



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.

Personal Information

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 Information¹

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: 1 2 3 4 5 6

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.

Personal References

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: _____

Employment Information

Borrower Primary Employment Status (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Employed more than full-time (<i>overtime or more than one job, for yourself or others</i>) | |
| <input type="checkbox"/> Employed full-time (<i>for yourself or others</i>) | |
| <input type="checkbox"/> Employed part-time (<i>for yourself or others</i>) | <input type="checkbox"/> Currently seeking employment |
| <input type="checkbox"/> Working and in school or job training | <input type="checkbox"/> Homemaker, not seeking employment |
| <input type="checkbox"/> Laid off, waiting for call back | <input type="checkbox"/> Disabled, not seeking employment |
| <input type="checkbox"/> Currently in school or job training | <input type="checkbox"/> 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*)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- 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 ¹ members - please list *gross income* (before taxes):

<u>Category</u>	<u>Borrower</u>	<u>Co-Borrower</u>	<u>Other</u>
Formal employment (wages)	\$ _____	\$ _____	\$ _____
Government assistance			
Food Stamps	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Section 8/Housing Assistance	\$ _____	\$ _____	\$ _____
HEAP	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Veterans' Benefits	\$ _____	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____	\$ _____
Child support / alimony	\$ _____	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____	\$ _____
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)

Do you own a vehicle(s)?	Yes	No	Value of vehicle(s): \$_____
			Outstanding vehicle loan(s): \$_____
Do you own a home?	Yes	No	Value of home: \$_____
			Outstanding mortgage \$_____
Do you own a business?	Yes	No	Value of business: \$_____
			Outstanding loan(s): \$_____
Do you have a Checking account? If yes, where?	Yes	No	Amount in account: \$_____

Do you have a savings account (other than an IDA)? If yes, where?	Yes	No	Amount in account: \$_____

Do you owe money to friends or family?	Yes	No	Amount you owe: \$_____
Do you have past due household bills?	Yes	No	Amount past due: \$_____
Are you carrying a balance on credit card(s)?	Yes	No	Amount of balance(s): \$_____
Do you have outstanding student loans?	Yes	No	Outstanding loans: \$_____
Do you have outstanding Medical bills?	Yes	No	Outstanding balance: \$_____

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

Household ¹ Expense Information

Please provide documentation verifying each of the below items.

Average Monthly Household Expenses:

Rent:	\$ _____	Car Insurance:	\$ _____
Electric Bill:	\$ _____	Other Insurance:	\$ _____
Gas Bill:	\$ _____	Child Support Payments:	\$ _____
Water/Sewer Bill:	\$ _____	Alimony Payments:	\$ _____
Phone Bill:	\$ _____	Other Loans:	\$ _____
Cable Bill:	\$ _____	Credit Cards:	\$ _____
Food:	\$ _____	Day Care:	\$ _____
Car Payment:	\$ _____	Other:	\$ _____

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.*

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

3. Gender:

- Male
- Female

2. Race: (Mark one or more)

- White
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian/Alaska Native

*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).*

