



# Home Repair Loan Program

## Eligibility Packet

---

### Instructions

- If you need assistance in filling this out, please contact Melissa at (802) 861-7347 or [mabbott@getahome.org](mailto:mabbott@getahome.org). The toll free number is (877) 274-7431.
- This packet is required to determine **eligibility** for our home repair loan/grant program. *This is not an application for a loan.*
- Please fill out this packet in its entirety before submitting.
- If you need to provide additional information in any section, please include a separate sheet of paper.
- You must submit your packet with the following information:
  - One month's worth of income documents (i.e. paystubs, benefit award letter, pension statement, etc)
  - Most recent bank statement
  - Property Tax Bill
  - Detailed explanation of any credit related issues

**If you have questions, please call (802) 861-7347**

**Please return to:**

Champlain Housing Trust  
88 King Street  
Burlington, VT 05401



# Home Repair Loan Program Eligibility Packet

## Applicant Information

### *Primary Applicant*

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Marital Status: Married  Unmarried  Separated

Are you a: U.S. Citizen  Permanent Resident Alien

Gender: Male  Female  Transgender  Other

Military Veteran? Yes  No

Mailing Address: \_\_\_\_\_

Property Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best way to Reach you (**circle one**; only choose email if you check it at least once a day):    phone    email    USPS mail

## Other Household Members

Please list **everyone** (aside those listed above) who reside in the home.

<u>Name</u>	<u>Date of Birth</u>	<u>Income</u>	<u>Full time Student?</u>





# Home Repair Loan Program Eligibility Packet

### Income Information:

Please list all payments any household member (including minors) receives from working, Social Security, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Housing Assistance Payment (HAP), Worker's Comp, Disability pay/benefits, Unemployment Insurance, severance pay, annuities, insurance policy payments, pension, retirement benefits, death benefits, Armed Forces Pay, alimony/maintenance, Child Support, OTHER: Money or gifts regularly given by persons not living in the home; Lottery winnings paid periodically; rental income from tenants; interest, dividends, royalty income, income from estates or trusts; Other- please specify.

#### Primary Applicant:

Employer Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ Frequency of Pay: \_\_\_\_\_

If less than two years at current job, please provide previous employer and income information: \_\_\_\_\_

Other Income (Y/N): \_\_\_\_\_ If Yes, Provide Source and Monthly Income: \_\_\_\_\_

#### Co - Applicant:

Employer Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ Frequency of Pay: \_\_\_\_\_

If less than two years at current job, please provide previous employer and income information: \_\_\_\_\_

Other Income (Y/N): \_\_\_\_\_ If Yes, Provide Source and Monthly Income: \_\_\_\_\_

#### Other Household Income:

Household Member Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\*For wage/salary income, please submit one month's worth of your most recent paystubs\*\***

**\*\*For Social Security/Benefits, please submit Award Letter\*\***

**\*\*For Self-Employment, Two Years Tax Returns and Year to Date Profit and Loss\*\***

Headquarters: 88 King Street, Burlington, VT 05401 NMLS ID #179570  
Franklin/Grand Isle: 13 Lake Street, St. Albans, VT 05478 NMLS ID #184793  
MLO NMLS ID #377856, 1457533, 1457543





# Home Repair Loan Program Eligibility Packet

## Housing Information:

Current Value of Home: \$ \_\_\_\_\_ Year of Purchase: \_\_\_\_\_ Original Purchase Price: \$ \_\_\_\_\_

Are you in our Shared Equity Program (Y/N): \_\_\_\_\_ Do you pay HOA fees or Lot Rent? If yes, how much? \_\_\_\_\_

Title to the Property is in the name(s) of: \_\_\_\_\_

Does anyone else have an ownership interest in the property (i.e. life estate, homestead rights)? Yes  No  \*

If yes, please state their name and type of ownership: \_\_\_\_\_

\*Vermont law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate when it is used or kept as their primary residence, even if the spouse or civil union partner is not a Title Owner to that property. This homestead interest prevents creditors from attaching the entire interest in the property without consent of all parties who have an ownership interest in the property. For this reason we will require all parties with an ownership interest to sign the mortgage deed to insure that our lien is fully enforceable.

## Property Taxes:

Tax Assessed Value: \$ \_\_\_\_\_ Town/Village/City you pay: \_\_\_\_\_

How much do you pay in taxes per year? \_\_\_\_\_ Are Taxes Current (Y/N): \_\_\_\_\_

**\*\*Please Submit a Copy of Your Most Recent Property Tax Bill\*\***

## Homeowner's Insurance:

This program requires you to maintain Homeowner's Insurance on your property. You will also be required to maintain flood insurance if your property is determined to be in a Flood Hazard Area.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Coverage: Dwelling \_\_\_\_\_ Deductible: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

## Mortgage Information:

Original Mortgage Amount: \$ \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Term (years): \_\_\_\_\_ Fixed or Adjustable Rate: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Includes Taxes and Insurance (Y/N): \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# Home Repair Loan Program Eligibility Packet

**Mortgage Information (continued):**

Is there a Second Mortgage? Or Home Equity Line of Credit? (Y/N): \_\_\_\_\_ If Yes, Lender: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Rate: \_\_\_\_\_ Term (Years): \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

**How much money do you believe you can pay monthly on a Home Repair Loan? \$ \_\_\_\_\_/per month**

**Assets:** Please include cash held in checking/savings accounts, mutual funds, certificate of deposit, money market, and retirement accounts. Include the cash value of any owned stock, bonds, treasury bills, trust funds, and life insurance policies (available to individual before death). Additionally, please include any equity in Real Estate, and cash value of personal investments in jewelry, gems, coins, cars, etc. **DO NOT COUNT** personal property such as clothing, furniture, cars etc.

Household Member	Asset Type	Financial Institution	Amount/Value:

**Liabilities:** Please include items such as car loans/leases, student loans, credit cards, other installment loans

Household Member	Creditor/Type of Liability	Outstanding Balance	Minimum Monthly Payment

**Credit and Legal Information:**

- Are you currently or have you ever filed for bankruptcy? Yes No If yes, provide type and date of discharge: \_\_\_\_\_
- Do you currently or have you ever had a judgement or lawsuit against you? Yes No
- Do you have any liens on your property (other than mortgage)? Yes No
- Are there any other legal claims against you? Yes No
- Is this property in probate? Yes No
- Have you been more than 30-days late with any creditor, or received notice of collections/charge offs? If yes, please explain: \_\_\_\_\_







# Home Repair Loan Program Rehab Addendum

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Type:**

Single Family Home       Mobile Home       Duplex       Other \_\_\_\_\_

**Ownership Type:**

Owned Land       Leased Land       CHT Shared Equity       Other \_\_\_\_\_

**General Information:**

\_\_\_\_\_ # of bedrooms      \_\_\_\_\_ # of bathrooms      \_\_\_\_\_ Year Built

**Utility Information**

- Public Water/Sewer
- Well
- Septic System
- Electric: \_\_\_\_\_ Provider
- Oil: \_\_\_\_\_ Provider
- Solar: \_\_\_\_\_ Provider
- Natural Gas: \_\_\_\_\_ Provider
- Other: \_\_\_\_\_

**Have you had any of the following work done? :**

- Radon Testing      Year \_\_\_\_\_ Result \_\_\_\_\_
- Weatherization      Year \_\_\_\_\_ Result \_\_\_\_\_
- Lead Testing      Year \_\_\_\_\_ Result \_\_\_\_\_

\*If yes which Lead Program? \_\_\_\_\_

Are your smoke detectors functioning?    Yes    No

**Housing Conditions:**

Please describe the reason(s) why you are applying to this program. Include all essential repairs that need to be made to your home. Use the back of this sheet if necessary.

---

---

---

---

This form gives us information about your house and the items that require work. Champlain Housing Trust uses public funds that require borrowers to comply with the following government regulations:

1. Housing Quality Standards established by the U.S. Department of Housing and Urban Development (HUD)
2. State and local Health, Safety, Building, and Energy Codes
3. If your home is eligible for the State or National Register of Historic Places, all work must comply with the Secretary of the Interior's Standards for Rehabilitation
4. In compliance with federal EPA regulations and Vermont law, all repair work in homes built prior to 1978 will be done by EPA RRP Certified contractors who will use lead-safe work practices.

In addition, our program policies require that we follow these procedures:

1. Energy audits for weatherization loans must be performed by pre-approved certified energy auditor
2. A priority system will be used to address the most serious problems (mechanical and structural systems) before including less severe conditions in the scope of work.

**I / we authorize Champlain Housing Trust (CHT) Construction Consultant to perform any/all necessary site visits required to prepare a recommended scope of work, which will further determine the loan amount I may be eligible to apply for.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





## Champlain Housing Trust HomeOwnership Center Consumer Privacy Policy

Champlain Housing Trust (CHT) is a non-profit housing organization subject to the laws of the State of Vermont. CHT values the trust of its customers and is committed to the responsible management, use and protection of personal information. This notice describes the HomeOwnership Center's policy for the collection and disclosure of your information. We are entrusted with sensitive non-public information about you and your finances and uphold strict confidentiality procedures within our organization. We do not now, nor have we ever, sold or rented your non-public personal information to any non-affiliated third party for any reason.

**What information we collect:** We may collect "non-public personal information" which could include but is not limited to items such as your social security number, household income, payment history, and account balances. This information is collected in order to provide homebuyer education, individual counseling, shared equity grants and services, financing options, and loans.

The following are sources we may obtain information from:

- Information you provide to us, on applications and other eligibility or loan related documents
- Information we receive from third parties such as credit bureaus, employers or other income sources, institutions with which you have deposited funds or that have extended you credit
- Information about your transactions with us, our affiliates, or others

**What Information We Disclose:** We may share information under the law about our experiences or transactions with you or your account (such as your account balance and payment history with us) with companies related to us by common control or ownership ("affiliates"). However, where state law may be more restrictive, we will abide by the more restrictive requirements.

In order to expedite processing of our services on your behalf, CHT may need to disclose non-public personal information about you to "non-affiliated third parties" (that is companies not related to us by common control or ownership) and **will do so only with a signed authorization to release information from you**. These entities may include: attorneys, other lending entities, CHT funding sources as required, government-funded programs and/or service providers, or other government entities; and when required by law or in response to subpoenas; and to reputable credit reporting agencies via servicers ("credit bureaus"). We also may share information with other funding programs in order to combine different sources of loans and/or grants to help address your housing needs. Finally, in order to remain compliant with funders requirements, CHT may be required to allow funders such as (but not restricted to) HUD, NeighborWorks America, CHAPA and/or NFMC to engage in a review process that may include reviewing electronic and/or hard copy files.

If the HomeOwnership Center shares information with any non-affiliated third party, we will require their agreement to protect the confidentiality of customer information and use it only for the specific purpose intended and not reuse, sell, rent, or disclose it in any other form to any other entity. We will continue to adhere to the privacy policies and practices described in this notice whether or not we find you eligible for our program, or if you pay off your loan with us.

**Our Security Procedures:** We will always maintain control over the confidentiality of our customer information, which includes having physical, electronic and procedural safeguards that comply with federal standards. We will permit only authorized employees, who are trained in the proper handling of our customers' sensitive non-public information, to have access to that information in order to provide you with quality products and superior service. All of our operational and data processing systems are in a secure environment that protects your information from being accessed by third parties. Thank you for your confidence in Champlain Housing Trust and the HomeOwnership Center and for allowing us to help meet your housing needs.

**HEADQUARTERS** 88 King Street, Burlington, Vermont 05401 | P: 802.862.6244 | F: 802.862.5054

**FRANKLIN/GRAND ISLE** 13 Lake Street, St. Albans, Vermont 05478 | P: 802.527.2361 | F: 802.527.2373

[WWW.GETAHOME.ORG](http://WWW.GETAHOME.ORG)

[WWW.CHAMPLAINHOUSINGTRUST.ORG](http://WWW.CHAMPLAINHOUSINGTRUST.ORG)

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY  
EMPLOYER AND PROVIDER







Division of Environmental Health

### Radon Kit Request Form

For Office Use Only

Radon Detector #: \_\_\_\_\_

To receive a complimentary radon detector, please provide the following information and submit the form by e-mail or select the 'Print' button to mail or fax the form to the Radon Program.

First Name  Last Name

Contact Number   Cell  Home  Work

#### Physical Address of Property Being Tested (required)

'E911' Street Address

Town  State VT Zip

#### Mailing Address

mail kit to physical address

Street

Town  State  Zip

Has this property been tested using the free VDH long term kit before?  Yes  No

*Please allow 2 - 4 weeks for delivery.  
This offer is only valid for properties located in Vermont.*

#### Please submit completed form to:

VT Dept of Health, Radon Program  
Division of Environmental Health  
108 Cherry Street, PO Box 70  
Burlington, VT 05402

1.800.439.8550  
fax: 802.863.7483  
e-mail: [radon@state.vt.us](mailto:radon@state.vt.us)  
website: <http://healthvermont.gov/enviro/rad/radon.aspx>

#### To Submit Via E-mail:

- 1) Save the completed form
- 2) Attach to an e-mail to [radon@state.vt.us](mailto:radon@state.vt.us) with the subject "Radon Kit Request"

Print