Tioga Opportunities, Inc.  
Community Development

HOME APPLIANCE LOAN PROGRAM

Potential Participant Application Form

Mail Completed applications with Copies of Documentation to:

Tioga Opportunities, Inc.  
Home Appliance Loan Program  
9 Sheldon Guile Blvd.  
Owego, NY 13827

607-687-4222

This institution is an equal opportunity provider and employer.

The mission of Tioga Opportunities, Inc.’s Home Appliance Loan Program is to make reliable home appliances available at a reasonable interest rate for low to moderate income individuals in Tioga and Broome Counties.

Eligibility Requirements:

- Applicants must be a permanent resident of Tioga or Broome County and at least 18 years old.
- Eligible applicants must fall within the low to moderate-income guidelines.
- Eligible applicants must be able to demonstrate an ability to fulfill a loan payment. A credit check is required as part of the eligibility criteria.

Applications will be reviewed as they are received. Determination of eligibility will be made when application and all documentation of income and expenses is submitted; including documentation that supports financial statements made during the application process. Acceptance into the program will be based on a combination of factors, including the ability of the Client to repay a loan, the availability of cash flow on a monthly basis, and a desire to establish good credit.

To apply, fill out the enclosed application and gather the required information listed on the “Checklist for Applying to Tioga Opportunities, Inc. Home Appliance Loan Program” on page 2. An application that is incomplete will not be processed.

Please note: Tioga Opportunities, Inc reports loan repayment information to Equifax Credit Bureau.
All information provided as part of the application process will be maintained as confidential and will only be used by program staff for determining eligibility and appropriateness for participation.

Checklist for Applying to Tioga Opportunities, Inc.
Home Appliance Loan Program

Before submitting your application, be sure that each item on this checklist has been completed and is included.

Application

☐ Be sure that the information on your application is complete, concise and up to date.

☐ Sign and date the applicant certification on the final page of the application.

Verification Documents

☐ Identification Verification: Copy of photo ID for each borrower.

☐ Income Verification: Provide copies of all your previous month’s (1 month) income

(Documentation required for each source of income identified in the section labeled ‘Income Information’: check stubs, Social Security award letter, government benefits, retirement, etc.)

☐ Expense Verification: Provide copies of all previous month’s (1 month) expenses.

(Copies of Bills are required for each item identified in the section labeled ‘Household Expense Information’.)

☐ Outstanding Expense Verification: Provide copies of all documentation pertaining to past due bills.

(Documentation copies are required for each item identified in the section labeled ‘Provide explanation of past due accounts’.)
Tioga Opportunities, Inc.

HOME APPLIANCE LOAN
PROGRAM
Potential Participant Application Form

Please note: All information requested on this application form will be kept confidential within Tioga Opportunities, Inc (TOI) only to be shared with other divisions within TOI for your benefit of the Home Appliance Loan Program.

Please provide documentation verifying each of the items below.

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
</table>

**Borrower:**

Name: ____________________________  Social Sec. No.: _____ - ____ - ______

Street: ___________________________________________  Apt #: ______

City: ___________________________________________  State: ___  Zip Code: ______

Home Phone: (___)_______  Work Phone: (___)_______  Cell: (___)________

Email: ____________________________  Date of Birth: ___/___/_____  

Primary ID State Issued: ______  Primary ID Number: __________________________

Issue Date: _________________  Expiration Date: ______________________

How long have you lived at the above address? ______________

If less than two (2) years, provide previous address:

Street: ___________________________________________  Apt #: ______

City: ___________________________________________  State: ___  Zip Code: ______
Co-Borrower: (If applicable)

Name: ________________________________ Social Sec. No.: _____ - _____ - ______
Street: ________________________________ Apt #: __________
City: ________________________________ State: ___ Zip Code: ______
Home Phone: (___) _______ Work Phone: (___)_________ Cell: (___)_________
Email: ________________________________ Date of Birth: ____/____/____
Primary ID State Issued: ______ Primary ID Number: ______________________
Issue Date: ____________________ Expiration Date: ______________________

How long have you lived at the above address? ____________

If less than two (2) years, provide previous address:

Street: ________________________________ Apt #: __________
City: ________________________________ State: ___ Zip Code: ______

Household Information

How many adults (18yrs and older) currently live in participant’s household: __________

How many children (under 18yrs) currently live in participant’s household: __________

List the age of each child: ___  ___  ___  ___  ___  ___

Applicant’s marital status:  □ Single (never married)  □ Married  □ Separated
  □ Divorced  □ Widowed

What is the primary language spoken in your household? ______________________________

If it is not English, is English also spoken? ______________________________

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: ________________________________ Phone: (___)_________
Street: ________________________________ Apt #: __________
City: ________________________________ State: ___ Zip Code: ______

1 “Household” includes 1) your financial dependents (for example, your dependent children), 2) anyone you depend on financially (for example, your parents), or 3) anyone with whom you are financially interdependent (for example, your spouse or partner). Your “household” may or may not be the same as the people you live with.
Please list (2) personal references who would definitely know how to contact you, even if you move:

Name: ______________________________________ Phone: (___) ________
Street: _______________________________________ Apt #: ________
City: ________________________________ State: ____ Zip Code: ________

Name: ______________________________________ Phone: (___) ________
Street: _______________________________________ Apt #: ________
City: ________________________________ State: ____ Zip Code: ________

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Borrower Primary Employment Status (choose one):

- [ ] Employed more than full-time (overtime or more than one job, for yourself or others)
- [ ] Employed full-time (for yourself or others)
- [ ] Employed part-time (for yourself or others)
- [ ] Currently seeking employment
- [ ] Working and in school or job training
- [ ] Homemaker, not seeking employment
- [ ] Laid off, waiting for call back
- [ ] Disabled, not seeking employment
- [ ] Currently in school or job training
- [ ] Retired, not seeking employment

Borrower Employer: ________________________________ Phone: (___) ________
Street: ______________________________________
City: ________________________________ State: ____ Zip Code: ________

How long have you been with your current Employer? ________

If less than two (2) years, please list previous Employment:

Employer: ________________________________ Phone: (___) ________
Street: ______________________________________
City: ________________________________ State: ____ Zip Code: ________
Co-Borrower Primary Employment Status (choose one):

- □ Employed more than full-time (overtime or more than one job, for yourself or others)
- □ Employed full-time (for yourself or others)
- □ Employed part-time (for yourself or others)
- □ Currently seeking employment
- □ Working and in school or job training
- □ Laid off, waiting for call back
- □ Currently in school or job training
- □ Homemaker, not seeking employment
- □ Disabled, not seeking employment
- □ Retired, not seeking employment

Co-Borrower Employer: ___________________________________________ Phone: (___) ______
Street: ___________________________________________________________________
City: ___________________________ State: ____ Zip Code: ________

How long have you been with your current Employer? __________

If less than two (2) years, please list previous Employment:

Employer: ___________________________________________ Phone: (___) ______
Street: ___________________________________________________________________
City: ___________________________ State: ____ Zip Code: ________

Please indicate which appliance(s) you need to purchase at this time:

- _____ Refrigerator
- _____ Freezer
- _____ Electric Range
- _____ Gas Range
- _____ Washer
- _____ Electric Dryer
- _____ Gas Dryer
- _____ Stackable Washer and Dryer
- _____ Air Conditioner (Medical Need Documentation is required)
**Income Information**

*Please provide documentation verifying each of the items below.*

Monthly Income of all household members - please list *gross income* (before taxes):

<table>
<thead>
<tr>
<th>Category</th>
<th>Borrower</th>
<th>Co-Borrower</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal employment (wages)</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Government assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Social Security</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Section 8/Housing Assistance</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>HEAP</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Veterans’ Benefits</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Pensions or retirement income</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Child support / alimony</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
<tr>
<td>Other (please specify: ________________)</td>
<td>$________</td>
<td>$________</td>
<td>$____</td>
</tr>
</tbody>
</table>

**TOTAL INCOME**  
$________  $________  $____

*TOI will Calculate Totals*

For HAL Staff use:

Proof of Income Provided: __________________________________________________________

Income Amount Verified: $___________ (gross) ___ per ____________________________

Income Verified:  
Date: ___________ With Whom: ____________________________________________________

HAL Staff Initials: ___________ Co./Title: __________________________________________

**Household Assets and Liabilities:**

(Circle one)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own a vehicle(s)?</td>
<td>Yes</td>
<td>No</td>
<td>Value of vehicle(s): $________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outstanding vehicle loan(s): $________________</td>
</tr>
<tr>
<td>Do you own a home?</td>
<td>Yes</td>
<td>No</td>
<td>Value of home: $______________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outstanding mortgage: $________________________</td>
</tr>
<tr>
<td>Do you own a business?</td>
<td>Yes</td>
<td>No</td>
<td>Value of business: $___________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outstanding loan(s): $________________________</td>
</tr>
<tr>
<td>Do you have a Checking account? If yes, where?</td>
<td>Yes</td>
<td>No</td>
<td>Amount in account: $___________________________</td>
</tr>
<tr>
<td>Do you have a savings account (other than an IDA)? If yes, where?</td>
<td>Yes</td>
<td>No</td>
<td>Amount in account: $___________________________</td>
</tr>
<tr>
<td>Do you owe money to friends or family?</td>
<td>Yes</td>
<td>No</td>
<td>Amount you owe: $____________________________</td>
</tr>
<tr>
<td>Do you have past due household bills?</td>
<td>Yes</td>
<td>No</td>
<td>Amount past due: $___________________________</td>
</tr>
<tr>
<td>Are you carrying a balance on credit card(s)?</td>
<td>Yes</td>
<td>No</td>
<td>Amount of balance(s): $_______________________</td>
</tr>
<tr>
<td>Do you have outstanding student loans?</td>
<td>Yes</td>
<td>No</td>
<td>Outstanding loans: $________________________</td>
</tr>
<tr>
<td>Do you have outstanding Medical bills?</td>
<td>Yes</td>
<td>No</td>
<td>Outstanding balance: $_______________________</td>
</tr>
</tbody>
</table>

Provide explanation of past due accounts: Please provide documentation verifying each of the below items.
Please provide documentation verifying each of the below items.

### Average Monthly Household Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$_________</td>
</tr>
<tr>
<td>Electric Bill</td>
<td>$_________</td>
</tr>
<tr>
<td>Gas Bill</td>
<td>$_________</td>
</tr>
<tr>
<td>Water/Sewer Bill</td>
<td>$_________</td>
</tr>
<tr>
<td>Phone Bill</td>
<td>$_________</td>
</tr>
<tr>
<td>Cable Bill</td>
<td>$_________</td>
</tr>
<tr>
<td>Food</td>
<td>$_________</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$_________</td>
</tr>
<tr>
<td>Car Insurance</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Insurance</td>
<td>$_________</td>
</tr>
<tr>
<td>Child Support Payments</td>
<td>$_________</td>
</tr>
<tr>
<td>Alimony Payments</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Loans</td>
<td>$_________</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>$_________</td>
</tr>
<tr>
<td>Day Care</td>
<td>$_________</td>
</tr>
<tr>
<td>Other</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL MONTHLY EXPENSES: $_________**

*TOI will Calculate Totals*

How did you hear about the *Home Appliance Loan* Program?

Do you have any special needs the *Home Appliance Loan* staff should know about?

Is there anything else you would like us to know about you? (Please list any information that you feel would be beneficial to your application, for example, something about your personal history, your skills and talents, your current situation, challenges you face, or goals you have). *Please attach additional pages if necessary.*

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1 “Household” includes 1) your financial dependents (for example, your dependent children), 2) anyone you depend on financially (for example, your parents), or 3) anyone with whom you are financially interdependent (for example, your spouse or partner). Your “household” may or may not be the same as the people you live with.
**Applicant Certification**

**APPLICATION WILL NOT BE ACCEPTED IF ALL REQUIRED DOCUMENTATION IS NOT INCLUDED.**

I (we) authorize Tioga Opportunities, Inc. to order credit reports and/or other financial background information. I (we) understand that further information may be requested after my (our) personal financial background check has been performed by TOI and I (we) will comply with such request(s). I (we) waive all claims against Tioga Opportunities Inc. and its consultants. I (we) attest that to the best of my (our) knowledge, information, and belief, the information contained in the foregoing application and its attachments is correct and true.

**If this is a Joint application, both signatures are required:**

Signature                              Date
____________________________________________________

Signature                              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 not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1. **Ethnicity:**
   - _____ Hispanic or Latino
   - _____ Not Hispanic or Latino

2. **Race:** (Mark one or more)
   - _____ White
   - _____ Black or African American
   - _____ Native Hawaiian or other Pacific Islander

3. **Gender:**
   - _____ Male
   - _____ Female

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**Tioga Opportunities, Inc. (TOI) is an equal opportunity provider and employer.**

To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-5964 (TDD).