

Dear _____,

Thank you for allowing the HomeOwnership Center to review your request for the Landlord repair program.

This packet shows you your steps in the process; you will find the following enclosed:

1. Items to be completed and returned (stapled together):
 - a. Steps in the process
 - b. Personal Profile Intake Form- Landlord Repair Program
 - c. Authorization to release information
2. Items needed for processing checklist
3. Estimate tracking sheet
4. RuralEdge / Northeast Community Lending Corporation Privacy Policy and Practices

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

A checklist of the items needed for processing is enclosed to assist you when gathering the documentation that is required to move to the next step.

The Estimate Tracking Sheet was created to help you keep track of the contractors that you will be calling regarding the project. **All contractor(s) working with the program are required to have all necessary licenses, must have full liability insurance coverage, must submit a signed W-9 form and must sign any and all necessary construction agreements and contracts related to the project.** **Projects started prior to the approval of your request may not be paid.** Be sure all contractor(s) meet the listed criteria above.

During the process, please feel free to contact us regarding the request. We are here to help you along the way. We are open for business Monday through Friday 8am to 5:00pm and office hours are Monday through Friday 8am to 4:30pm. The doors to the office lock at 4:30pm. The Homeownership Center can be reached at 1.800.234.0560 or 802.535.3555 ext. 1301 or via email at homeownership@ruraledge.org.

Thank you,

HomeOwnership Center

ITEMS NEEDED FOR PROCESSING CHECK LIST

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

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

- Most recent 30 days of pay stubs (or one pay stub showing year-to-date income)
- W2s/1099s for the previous tax year
- Most recent Social Security, SSI or Disability benefits statement(s). Or, if your benefits are deposited directly to a bank account, you can send the past 2 months of all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the banks logo or if they are not faxed to us by the bank.
- Written documentation of any other income which may include but is not limited to 3SquaresVT (food stamp income), Reach UP income, etc.
- Most recent 2 years of Federal income tax returns, including Schedule E

DOCUMENTATION OF DEPOSIT/INVESTMENT ACCOUNTS (FOR EVERY MEMBER OF THE HOUSEHOLD):

- Past 2 months of all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the banks logo or if they are not faxed to us by the bank.
- Most recent investment/retirement account statements. Internet print outs are not acceptable.

INFORMATION REGARDING YOUR PROPERTY:

- Current property tax bill
- Warranty Deed or Quit Claim Deed showing the current owner(s) of the property. If you don't have a copy of your warranty deed or quit claim deed, you can get one from your town clerk's office.
- Current insurance bill and/or declarations page of your policy (**for the rental property**)
- Written estimates for work to be completed if you have any.
- If you have a mortgage and or any liens on the property we will need a copy of your most recent mortgage statement /or statements.

If you have any questions please call us at 802-535-3555 ext. 1301 or toll-free at 1-800-234-0560. Please return to our offices located at 48 Elm Street (PO Box 259), Lyndonville, VT 05851; via email at homeownership@ruraledge.org; Or via fax at 1-877-689-5754.

Thank you.



48 Elm Street P.O. Box 259 Lyndonville, VT 05851
800.234.0560 TTY 800.253.0191
www.ruraledge.org



**RuralEdge/
NORTHEAST COMMUNITY LENDING CORPORATION
PRIVACY POLICY AND PRACTICES**

RuralEdge / Northeast Community Lending Corporation and the NeighborWorks® HomeOwnership Center value your trust. Protecting your confidential information is important to us.

This notice describes our policy regarding the collection and disclosure of personal information.

RuralEdge / Northeast Community Lending Corporation does not sell or share any personal information with commercial companies for the purpose of marketing their products to you.

What Information We Collect

Personal information means information that identifies an individual and is not otherwise publicly available information. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security Number, and other information you provide on a Personal Profile or loan application.

We collect the personal information 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, RuralEdge / Northeast Community Lending Corporation and the NeighborWorks® HomeOwnership Center disclose personal information only when necessary to provide services to you, or when allowed by law. We may disclose the following kinds of personal information about you:

- ❖ Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, social security number, assets and income;
- ❖ Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- ❖ Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history

We may disclose your personal information to the following types of unaffiliated third parties:

- ❖ Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;
- ❖ Other service providers with whom we may coordinate efforts in order to make efficient use of resources, such as NETO (Weatherization), PATH (Emergency Assistance), NEKCA, VHCB Lead Abatement, VT Center for Independent Living, or other nonprofit community resources.

- ❖ Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and Other third parties who are involved in program review, auditing, research, or oversight purposes.

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of us, to government entities, in response to subpoenas, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, RuralEdge / Northeast Community Lending Corporation publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases we will specifically seek your permission to use any personal information.

Medical Information

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

Protecting the Confidentiality of Your Personal Information

All RuralEdge / Northeast Community Lending Corporation employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

If You Want More Information

If you have any questions regarding our Privacy Policy, please contact the Manager of the NeighborWorks® HomeOwnership Center at (802) 535-3555, Toll Free at 1-888-MYVTHOME (888-698-8466) or write to NeighborWorks® HomeOwnership Center, PO Box 259, Lyndonville, VT 05851.

Personal Intake Form- Landlord Repair Program

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

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

Customer Information

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip Code

Physical Address: _____
Street City State Zip Code

Home Phone: (____) _____ - _____ **Work Phone:** (____) _____ - _____

Cell Phone: (____) _____ - _____ **E-Mail:** _____

Date of Birth: ____/____/____ **Handicapped or Disabled?** ___ Yes ___ No

If you receive disability income, is it for a permenant disability? ___ Yes or ___ No

Education: ___ No High School Diploma ___ High School Diploma or Equivalent
 ___ Two- Year Collage Degree ___ Bachelor's Degree
 ___ Master's Degree ___ Above Master's Degree
 ___ Other (describe) _____

Marital Status: ___ Unmarried (circle one: Single, Divorced, Widowed)
 ___ Married ___ Separated

Veteran? ___ Yes ___ No
Active Military? ___ Yes ___ No

Current Housing Arrangement:
 ___ Rent ___ Homeowner with a mortgage ___ Homeowner with mortgage paid off
 ___ Living with a family member/ Not paying rent ___ Other(describe) _____

Household Type:
 ___ Female-headed single parent household ___ Male-headed single parent household
 ___ Single adult ___ Two or more unrelated adults ___ Married with dependents
 ___ Married without dependents ___ Other (describe) _____

Do you receive Section 8 Housing Payment Assistance: Yes No

If Yes- What is the monthly amount? \$ _____

Number of people living in the home: _____ (Please attach a page if more space is needed)

List dependents (if applicable):

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Are there any non-dependents that will be living in the home? Yes No

If Yes, list non-dependents:

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Name: _____ Age: _____ Relationship: _____ Handicapped or Disabled: Yes No

Customer Employment Information:

Primary Employer: _____

Employer address: _____

_____ Street _____ City _____ State _____ Zip Code _____ Phone (xxx) xxx-xxxx

_____ Part-time or Full-time Hire Date: ____/____/____

Title or job description

Gross Monthly Income (before deductions): \$ _____ **Annual:** \$ _____

Select one: Hourly Salary Commission Other: _____

Can you be contacted at work? Yes or No

Secondary Employer (if applicable): _____

Employer address: _____

_____ Street _____ City _____ State _____ Zip Code _____ Phone (xxx) xxx-xxxx

_____ Part-time or Full-time Hire Date: ____/____/____

Title or job description

Gross Monthly Income (before deductions): \$ _____ **Annual:** \$ _____

Select one: Hourly Salary Commission Other: _____

Can you be contacted at work? Yes or No

Co-Customer Information (if applicable)

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip Code

Physical Address: _____
Street City State Zip Code

Home Phone: (____) _____ - _____ **Work Phone:** (____) _____ - _____

Cell Phone: (____) _____ - _____ **E-Mail:** _____

Date of Birth: ____/____/____ **Handicapped or Disabled?** ___Yes ___No

If you receive disability income, is it for a permanent disability? ___Yes or ___No

Education: ___No High School Diploma ___High School Diploma or Equivalent
___Two-Year Collage Degree ___Bachelor's Degree
___Master's Degree ___Above Master's Degree
___Other (describe) _____

Marital Status: ___ Unmarried (circle one: Single, Divorced, Widowed)
___ Married ___ Separated

Veteran? ___Yes ___No
Active Military? ___Yes ___No

Co-Customer Employment Information:

Primary Employer: _____

Employer address: _____
Street City State Zip Code Phone (xxx) xxx-xxxx
_____ Part-time ___ or Full-time ___ Hire Date: ____/____/____
Title or job description

Gross Monthly Income (before deductions): \$ _____ **Annual:** \$ _____

Select one: ___Hourly ___Salary ___Commission ___Other: _____

Can you be contacted at work? ___Yes or ___No

Secondary Employer (if applicable): _____

Employer address: _____
Street City State Zip Code Phone (xxx) xxx-xxxx
_____ Part-time ___ or Full-time ___ Hire Date: ____/____/____
Title or job description

Gross Monthly Income (before deductions): \$ _____ **Annual:**\$ _____

Select one: ___Hourly ___Salary ___ Commission ___Other: _____

Can you be contacted at work? ___Yes or ___No

Regarding seasonal employment, have you worked in this field for two years or more?
___Yes or ___No

All Household Income

Type of Income	Customer Monthly Amount	Co-Customer Monthly Amount	Other Household Member(s) Monthly Amount
Salary/Employment Income			
Self-employment Income			
Seasonal Employment Income			
Unemployment Income			
Alimony/Child Support Income			
Public Assistance Income			
Food Stamps Income			
Social Security Income			
Supplemental Security Income			
Dependent SSI Income			
Disability Income			
Pension Income			
Rental Income			
Other Income: _____			

Total yearly household income before deductions: \$ _____

Can you document your child support/alimony income? ___Yes or ___No
If Yes, how long will it continue? _____

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

Liabilities /Debits

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

Paid To	Current Balance	Monthly Payment	Whose Debt? C=Customer CC=Co-Customer
1.			
2.			
3.			
4.			
5.			

	<u>Customer</u>	<u>Co-Customer</u>
Have your payments been made on time?	___ Yes ___ No	___ Yes ___ No
Are you currently in Chapter 13 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, date it began?	___/___/___	___/___/___
If yes, how much in the payment?	\$ _____	\$ _____
Have you ever had a Chapter 7 bankruptcy?	___ Yes ___ No	___ Yes ___ No
If yes, when was it discharge?	___/___/___	___/___/___

Comments:

Automobiles Owned:

Make: _____	Make: _____
Year: _____	Year: _____
Mileage: _____	Mileage: _____
Approximate Value: \$ _____	Approximate Value: \$ _____

Liquid Funds / Savings / Investments

Type of Account	Customer	Co-Customer
Cash	\$ _____	\$ _____
Checking Accounts: Bank _____ Bank _____	\$ _____ \$ _____	\$ _____ \$ _____
Savings Accounts: Bank _____ Bank _____	\$ _____ \$ _____	\$ _____ \$ _____
CDs/Money Market Accounts: Bank _____ Bank _____	\$ _____ \$ _____	\$ _____ \$ _____
Retirement Accounts:	\$ _____	\$ _____
Non-Retirement Investment Accounts:	\$ _____ \$ _____	\$ _____ \$ _____

Property to be Rehabilitated Information

Physical Address of the property: _____
Street City State Zip Code

Applicant Legal Structure:

Corporation LLC/LLP Partnership Sole Proprietorship

Do you have any loans on the property: ___ Yes or ___ No

If Yes, with who: _____

If Yes what was the original loan balance: \$ _____

If Yes what is the current loan balance: \$ _____

How much is the monthly payment(s): \$ _____

Are you current on your loan(s) ___ Yes or ___ No

If you are not current please explain: _____

Are the taxes and insurance escrowed? ___ Yes or ___ No

Are the taxes current? ___ Yes ___ No

If no, how much do you owe in delinquent property taxes? \$ _____

How much is the total year taxes? \$ _____

Do you currently have insurance on the property? ___ Yes ___ No

How much is your annual insurance policy? \$ _____

Insurance agency's name: _____

Insurance agency's phone number: (____)____ - _____

When does the policy expire? ____/____/____

Is the property located in a flood zone? ___ Yes ___ No

Do you currently have flood insurance on the property? ___ Yes ___ No

How much is your annual flood insurance policy? \$ _____

Insurance agency's name: _____

Insurance agency's phone number: (____)____ - _____

When does the policy expire? ____/____/____

If you not currently have flood insurance, what is preventing you from obtaining it?

___ Condition of the building ___ Cannot afford the insurance ___ Other _____

Who owns the property? List name(s) on the deed: _____

Have you ever had NETO (Northeast Employment and Training Org, Inc.) and /or
NEKCA (Northeast Kingdom Community Action) work on your property? ___ Yes ___ No

If yes, when? _____

Number of units at the property: _____

Unit # or address	Leased/ Occupied or Vacant?	Tenant name if leased/occupied	Current mailing address and phone number of the tenant if Leased/occupied	Amount of rent per month (\$)

Utilities included in rent:

- None
 Heat Hot water Electricity Water Sewer Other _____

Age of the building: _____

Has there been any major renovations done to the building? Yes or No

If Yes, When? _____

Description of renovations:

Site and Unit Conditions:

Has the property been condemned or deemed unfit for occupancy? Yes No

Has there been a Lead Based Paint (LBP) risk assessment preformed for this property? (If yes, please provide a copy.) Yes No

Has there been an asbestos assessment completed for this property? Yes No

Other comments: _____

What needs to be repaired at the property? _____

Where does the properties water come from?

Drilled well Spring City Town Village Other (describe) _____

How much money do you believe you could spend monthly on a loan payment for the repairs?

\$0 \$1 to \$25 \$25 to \$50 \$50 to \$75 \$75 to \$100 \$100 to \$150
 \$150 to \$200 Over \$200 Other \$ _____

RuralEdge wants to help you with your repair plan.

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

Step 1: Filling Out the Forms and Returning the Following Items

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

- A. Personal Profile Intake Form and Additional Questions for Home Repair
- B. Authorization to Release Information Form
- C. Items Needed for Processing Checklist

Step 2: Visiting Your Building/ Units in the Building

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

Step 3: Application Process

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

Step 4: Loan Review Committee Decision

The Loan Review Committee will meet to consider your application.

If funding is approved for a loan, a commitment letter will be mailed to you with the details of the decision. At this point, you can either accept or reject the offer. Accepting the offer requires you to send back the signed commitment letter. A title search will be ordered by GHT, if needed. You may be required to sign a mortgage deed or other necessary documents for

filing with your city or town and or the State of Vermont at closing. This means we may need to place a lien on your property.

Under certain circumstances you may qualify for a grant. If you do qualify, a grant letter will be mailed to you with the details. At this point you can either accept or reject the offer. Accepting the offer requires you to send back the signed grant letter. **Grant monies are very limited and are distributed under very strict guidelines.**

Other Important Information

Fees

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

Our Waiting List

Due to high demand for these services, requests for emergency situations will take priority. In those cases, a letter will be mailed defining the current waiting period.

Helping You Manage the Rehab Project

Our Housing Rehab Specialists will work with you to help you find a qualified professional of your choice.

These qualified professionals are to be licensed (if applicable), fully insured and qualified to do the work. **NOTE: Unless you have professional building experience or are a licensed tradesperson, please do not assume that we can always allow our property owners, their friends or family members to perform the renovations themselves.**

It is the property owner's responsibility to approve all plans and specifications for the rehab work, and to review bids, select the contractor(s), sign contracts, and approve all payments that are made. GHT/NCLC must approve all their contracts and bids. **All contractors must show proof of liability insurance, signed W-9, and applicable licenses prior to signing the construction contract.**

Contractors who fail to supply proof of liability insurance, signed W-9, and applicable licenses will not be eligible to provide services due to our funding requirements.

No funds will be paid out to contractors until the request has gone through the steps listed above and you have been approved, a construction contract has been signed by the contractor, property owner and GHT, and the contractors has shown proof of liability insurance, signed W-9 and any applicable licenses.

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

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

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

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

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

Customer: _____ Date: _____

Co-Customer: _____ Date: _____

Authorization

I authorize RuralEdge and Northeast Community Lending Corporation to:

- (a) pull my/our credit report to review my/our credit file for program eligibility in connection with my/our pursuit for funding to repair or improve real property.**

- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes.**

Customer: _____ Date: _____

Co-Customer: _____ Date: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.”

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

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights 1400 Independence Ave, S.W., Stop 9410 Washington, DC 20250-9410. Or call Toll Free at (866) 632-9992 (English) or (800)877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-Relay). USDA is an equal opportunity provider and employer.”

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

Customer

Date

Co-Customer

Date

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

AUTHORIZATION TO RELEASE INFORMATION

Name: _____ Social Security # _____

Name: _____ Social Security # _____

Address: _____ Phone # _____

I/We authorize the release of information to and/or from the Northeast Community Lending Corporation, (NCLC) NMLS 223009, **RuralEdge** and the HomeOwnership Center (HOC) regarding my/our income, debt, credit, mortgage, rent, employment, homeowners/hazard insurance, housing situation and any other necessary information, including the procurement of a credit report at any time, in order to obtain, verify or re-verify any information for the purposes of assisting in the acquisition, financing, refinancing, retention or repair of housing. I/We further agree that photocopies or facsimiles of this authorization may be used for the purposes stated above.

This document constitutes my/our consent for the following organization(s) to release information to NCLC, **RuralEdge** and the HOC and for NCLC, **RuralEdge** and the HOC to release information to said organization(s), for the purposes stated above:

- Area Agency on Aging
- Attorneys and/or title companies associated with the transaction(s)
- Banks and other lending institutions associated with the transaction(s)
- Community Connections (NVRH)
- Caledonia Home Health Care & Hospice
- Credit Bureau Services of Vermont ("CBC") and Equifax, Experian and TransUnion (credit bureaus)
- Creditors and/or collection agencies
- Efficiency Vermont
- Habitat for Humanity
- Homeowner's insurance / hazard Insurance agencies and/or companies
- Northern Counties Health Care
- Northeast Employment and Training Org., Inc. ("NETO") Northeast Kingdom
- Community Action ("NEKCA") Northeast Kingdom Human Services
- Social Security Administration
- USDA Rural Development ("RD")
- Vermont Agency of Human Services (AHS) Vermont Center for Independent Living("VCIL")
- Vermont Department for Children and Families ("DCF")
- Vermont Department of Disabilities, Aging and Independent Living ("DAIL")
- Vermont Housing and Conservation Board ("VHCB")
- Vermont State Housing Authority ("VSHA")
- Visiting Nurses Association and Hospice Inc. (Orleans/Essex)
- Other (if applicable): _____

This consent is given freely and is open to all information provided to or acquired by NCLC, **RuralEdge** and the HOC and/or the above organizations in connection with my/our pending acquisition, financing, refinancing, retention or repair of housing. This consent is in addition to the release of information as provided for in my/our Customer Service Agreement with the Home Ownership Center. (if applicable).

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

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____

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

ESTIMATE TRACKING SHEET

It is the property owner's responsibility to approve of and select all contractors, plans and specifications for the work that you are requesting to have done to your property. Any contractors that are selected MUST have insurance, willing to complete and submit a W-9 form and complete all required construction agreements prior to the work starting.

Work that I am requesting: _____

Contractor's name: _____
Phone Number: _____
Date and Time: _____
Do you have insurance? ___ Yes or ___ No
Are you able to submit a W-9 from? ___ Yes or ___ No
Outcome: _____

Contractor's name: _____
Phone Number: _____
Date and Time: _____
Do you have insurance? ___ Yes or ___ No
Are you able to submit a W-9 from? ___ Yes or ___ No
Outcome: _____

Contractor's name: _____
Phone Number: _____
Date and Time: _____
Do you have insurance? ___ Yes or ___ No
Are you able to submit a W-9 from? ___ Yes or ___ No
Outcome: _____

Contractor's name: _____
Phone Number: _____
Date and Time: _____
Do you have insurance? ___ Yes or ___ No
Are you able to submit a W-9 from? ___ Yes or ___ No
Outcome: _____