

Dear Homeowner,

Thank you for your interest in our rehabilitation programs.

Enclosed is our application and a list of other area agencies that may be helpful resources.

Please complete and sign the application, housing information form and monthly expenses worksheet and return to our office.

Upon receipt of the application, your information will be added to our applicant pool.

If you need or require assistance in completing the application, please contact our office and we will arrange an appointment to meet with you and complete the necessary paperwork.

Thank you.

**Housing Rehabilitation Department  
St. Lawrence County Housing Council, Inc.  
Db a North Country Housing Council, Inc.  
19 Main Street  
Canton, NY 13617  
PH: 315-386-8576  
FAX: 315-386-1564**



Septic Grant

**PERSONAL PROFILE INTAKE FORM**

**CUSTOMER**

*Please Print Clearly*

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_ Years lived in home  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos.

City State Zip code  
Home: ( ) - - Work: ( ) - - Ext. E-Mail: \_\_\_\_\_

Fax: ( ) - - Pager: ( ) - - Mobile/Cell: ( ) - -

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Social Security Number Birth Date

**Race (please circle) Optional:**

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

**Ethnicity (please select "yes" or "no" for Hispanic Origin) Optional: This is in addition to the "Race" Category**

Hispanic: Yes No

**Foreign Born (please select one) Yes No**

**Marital Status (please circle):** 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Gender (please circle):** Male Female Other/non-conforming

**Disabled?** Yes No

**Veteran?** Yes No

**Current Housing Arrangement (please circle):**

- Rent Homeless Homeowner with mortgage
- Living with family member and not paying rent Homeowner with a mortgage paid off

**Are you a First Time Home Buyer (you do not currently own a home and have not owned a home in the past three years)? Yes Or No**

**Household Type (please select the most accurate)?**

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single Adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other (Explain :) \_\_\_\_\_

Family/Household Size: \_\_\_\_\_ How many dependents (other than those listed by any coborrower)? \_\_\_\_\_

Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_

Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_

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

If yes: Age \_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Annual Family or Household Income: \$ \_\_\_\_\_

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to North Country Housing Council by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board Member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? \_\_\_\_\_

If referred another source not listed, which one? \_\_\_\_\_

**CO-APPLICANT**

Please Print Clearly

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip code

Home: ( ) - - Work: ( ) - - Ext. E-Mail: \_\_\_\_\_

/ /

Social Security Number Birth Date

Race (please circle) Optional:

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin) Optional: This is in addition to the "Race" Category

Hispanic: Yes No

Foreign Born (please select one) Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Other/Non-conforming

Disabled? Yes No

Veteran? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer: \_\_\_\_\_

**CUSTOMER EMPLOYMENT – Last 2 Years**

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**Previous Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

**Secondary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**CO-APPLICANT EMPLOYMENT**

*Please Print Clearly*

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**Previous Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

**Secondary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_

**Part-Time** or **Full-Time** (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**Household Information**

<b>INCOME</b>		
<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
	Yes	No	Yes	No
<i>Can you document your child support/alimony income? If yes, how long will it continue?</i>	_____	_____	_____	_____
<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>	_____	_____	_____	_____
<i>If you receive disability income, is it for a permanent disability?</i>	Yes	No	Yes	No
<i>Regarding seasonal employment, have you worked in this field for two years or more?</i>	Yes	No	Yes	No

**LIABILITIES/DEBT**

*Please Print Clearly*

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Please use additional sheets if necessary.*

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin?</i> _____				
<i>If yes, when will it be paid out?</i> _____				
<i>If yes, how much is the payment?</i> _____				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged?</i> _____				

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking Account		
Savings Account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No  
 If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

**ADDITIONAL INFORMATION**

*Please Print Clearly*

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No	Yes	No
Are you currently working with a real-estate agent?	Yes	No	Yes	No
Most convenient time for an individual appointment?	Day: M T W Th F		Time ____ AM ____ PM	
Have you previously received a grant of any kind? If Yes please explain:	Yes	No	Yes	No

**AUTHORIZATION**

I authorize St. Lawrence County Housing Council's HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit of a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes;
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me/us a loan and/or the title company that closed the loan;
- (d) Use photographs of my property and/or myself for publication in brochures, commercials or other publications at the discretion of the Housing Council.
- (e) This request for service in no way guarantees or implies funding and/or service through the St. Lawrence County Housing Council, its agents and/or assignees.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**For Internal Use Only**

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Type of Service(s)	
Counseling	<input type="checkbox"/>
Rehab	<input type="checkbox"/>
Home Ownership	<input type="checkbox"/>
Financial Fitness	<input type="checkbox"/>
Refinance	<input type="checkbox"/>
Section 8	<input type="checkbox"/>
Other Services	<input type="checkbox"/>
Sears Post Purchase	<input type="checkbox"/>



**Housing Information**

Name of Title Holder/Owner or Landlord: \_\_\_\_\_

911 Address: \_\_\_\_\_  
\_\_\_\_\_

Mortgage Holder (Bank): \_\_\_\_\_

Date of Last Payment: \_\_\_\_\_

Home Insurance Company: \_\_\_\_\_

Liens on Property: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

**\*\*Have you ever received any other grant previously? Yes Or No**

If yes, please explain: \_\_\_\_\_

**Structural Information:**

House: \_\_\_\_\_ Year Built: \_\_\_\_\_ Mobile Home: \_\_\_\_\_ Year Built: \_\_\_\_\_

**Exterior (circle one):**

Wood Clap Board	Vinyl Siding	Wood Shingle	Vertical Board
Plywood	Brick	Poured Concrete	Concrete Block
Stone	Aluminum Siding	Cement Asbestos	Other: _____

**Roof (circle one):**

Asphalt/Shingle      Asphalt/Roll      Wood Shingle      Metal      Slate

**Foundation:**

Stone      Brick      Poured Concrete      Concrete Block

**Please briefly describe what repairs you feel your home needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



St. Lawrence County New York State Home  
 Income Guidelines 2019

<b>FY 2019 Income Limit</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
30%	13,550	16,460	20,780	25,100	29,420	33,740	38,060	42,380
50%	22,550	25,750	28,950	32,150	34,750	37,300	39,900	42,450
60%	27,060	30,900	34,740	38,580	41,700	44,760	47,880	50,940
<b>80%</b>	<b>36,050</b>	<b>41,200</b>	<b>46,350</b>	<b>51,450</b>	<b>55,600</b>	<b>59,700</b>	<b>63,800</b>	<b>67,950</b>
100%	45,100	51,500	57,900	64,300	69,500	74,600	79,800	84,900

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

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

### Monthly Expense Worksheet

#### Housing:

Rent or Mortgage \$ \_\_\_\_\_  
Heating (gas or oil) \$ \_\_\_\_\_  
Electricity \$ \_\_\_\_\_  
Water or Sewage \$ \_\_\_\_\_  
Telephone (home or cell) \$ \_\_\_\_\_  
Renter/homeowners insurance \$ \_\_\_\_\_  
Trash Removal \$ \_\_\_\_\_  
Home maintenance/furnishings \$ \_\_\_\_\_  
Cleaning Supplies \$ \_\_\_\_\_  
Lawn/Snow removal \$ \_\_\_\_\_

#### Transportation:

Gas \$ \_\_\_\_\_  
Car Payment \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Car Inspection \$ \_\_\_\_\_  
Car repairs/maintenance \$ \_\_\_\_\_  
License plates/registration fees \$ \_\_\_\_\_  
Public transportation/taxi \$ \_\_\_\_\_  
Parking and tolls \$ \_\_\_\_\_

#### Food:

Groceries \$ \_\_\_\_\_  
School Lunches \$ \_\_\_\_\_  
Work related (lunches & snacks) \$ \_\_\_\_\_

#### Insurance:

Health \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_

#### Medical:

Doctor/Hospital \$ \_\_\_\_\_  
Dentist \$ \_\_\_\_\_  
Prescriptions \$ \_\_\_\_\_

#### Childcare:

Childcare/babysitter \$ \_\_\_\_\_  
Child support or alimony \$ \_\_\_\_\_

#### Clothing:

Clothing \$ \_\_\_\_\_  
Laundry/dry cleaning \$ \_\_\_\_\_

#### Donations:

Religious or charity \$ \_\_\_\_\_

#### Education:

Tuition \$ \_\_\_\_\_  
Books, Papers, and Supplies \$ \_\_\_\_\_  
Newspapers/Magazines \$ \_\_\_\_\_  
Lessons (Sports, dance, music) \$ \_\_\_\_\_

#### Gifts:

Birthdays \$ \_\_\_\_\_  
Holidays \$ \_\_\_\_\_

#### Personal:

Barber/Beauty Shop \$ \_\_\_\_\_  
Toiletries \$ \_\_\_\_\_  
Children's Allowances \$ \_\_\_\_\_  
Tobacco products \$ \_\_\_\_\_  
Beer/wine/liquor \$ \_\_\_\_\_

#### Entertainment:

Movies, sporting events, concerts, etc \$ \_\_\_\_\_  
Video/Movie Rentals \$ \_\_\_\_\_  
Internet Service \$ \_\_\_\_\_  
Cable/Satellite TV \$ \_\_\_\_\_  
Restaurants/take-out meals \$ \_\_\_\_\_  
Gambling/lottery tickets \$ \_\_\_\_\_  
Fitness/social clubs \$ \_\_\_\_\_  
Vacations/trips \$ \_\_\_\_\_  
Hobbies/crafts \$ \_\_\_\_\_

#### Miscellaneous:

Checking account/money order fees \$ \_\_\_\_\_  
Pet care/supplies \$ \_\_\_\_\_  
Postage \$ \_\_\_\_\_  
Pictures/Photo processing \$ \_\_\_\_\_

#### Debts:

Student Loans \$ \_\_\_\_\_  
Personal Loans \$ \_\_\_\_\_

#### OTHER:

Credit Card (monthly minimum) \$ \_\_\_\_\_  
Other debt \$ \_\_\_\_\_

**TOTAL Monthly Expenses** \$ \_\_\_\_\_

Monthly Discretionary Income Worksheet

<b><i>Your Income:</i></b>	<b>Totals:</b>
Total Monthly Income:	\$ _____
Minus Total Regular Monthly Expenses	\$ _____
Discretionary Income (Balance available to spend or save)	\$ _____

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PROGRAMS THAT MAY PROVIDE ASSISTANCE

### **North Country Housing Council: (315) 386-8576**

Provides financial assistance to homeowners or first time homebuyers through grants. If you are a renter, you can buy a home through them BUT you have to be a first time buyer. This means you have never owned a home or had your name on a deed or owned a singlewide trailer, or owned property.

### **USDA Rural Economic Development: (315) 386-2401 Ext. 4**

They offer 1 percent interest home repair loans to people with very low income. People 62 years and older may get a grant. Must be on own land for home repair.

### **\*\*Call Your Town/Village Clerk And Ask If Any Grants Available\*\***

### **Heating Energy Assistance Program (HEAP): (315) 379-2111**

Open only during heating season.

Utility shut offs, Emergency fuel, Regular fuel, Furnace replacement and Furnace repair.

St. Lawrence County Department of Social Services

Heating Energy Assistance Program (HEAP)

6 Judson Street

Canton, NY 13617

### **St. Lawrence County CDP (Community Development Program):**

**(315) 386-1102**

**Weatherization Program** - Energy related repairs for HEAP eligible homeowners, if the home is a mobile home you must own the land or have legal life lease.

**Restore Program** - Emergency repairs for the elderly 60+ older

Electrical, Plumbing, Heating, Roof repair/replacement, Steps, Septic, etc.

**Home Rehabilitation Program** - Each year a new targeted area grant is available for moderate overall home repair. This program has limited funds, but if selected all types of home repair is available.

### **Neighborhood Centers:**

Massena: (315) 764-0050

Potsdam: (315) 265-3920

Gouverneur: (315) 287-3370

Canton: (315) 386-3541

Ogdensburg: (315) 393-5561

Colton/Pierrepont/Parishville: (315) 262-3175

### **St. Lawrence County Office for the Aging Canton: (315) 386-4730**

Provides health, clerical & legal services to the elderly.

**Care and Share Funds:**

Can assist with energy related problems ex. Hot water heater repair or replacement, furnace repair, electric shut off, heat shut off, etc. Must be a National Grid Customer and be refused by HEAP. Must be age 60+, Collecting Disability, or be a medical emergency documented by a Dr.

**Federal Emergency Management Agency (FEMA):**

A one time, last resort assistance program. Everything else has been exhausted. Has to be an emergency or facing an eviction. FEMA funds can be used for rent, a mortgage payment to prevent foreclosure, utilities and food. Can not be used for deposits or late charges.

**Ministry in the North Country (MINC): (315) 322-4271, (315) 267-2270, (315) 265-3230**

Home Improvement Program for the working poor, elderly and disabled. Can be a homeowner or buying on land contract. Works summer months only starting end of June, but always taking applications

**Massena Rehabilitation: (315) 769-6803**

Must live within the village limits.

**Small Cities Program-** Loans and deferred loans for home repair for targeted streets.

**DANC Program-** Housing rehabilitation for very low-income homeowners

**Massena Independent Living Center: (315) 764-9442**

Assists disabled people towards independence. Many services available.

Architectural Assessments- Will come to your home or place of business to make an assessment of needs for your situation. Assist in searching for funding, drawing a plan with your needs in mind, overview construction bids if desired, make other referrals as you ask for them.

**Ogdensburg Rehabilitation: (315) 393- 7401**

Must live within the city of Ogdensburg

First time homebuyers program.

**Small Cities Program-** Loans and deferred loans for home repair for targeted streets.

**City Wide Grant Program-** Grants, loans and deferred loans dependent upon repayment ability for housing rehabilitation \* Higher Income Limit than most programs

**East Side Neighborhood Improvement Program: (315) 287-0403**

33 Clinton Street

Gouverneur, NY 13642

Village Limits Only

First Time Homebuyer Program

Home repair grants- must own home, income eligibility, \$20,000 maximum grant

Village wide program targeted to low income, fixed income and code violations

Home Repair for landlords- grants and loans

**Potsdam Planning and Development Office: (315) 265-3045**

PO Box 5168

Potsdam, NY 13676

Fred Hanss, Planning and Development Director

**North Country Energy Smart Communities: (315) 379-9466**

Community Energy Services, Inc.

325 Northwoods Road

Hermon, NY 13652-1371

Matching grant money up to \$5000. Income limits are high. Available to Homeowners and Landlords. Energy and Health and Safety related work only

**EMERGENCY FUNDING SOURCES (Not Rehab):**

**Catholic Charities: (315) 393-2660**

**The Society of St. Vincent de Paul:**

**Ogdensburg Office (315) 393-3930**

**Massena Office (315) 769-1200**

**The Salvation Army:**

**Ogdensburg Office (315) 393-3351**

**Massena Office (315) 769-5154**

**Helping Hands: (315) 268-0633**