status: (please circle)

- 1. Single 2. Married 3. Engaged
- 4. Divorced 5. Separated 6. Widowed

Gender: (please circle) Male Female

Disabled? YES NO

Disabled Dependent? YES NO

Education: (please circle one)

- 1. Below High School
- 2. High School Diploma/equivalent
- 3. Two-Year College 4. Bachelors Degree
- 5. Masters Degree 6. Above Masters Degree

Current Housing Arrangement: *(please circle)*

- 1. Rent 2. Homeless 3. Homeowner with mortgage 4. Living with family member and not paying rent

Household Type: *(please select the most accurate)*

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents** *(other than those listed by any co-borrower)* _____

What ages are they? _____

Are there non-dependents who will be living in the home? YES NO *(If yes, list below)*

Relationship	Age	Relationship	Age
--------------	-----	--------------	-----

Referred to by: *(please circle all that apply)*

- | | | | | |
|---------------------|---------|------------|-----------|---------|
| Print Advertisement | Bank | Government | Co-Worker | Realtor |
| Staff/Board member | Walk-in | Friend | Radio | Family |

****If a bank or realtor referred you please list it here:** _____

***Previous Address:** *(Please provide previous address if you have not resided at your current address for 2 years).*

Applicant Employment – Last 2 years

Primary Employer: _____

Title

Street

City, State, Zip

Phone: (_____) _____ - _____

Part-Time or Full-Time *(Please circle)*

Gross income *(before taxes)*: \$ _____

Is this amount paid _____ Hourly _____ Weekly

_____ Every 2 weeks _____ Twice a month

_____ Monthly?

Hire Date: _____/_____/_____

End Date: _____/_____/_____

Co-Applicant Employment – Last 2 years

Primary Employer: _____

Title

Street

City, State, Zip

Phone: (_____) _____ - _____

Part-Time or Full-Time *(Please circle)*

Gross income *(before taxes)*: \$ _____

Is this amount paid _____ Hourly _____ Weekly

_____ Every 2 weeks _____ Twice a month

_____ Monthly?

Hire Date: _____/_____/_____

End Date: _____/_____/_____

Secondary Employer or Previous Employment (if not been at current employer 2 years)

Applicant Employment – Last 2 years **Co-Applicant Employment – Last 2 years**

Primary Employer: _____

Title

Street

City, State, Zip

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please circle)

Gross income (before taxes): \$ _____

Is this amount paid _____ Hourly _____ Weekly

_____ Every 2 weeks _____ Twice a month

_____ Monthly?

Hire Date: _____/_____/_____

End Date: _____/_____/_____

Primary Employer: _____

Title

Street

City, State, Zip

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please circle)

Gross income (before taxes): \$ _____

Is this amount paid _____ Hourly _____ Weekly

_____ Every 2 weeks _____ Twice a month

_____ Monthly?

Hire Date: _____/_____/_____

End Date: _____/_____/_____

APPLICANT

CO-APPLICANT

Can you document your child support/alimony income?
If yes, how long will it continue?

YES NO

YES NO

If your child or a family member receives SSI,
how many more years will the payments continue?

If you receive disability income, is it for a
Permanent disability?

YES NO

YES NO

Regarding other employment, have you worked
in this field for two years or more?

YES NO

YES NO

DEBTS

APPLICANT

CO-APPLICANT

Have your payments been made on time?

YES NO

YES NO

Are you currently in Chapter 13 bankruptcy?

YES NO

YES NO

If yes, when did it begin?

If yes, when will it be paid out?

If yes, how much is the payment?

Have you had a Chapter 7 bankruptcy?

YES NO

YES NO

If yes, when was it discharged?

AUTHORIZATION

The Housing Council at PathStone, Inc. Homeownership Assistance Program Disclosure Notice

Authorization to obtain and for release information

The Housing Council at PathStone, Inc. has advised me that they are prepared to assist income eligible individuals and families become homeowners. As a prospective recipient of these services I (we) understand that The Housing Council at PathStone, Inc. may provide the following:

- I. Counseling on how to search for a home.
- II. Counseling on how to pursue Federal and State mortgage programs.
- III. Assistance with budgeting and credit repair.
- IV. Assistance on completing loan applications.

I (we) also understand that:

- I. The Housing Council at PathStone’s services are purely advisory and administrative in nature. I am not required to use any other services or products offered by them or any of its affiliates. This is including but not limited to the Housing Counseling Program, Credit Restoration Program, First Home Club Savings Account enrollment, HECM Counseling, Foreclosure Prevention, Loss Mitigation, Landlord Education and Fair Housing Assistance.
- II. The Housing Council at PathStone will request that I (we) provide detailed information about my (our) financial circumstances and other personal information.
- III. The Housing Council at PathStone may employ any lawful means needed to verify information provided.
- IV. My (our) provision of any information to The Housing Council at PathStone is voluntary and any information conveyed will be held in strict confidence.
- V. My (our) receipt of any and all related services or assistance from The Housing Council at PathStone does not guarantee a mortgage loan, grant house, or any other tangible benefit.
- VI. I (we) hereby authorize The Housing Council at PathStone to share any information they obtain about me (us) with lenders, government, non-profit organizations, and other entities or individuals.

SIGNATURES

Applicant

Date

Co- Applicant

Date



Budget Worksheet

Please complete the worksheet using monthly amounts.

(To convert weekly expenses to monthly expenses, multiply the weekly figure by 52, and then divide by 12)

INCOME TYPE	AMOUNT
Applicant One Net Pay (take home)	\$
Applicant Two Net Pay (take home)	\$
Child Support Received	\$
Other Income:	\$
TOTAL MONTHLY INCOME:	\$

EXPENSE TYPE	MONTHLY AMOUNT
Housing (Rent)	\$
Utilities (ie: gas, electric)	\$
Telephone (home service and/or cell phone service)	\$
Cable	\$
Water	\$
Internet Services	\$
Trash/ Refuse	\$
Maintenance	\$
Revolving Debt (Credit Cards)	\$
Installment Debt (car/student loan)	\$
Childcare	\$
Child Support (paid out)	\$
Medical Expenses (insurance, co-pays, medications)	\$
Auto Insurance	\$
Vehicle Expenses (gas, registration, maintenance, parking)	\$
Food (at home, groceries)	\$
School/ Work Lunches	\$
Movies, Plays, Concerts, DVD Rentals	\$
Trips, Vacations, Hobbies	\$
Haircuts, Cigarettes, Alcohol	\$
Holidays/ Birthday Gifts	\$
Clothing	\$
Donations / Tithe	\$
Other	\$
TOTAL MONTHLY EXPENSES:	\$

Are you already participating in a First Home Club? YES NO

I wish to enroll in the First Home Club Matched Savings Program at:

- Bank of Castile
- Fairport Savings
- M&T Bank
- Summit Federal CU
- Reliant Federal CU

- Canandaigua National Bank
- Five Star Bank
- Family First FCU
- ESL – Federal Credit Union
- _____





Authorization for Preliminary Credit Check

I/We _____ and _____
hereby authorize The Housing Council at PathStone to pull a preliminary credit report to
be used for mortgage pre-qualification within the Homeownership Program.

***Please complete using full name with middle initial.**

Date of birth _____

(1) _____
Applicant's Signature

Social Security #

Address

City, State, Zip Code

Date of birth _____

(2) _____
Co-Applicant's Signature

Social Security #

Address

City, State, Zip Code

***Reports are \$24.55 per person or \$49.10 for a joint report when pulled by
The Housing Council at PathStone, Inc.**

Date: _____

Revised 2/18

75 College Avenue, 4th Floor

Rochester, New York 14607

Phone: 585.546.3700

Fax: 585.546.2946



The Housing Council at PathStone Conflict of Interest

It is the agency's policy to prohibit its employees from engaging in any activity or practice which conflicts with the interest of the agency or its clients. The conflict of interest policy requirements are as follows:

1. Employees and members of their immediate families are prohibited from accepting gifts, moneys, and gratuities from persons receiving benefits or services under agency programs, from anyone performing services under a contract with the agency, or from anyone who is in a position to benefit from the action of any employee or a board member, under circumstances from which it might reasonably be inferred that the purpose of the gift is to influence the employee in the conduct of the agency's business with the donor. Such gifts should be returned with a note of explanation or converted into a charitable donation to the agency as a whole by transferring the gift and information as to the situation in which the gift was received to the Personnel Officer for disposition. Employees are not, however, prohibited from accepting advertising novelties such as pens, pencils, calendars or other gifts of nominal value (\$20.00) when circumstances clearly show that the gifts are offered for reason of personal esteem and affection, and for which a brief note of receipt and the reason for the gift are recorded with the Personnel Officer. Some positions may be prohibited from accepting any gift as instructed by the Executive Director.
2. No employee shall act in a manner which would cause a reasonable person, having knowledge of the relevant circumstances, to conclude that any person can improperly influence or unduly enjoy his/her favor in the performance of their duties because of kinship, rank, position or undue influence of any party or person. It shall be unreasonable to so conclude if such employee has disclosed in writing the facts which would otherwise lead to such a conclusion.
3. No employee shall participate in or represent the agency in a particular matter in which to his knowledge s/he, his/her immediate family or partner, a business organization in which s/he is serving as officer, director, trustee, partner or employee, or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, has a financial interest.

Further, various contracts to which the agency is a party may impose specific conflict of interest requirements. These must be adhered to. This includes, but is not limited to funders such as U.S. Department of Housing and Urban Development, New York State Division of Housing and Community Renewal, New York State Affordable Housing Corporation, Federal Home Loan Bank of New York, Monroe County and the City of Rochester which requires that the agency and its employees abide by the following:

4. Neither agency nor any of its contractors or their subcontractors shall enter into any subcontract, or arrangement, in connection with HUD or other funders that sponsor programs in which any of the following classes of persons has an interest, direct or indirect, during tenure or for one year thereafter:
 - i. Any present or former member or officer of the agency;
 - ii. Any employee of the agency who formulates policy or who influences decisions with respect to the programs;
 - iii. Any public official, member of a governing body, or state or local legislator who exercises functions or responsibilities with respect to the programs.

Any members of the classes described above must disclose their interest or prospective interest to the agency, funders, or HUD. The requirements of this paragraph may be waived by HUD or other funders for good cause.

5. No employee shall, directly or indirectly, give, offer, or promise anything of value to any representative of any financial institution in connection with any transaction or business that the agency may have with such financial institutions.
6. No employee shall use or attempt to use his/her position at the agency to secure for him/herself or others unwarranted privileges or exemptions which are of substantial value and which are not properly available to similarly situated individuals.

Applicant's Signature

Co-Applicant's Signature

Date



Housing Counseling Program Disclosure

Services Provided: The Housing Council at PathStone provides housing counseling, publications for sale, temporary financial assistance to renters and grant subsidies to first time homebuyers.

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-one-one counseling to help clients address problems that prevent affordable mortgage financing. The counselor will analyze the mortgage default, and explain the collection and foreclosure process. The counselor will also assist client in communicating with the mortgage servicer and other creditors. The counselor will analyze clients financial and credit situation, identify those barriers preventing them from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. Group counseling is provided to landlords, tenants, first time homebuyers and homeowners. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in correcting those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to clients in person and over the phone. I/We understand that if it is determined my/our issues need the assistance of another agency, that you may be referred to another agency.

Group Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend group pre and post homeownership education classes, landlord, rental or tenant education classes depending on what counseling services I/We are requesting.

Client's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Disclosures. I/We understand The Housing Council at PathStone is committed to offering clients a variety of product choices. I/We further understand that The Housing Council at PathStone, Inc. is also affiliated with PathStone Corporation who also offers housing counseling services, loan products and financial assistance programs. I/We understand there is **no obligation** to use PathStone's products or programs; and that counseling services are not contingent on use of any particular product or service. I/We understand that I/We have the right to accept or decline services or products from any The Housing Council at PathStone referral. The Housing Council at PathStone receives funding for housing counseling from: CCSI, Inc. Town of Greece, Town of Irondequoit, Monroe County, City of Rochester, SONYMA, New York State Attorney General's Office, Bank of America, Neighborworks® America , United Way and Visions Federal Credit Union.

Client Choices. I/We understand The Housing Council at PathStone is committed to offering clients a variety of product choices. I/We understand there is no obligation to use products or services of The Housing Council at PathStone or its partners. I/We understand that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

Alternative Services, Programs and Products. The Housing Council at PathStone Counselors, as appropriate, refers clients to other community service organizations that may offer financial counseling, homeownership education, voucher programs (Section 8), adult and child care programs, homeless interventions and other housing assistance. Clients are provided with a community resource list which outline emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in The Housing Council at PathStone, Inc. service area.

This is to acknowledge that I have received, reviewed, and understand The Housing Council at PathStone's Counseling Program Disclosure.

Client

Date

Client

Date

Client

Date

PRIVACY POLICY

The Housing Council is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use the anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit-reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 585-546-3700 and do so.

Release of your information to third parties

1. So long as you have not opted –out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible. This includes, but is not limited to The Department of Housing and Urban Development, the Homeowner Protection Program, the City of Rochester, the County of Monroe, and the Towns of Greece and Irondequoit, The United Way, Bank of America, SONYMA, NeighborWorks America, Salvation Army, M&T Bank, Citizen’s Bank and Coordinated Care Services, Inc.
2. We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I have read and understand the above policy and received my own copy.

Client’s signature

Date

Counselor’s signature

Date



HOME BUYER PROGRAM FEE AGREEMENT

I/ We understand that PathStone will charge \$500.00 for participation in the Home Buyer Program, which will be due and payable upon purchase of the new home.

I/ We also understand that PathStone will agree to defer the payment of this fee until such time that I/ we purchase a home provided that I/ we agree to pay the \$500.00 fee in full at the time of settlement (closing) on the purchase of the new home. * This fee is increased to \$750.00 for households utilizing the USDA 502 Direct Program. *

It is also my/ our understanding that this fee is not based upon receiving grant funds from PathStone.

I/ We understand, as well, that PathStone is required to provide two years post purchase follow up counseling. I/ We agree to participate in the Post Purchase Workshops and individual counseling.

It is also my / our understanding that this fee is not based upon receiving grant funds from PathStone.

Participant: _____
Signature

Date: _____

Participant: _____
Signature

Date: _____

PathStone: _____
Signature of PathStone Representative

Date: _____

**** Restrictions apply for Monroe County Grant recipients****