



**OLEAN HOMEOWNERSHIP ASSISTANCE  
PROGRAM APPLICATION (OHAP)**

Phone: 716-376-5647

Fax: 716-376-5644



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

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

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

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

<b>Household Type</b> check one	Single, non-elderly <input type="checkbox"/>	Single Parent <input type="checkbox"/>
	Two Parents <input type="checkbox"/>	Other <input type="checkbox"/> Elderly (at least 62) <input type="checkbox"/>

<b>Race/Ethnicity (optional)</b>	No Response <input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>
American Indian or Alaska Native <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		American Indian or Alaska Native & White <input type="checkbox"/>	
Asian & White <input type="checkbox"/>	Black or African American & White <input type="checkbox"/>			
Other Multi Racial <input type="checkbox"/>	American Indian or Alaska Native & Black or African American <input type="checkbox"/>			

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 _____

*This application is for the purpose of requesting purchase assistance for a single-family owner occupied home in the City of Olean. I authorize RRC to communicate with any person, agency or corporation necessary, and to obtain any information as needed 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

## 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, Rural Revitalization Corporation (RRC) 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 RRC 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 RRC 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., RRC 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 RRC without further notice or authorization, but will not be disclosed or released by RRC to another government agency or department or used for another purpose without my consent, except as required or permitted by law.

The information RRC 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.*

RRC & the City of Olean are Equal Opportunity Lenders.

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