



HOME APPLIANCE LOAN 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.

Check your language preference

- I prefer English
- I prefer a different language, (please specify): _____

Check which appliance(s) you would like to purchase

- Refrigerator
- Freezer
- Stove
 - Gas
 - Electric
- Air Conditioner (Medical Documentation Required)
- Stackable Washer/Dryer
- Washer
- Dryer
 - Gas
 - Electric

How did you hear about the Home Appliance Loan Program? (Check any that apply)

- Online Search
- Tioga Opportunities Website
- Facebook
- Referred by another agency
- Other: _____

Applicant Information (If a second adult is co-applying, please have them complete page 11)

Your Full Name (First, Middle, Last): _____

Your current address:

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Your mailing address (if different then listed above):

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at the above address? _____ ** If under 2 years, please list previous address:

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Do you have current valid photo identification?

Your Social Security Number:

Yes

No

Your phone number: _____

E-mail: _____

Office Use Only:
 Photo ID of applicant
State that issued ID _____
Issued date _____
ID# _____
Expiration Date _____

How do you prefer to receive follow up information, such as questions or status updates? Check any that apply.

- Phone
- Email
- Written

Please note: A final notice about a decision of the application will always be issued in writing.

Federal Demographic Information

The following information is requested by the Federal Government 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.

As the applicant, do you identify as...

1. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

2. Gender:

- Male
- Female
- Non-Binary
- Other: _____

3. Race: (Mark one or more)

- Caucasian (white)
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian/ Alaska Native

Emergency Contact Information

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

Name: _____ Relationship: _____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

Phone: (____) _____

Household Information- List everyone who lives in your home, starting with yourself:

Name (First, Last)	Relationship to applicant	Date of Birth (MM/DD/YY)	Marital Status
	Self		

Income Information- Indicate if you or anyone living with you receive money from: For the amount, list the gross (before taxes).

	Yes	No	Who	Amount/Frequency	Who	Amount/Frequency
Wages						
Unemployment						
Veteran's Benefits						
Pension or Retirement						
Child Support / Alimony						
Worker's Compensation						
Social Security Benefits						
Other (specify: _____)						
Other (specify: _____)						
Other (specify: _____)						
Section 8/Housing Assistance						
HEAP						
SNAP						

Office use only:

Proof of income provided

Amount verified for each month: \$ _____ Date Verified: _____ By (name& title): _____

Employment Information

Applicant 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

Your 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: _____

Personal References: list (2) people who would know how to contact you, even if you moved:

Name: _____ Phone: (____) _____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

Name: _____ Phone: (____) _____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

Asset/Resource Information- Indicate if you or anyone living with you have the following:

	Yes	No	Who				
Do you own or lease a vehicle(s)?				Make: _____ Model: _____ Year: _____	<input type="checkbox"/> Paid off <input type="checkbox"/> Loan <input type="checkbox"/> Leasing	Loan: How much still owed on car? \$	Lease: How much is monthly payment? \$
Do you own a home?				Value of home: \$	Outstanding Mortgage: \$	Monthly Mortgage: \$	Escrowed <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a business?				Value of business: \$	Outstanding Loans: \$		
Do you have a checking account?				If yes, where?	Amount in account: \$		
Do you have a savings account (other than an IDA)?				If yes, where?	Amount in account: \$		
Do you owe any money to friends or family?				Amount owed: \$			
Do you have past due bills?				Who do you owe to:	Amount past due: \$		
Do you have outstanding student loans?				Who do you owe to?	Current loan balance: \$		

	Yes	No	Who				
Do you have outstanding medical bills?				Who do you owe to?	How much do you owe? \$		
Are you carrying a balance on your credit cards?				Who do you owe to?	How much do you owe? \$		

Expenses- Indicate if you or anyone living with you have the following:

Description	Amount	Who	Description	Amount	Who	Description	Amount	Who
Rent			Own home, not escrowed- School tax			Credit Card		
Electric			Own home, not escrowed- Property tax			Other _____:		
Gas			Car payment			Other		
Water/Sewer			Car Insurance			Other		
Phone(s)			Other Insurance _____			Other		
Internet			Alimony or Child support Payments					
Cable			Childcare payments					

Office use only:
 Proof of expenses provided Amount verified for each month: \$ _____ Date Verified: ____ By (name& title): _____

About You:

Is there anything else you would like us to know about you? Things you would like us to consider while reviewing the application?

(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.*

Applicant Certification

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 there are two adults applying, both signatures are required:

Signature

Date

Signature

Date

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).

Mail completed applications with copies of documentation to:

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

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.

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. Acceptance into the program will be based on a combination of factors, including the ability of the applicant to repay a loan, the availability of cash flow on a monthly basis, and a desire to establish good credit.

Tioga Opportunities, Inc reports loan repayment information to Equifax Credit Bureau.

Documentation Checklist:

- Copy of photo ID for applicant
- Income verification for each source of income, for previous month. (Example- you are paid weekly, would need copy of last 4 pay stubs, copies of recent award letter, government benefits, retirement, etc.- be sure the verification shows the amount, the person being paid to, and the date issued)
- Expense Verification for each expense, for the previous month (Copies of bills for each item listed in the expense section of the application)
- Outstanding Expenses-copies of documentation showing past due bills for each listed, this includes a recent credit card statement with the current owed balance.

Co-Applicant- if there is a second adult in the household also applying (spouse, or other adult), please have them complete this section and sign the application on page 9.

Name (First, Middle, Last): _____ Your date of birth: _____

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Your Social Security Number: _____

How long have you lived at the above address? _____

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

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

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

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: _____

Office Use Only:

- Photo ID of co-applicant

State that issued ID _____

Issued date _____

ID# _____

Expiration Date _____

- Co-Applicant resides with applicant
- Co-Applicant resides elsewhere
- Submitted proof of income
- Submitted proof of expenses
- Signed Application