



**O.H.A.P.
OLEAN HOMEOWNERSHIP
ASSISTANCE PROGRAM
APPLICATION**
Phone: 716-376-5647
Fax: 716-376-5644



Date: _____

Applicant:		Co-Applicant:	
Head of Household			
Social Security #:		Social Security #:	
Birth Date:		Birth Date:	
Current Address:		County of Residence:	

Home Phone:		Work Phone:		Other Phone:	
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Number of Persons in Household <small>count applicants above; list others below</small>		Total	Relationship	Age
N A M E S				

Marital Status <small>check one</small>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>

Housing Type <small>check one</small>	Single Adult <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Married with Children <input type="checkbox"/>
	2 or more unrelated adults <input type="checkbox"/>	Other <input type="checkbox"/>	Married without Children <input type="checkbox"/>

Race/Ethnicity (optional)	No Response <input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
American Indian or Alaskan Native <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>	Other <input type="checkbox"/>		

Housing Arrangements	Rent <input type="checkbox"/>	Does not pay rent <input type="checkbox"/>	Live with family <input type="checkbox"/>	Other <input type="checkbox"/>	
First-Time Homebuyers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Displaced homemaker/Single parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>

First-time homebuyer: An individual and his or her spouse who have not owned a home during the past 5 year period before the purchase of a home with Olean Homeownership Program funds except displaced homemaker/single parent.

Displaced homemaker: (1) is an adult; (2) has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without compensation to care for the home and family; and (3) is unemployed and is experiencing difficulty in obtaining or upgrading employment.

Single Parent: An individual who (1) is unmarried or legally separated from a spouse; and (2) (i) has one or more minor children for whom the individual has custody or joint custody; or (ii) is pregnant.

LIST ALL GROSS HOUSEHOLD INCOME			Check Frequency \checkmark			
Source	Recipient	\$ Amount	Week	Bi-week	Month	Year
Wages-List Employer						
Wages-List Employer						
Wages-List Employer						
Veterans Pension						
Other Pension						
Social Services						
Alimony						
Child Support						
Workman's Comp.						
Food Stamps						
Unemployment						
Interest Income						
Social Security						
Social Security SSI						
Social Security SSD						
Other						

Use for Office Only	
Total Monthly Income ↓ _____	Total Yearly Income ↓ _____
Eligibility Income Limit ↓ _____	% of Median _____

Have you applied for assistance with any other agency? Yes No If yes, where?
 USDA/Rural Development Cattaraugus Community Action Other

This application is for the purpose of requesting homeownership assistance either through a grant or a loan. I authorize you to communicate with any person, agency or corporation necessary, and to obtain any information as you may need concerning the statements made in this application.

Signature of Applicant

Signature of Co-Applicant

Return To: Olean Homeownership Assistance Program
Department of Community Development
101 East State Street
Olean, NY 14760

**THE CITY OF OLEAN IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.
TDD 711**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or other identifying numbers

I have applied for a loan/grant from the City of Olean. As part of this process, the City's partner, NeighborWorks® Home Resources (NWHHR) may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to NWHHR for verification purposes, the following applicable information:

- Past or present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

If the request is for a new loan or grant, I further authorize NWHHR to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401 et seq., NWHHR is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to NWHHR without further notice or authorization, but will not be disclosed or released by NWHHR to another government agency or department or used for another purpose without my consent, except as required or permitted by law.

The information NWHHR obtains is only to be used in the processing of my request for assistance. A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

Signature

Date

Signature

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0575-0166. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

NWHHR & the City of Olean are Equal Opportunity Lenders.

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