

Dear _____,

Thank you for allowing the HomeOwnership Center to help you with your request to our home repair program.

This packet shows you your first 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 – Home 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 documentation you will receive a letter stating what is missing. If we do not receive the information in 30 days, 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 to sign any and all necessary construction agreements and contracts relating to the project.** Projects started prior to the approval of your request may not be paid. Be sure all contractor(s) meet the criteria listed above.

During the process, please feel free to contact us regarding your request. We are here to help you along the way. We are open Monday through Friday from 8am to 5pm and can be reached toll free at 1.800.234.0560 or 802.535.3555 ext. 1302 or 1303 or via email at homeownership@ruraledge.org.

Thank you,

HomeOwnership Center

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, VHCBA 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.

Family/Household Size: _____ (Use back of page if more space is required)

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

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

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

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

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

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

Are there non-dependents who will be living in the home? ___ Yes ___ No

If yes:

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

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

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

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

Emergency Contact: _____
Name Phone Mailing Address

CUSTOMER EMPLOYMENT

PRIMARY EMPLOYER: _____

_____ Phone: (____) ____ - ____
Street City State Zip Code

_____ Part-Time or ___ Full-Time _____/_____/_____
Title or job description Hire Date

Gross Monthly Income (before taxes): \$ _____ (Annual: \$ _____)

Select One: ___ Hourly ___ Salary ___ Commision ___ Other: _____
Can you be contacted at work? ___ Yes or ___ No

SECONDARY EMPLOYER: _____

_____ Phone: (____) ____ - ____
Street City State Zip Code

_____ Part-Time or ___ Full-Time _____/_____/_____
Title or job description Hire Date

Gross Monthly Income (before taxes): \$ _____ (Annual: \$ _____)

Select One: ___ Hourly ___ Salary ___ Commision ___ Other: _____
Can you be contacted at work? ___ 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			
Rental Income			
Alimony/Child Support Income			
Public Assistance Income			
Food Stamps Income			
Social Security Income			
Supplemental Security Income			
Dependent SSI Income			
Disability Income			
Pension Income			
Other Income: _____			

ANNUAL FAMILY OR HOUSEHOLD INCOME: \$ _____

Can you document your child support/alimony income? Yes No If yes, how long will it continue?

 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

Regarding seasonal employment, have you worked in this field for two years or more? Yes No

	<u>Customer</u>	<u>Co-Customer</u>
Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)?	\$ _____	\$ _____

LIABILITIES / DEBT

Please list any debts you have, including credit cards, and auto loans.
DO NOT INCLUDE UTILITIES

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, 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?	_____/_____/_____	_____/_____/_____

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:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Additional Questions for Home Repair Program

1.) Do you have a loan on your home now? Yes No (If No, skip to question 2)

Who is your Mortgage with? (Lender) _____

How much was the original loan for? \$ _____

How much do you owe now? \$ _____ Are you current on your mortgage? Yes No

What is the interest rate on your loan? _____ %

How much is your Monthly Payment? \$ _____

Does your monthly payment include amounts for taxes and/or insurance? Yes No

If Yes, how is your payment broken down?

Taxes \$ _____ Insurance \$ _____ Principal & Interest \$ _____

2.) Who owns the property (names on the Deed): _____

Sole Owner (1 person)

Husband and Wife

Joint Tenants

Tenants in Common

Life Estate

3.) Property Address (if different than mailing address): _____

4.) Approximately how old is your home? _____ year(s)

How many year(s) have you lived in your home? _____

5.) Is your home a mobile home? Yes No

Are the wheels and hitch removed? Yes No

Do you own the lot? Yes No

If you do NOT own the lot, who is the owner? _____

If you pay lot rent, how much do you pay? \$ _____ Monthly

6.) What needs to be repaired? _____

Are you interested in energy efficient upgrades / improvements and / or a pellet boiler: Yes No

7.) Where does your water come from?

Drilled Well Spring City Town Village

Other: _____

8.) How many bedrooms are there in your home? _____

9.) How much money do you believe you could spend monthly on a home repair loan?

\$0 to \$25.00 \$25 to \$50 \$50 to \$75 \$75 to \$100 \$100 or More

10.) What town do you pay property taxes to? _____

How much are your Total Property Taxes? \$ _____

Are your property taxes current? ___ Yes ___ No

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

11.) Do you currently have Homeowner's Insurance? ___ Yes ___ No

How much is your Annual Homeowner's Insurance Policy? \$ _____

Your Insurance Agency's name: _____

Your Insurance Agency's Phone Number: (____) _____

Fax Number: (____) _____

Your Policy expires on: _____(Date)

If you don't currently have Homeowner's Insurance, what is preventing you from obtaining it?

_____ Condition of the Home

_____ Cannot afford Homeowners Insurance

_____ Other: _____

12.) Is your home located in a flood zone? ___ Yes ___ No

If Yes, how much is your Annual Flood Insurance Policy? \$ _____

Your Insurance Agency's name: _____

Phone Number: (____) _____ Fax Number: (____) _____

Your Policy expires on: _____(Date)

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

If yes, (what year)? _____

14.) Have you ever worked with VCIL (Vermont Center of Independent Living) regarding work on your home? ___ Yes ___ No Have you completed an application to VCIL? ___ Yes ___ No

15) Are you interested in learning more about Support and Services at Home (SASH)? ___ Yes ___ No

16.) Automobiles Owned:

Make: _____

Make: _____

Year: _____

Year: _____

Mileage: _____

Mileage: _____

Approximate Value of: \$ _____

Approximate Value of: \$ _____

AUTHORIZATION

I authorize RuralEdge and Northeast Community Lending Corporation to:

- (a) pull my/our credit report to review my/our credit file for housing counseling 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.
- (c) I have received a copy of the RuralEdge/Northeast Community Lending Corporation Privacy Policy and Practices.

_____ **Customer**

_____ **Date**

_____ **Co-Customer**

_____ **Date**

PLEASE COMPLETE AND RETURN TO:
RuralEdge / Northeast Community Lending Corporation
48 Elm Street, P.O. Box 259, Lyndonville, VT 05851
802-535-3555 Ext. 1303 or Toll Free: 800-234-0560 or homeownership@ruraledge.org

“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 you 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.”

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

CO-CUSTOMER	
Ethnicity: (select one)	
Hispanic or Latino	_____
Not Hispanic or Latino	_____
Race (select one or more):	
White	_____
American Indian/Alaskan Native	_____
Native Hawaiian/Other Pacific Islander	_____
Asian and White	_____
American Indian/Alaskan Native and Black	_____
Black or African American	_____
Asian	_____
American Indian/Alaskan Native and White	_____
Black/African American and White	_____
Other	_____
Gender (select one):	
Male	_____
Female	_____
Were you born in the US? 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.”

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 _____

RuralEdge wants to help you with your home 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 Home

If you are determined eligible for the program, we will come to your property to develop a through 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 homeowners, their friends or family members to perform the renovations themselves.**

It is the homeowner'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, homeowner 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.

Homeowner: _____ **Date** _____

Homeowner: _____ **Date** _____

ESTIMATE TRACKING SHEET

It is the homeowner'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:

Please use this sheet to help you track your phone conversation and answers to questions:

Contractor's Name: _____

Phone Number: _____

Date and Time: _____

Do you have insurance: Yes No

Are you able to submit a W-9 form: Yes No

Outcome: _____

Contractor's Name: _____

Phone Number: _____

Date and Time: _____

Do you have insurance: Yes No

Are you able to submit a W-9 form: Yes No

Outcome: _____

Contractor's Name: _____

Phone Number: _____

Date and Time: _____

Do you have insurance: Yes No

Are you able to submit a W-9 form: Yes No

Outcome: _____

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 your household is 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 statements for that bank account.
- If you are self-employed, most recent 2 years of Federal income tax returns, including all schedules
- Written documentation of any other income which may include but is not limited to 3SquaresVT (food stamp income), Reach UP income, etc.

DOCUMENTATION OF RENTAL INCOME OR LOSS (ONLY REQUIRED IF YOUR HOME IS A DUPLEX):

- 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.
- Most recent investment/retirement account statements. Internet print outs are **not** acceptable.

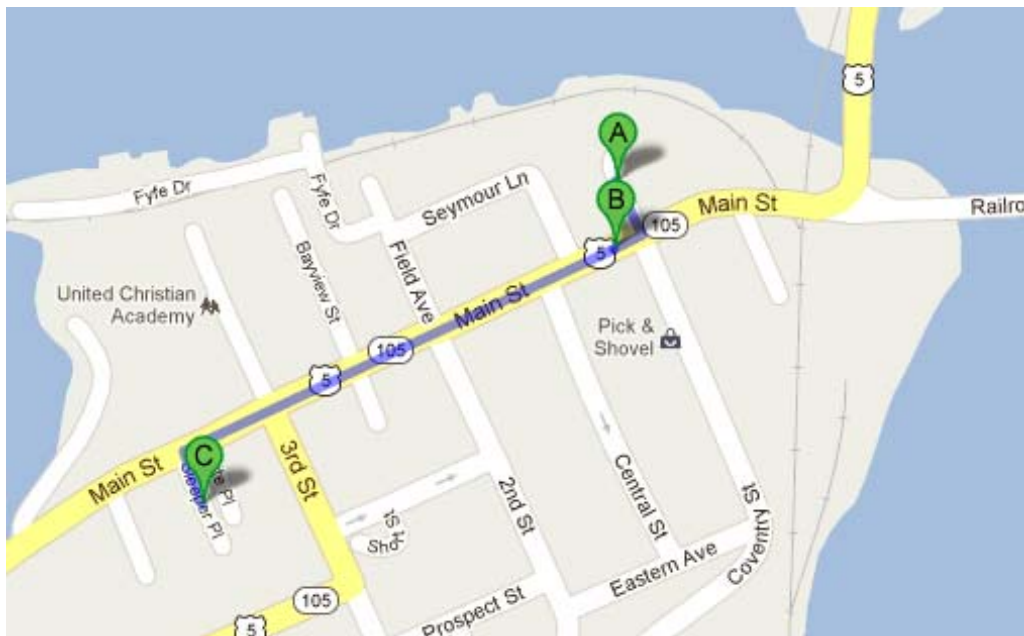
INFORMATION REGARDING YOUR PROPERTY:

- 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. If you own a mobile home, we will need your bill of sale instead as proof of ownership.
- Current homeowner's insurance bill and/or Declarations page of your policy
- Written estimates for work to be completed if you have any.
- If you have a mobile home and rent the lot, a statement from the owner of the lot you rent is needed. Our program requirements state that we must have verification of a lease commitment for five years from the date of funds awarded (if any)

If you have any questions please call us at 802-535-3555 ext. 1303 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.



From South:

Take Exit 27 off Interstate 91. Take a RIGHT off the exit ramp and proceed down a steep hill to a set of traffic lights. Go Straight through this intersection to the next set of lights. Take a LEFT on to US-5 / VT-105. Follow Route 5 to the following:

From Lowell, Westfield & Troy Areas:

Start out going West on VT-58 toward VT-100. Turn RIGHT onto VT-100N. VT-100N becomes VT-105. Turn RIGHT onto US-5 / VT-105 / Main Street N. Follow Route 5 to the following:



Emory Hebard State Office Building

100 Main Street (US-5 / VT-105).

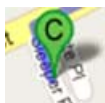
The HomeBuyers Education Workshop is located in Room 250 on the 3rd Floor. Please park in the lot to the right of the building, as parking located along the building is 30 minute parking only. Please enter through the parking lot at the lowest ground level.



RuralEdge – HomeOwnership Center Counseling Space

107-111 Main Street (US-5 / VT-105) – Newport Senior Housing.

Please enter through the back of the building. You can use Coventry Street or Central Street to access the parking lot in the back of the building.



RuralEdge – Newport Office, 26 Compass Drive

Please enter through the front of the building.



You can contact us Monday thru Friday toll free at
800-234-0560 or 802-535-3555 Ext 1302.

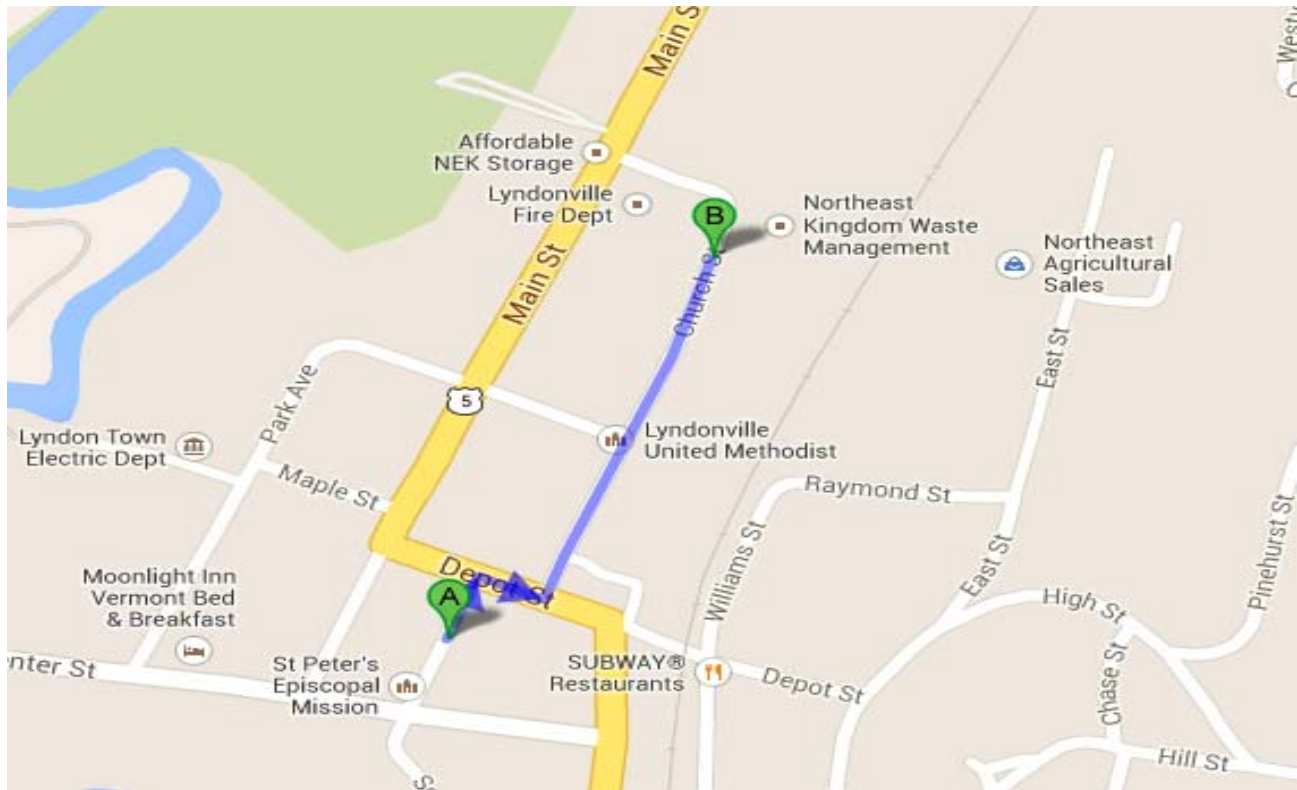
homeownership@ruraledge.org

find us on the web at www.ruraledge.org



RuralEdge, P.O. Box 259, Lyndonville, VT 05851

Directions to our locations serving the Lyndonville Area



From North or South from Interstate 91:

Exit 23: Turn Right (North bound) Turn Left (South Bound) on to Broad Street / Route 5 North. Follow Route 5 North for 1.3 miles and Turn LEFT on to Center Street and your first RIGHT on to Elm Street.

From New Hampshire:

Take I-93 to the merger with I-91 and follow directions from I-91.

From Montpelier:

Take Route 2 East to St. Johnsbury. Get on I-91 going North follow directions from I-91.



The **RuralEdge** NeighborWorks® HomeOwnership Center is the brick building on your right. Please enter through the front by the columns.



The Lyndonville Homebuyers workshop is held at the Public Safety Building, 319 Main Street Lyndonville VT.

Please see the Schedule of **HomeBuyer Education Workshops** for location of the workshop. *Class locations are subject to change so please confirm locations prior to class.*

You can contact us Monday thru Friday toll free at 800-234-0560 or 802-535-3555 Ext. 1302 or via homeownership@ruraledge.org - find us on the web at www.ruraledge.org

RuralEdge P.O. Box 259, Lyndonville, VT 05851