

# Friends of the North Country, Inc.

1387 Hardscrabble Road  
Cadyville, NY 12918-1912

Phone: (518) 293-5045  
Fax: (518) 293-5017  
Toll Free: 1-888-355-FONC (3662)  
Email: [info@friendsofthenorthcountry.org](mailto:info@friendsofthenorthcountry.org)

Melissa Furnia  
**Executive Director**

Bruce Garcia  
**Chair**

Gretchen Crowningshield  
**Vice Chair**

Mark Kaiser  
**Treasurer**

Stephanie Clarke  
Arthur LeFerve  
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**Sustaining Members**

Dear Client:

RE: Application

Please complete the attached forms and compile the necessary supporting documents listed on the enclosed document checklist, so that a Housing Counselor can assist you with your affordable housing needs.

Please call a counselor if you need any assistance completing the forms. When the forms are complete and you have all the necessary documents, please make the necessary arrangements to submit the completed application. Once the application is received, it will be reviewed, and a counselor will contact you.

Please note: Receiving or completing this application is **not** a guarantee to receive any specific grant program or service. If you are in need of assistance, we **highly recommend that you call to schedule an appointment with a counselor in advance**, to avoid long wait times.

Sincerely,

*The Housing Counseling Department*

Emails should be sent to the following addresses or calls should be directed to 518-293-5045, extensions as follows:

Bethany Roberts, Intake Specialist, ext. 135  
[broberts@friendsofthenorthcountry.org](mailto:broberts@friendsofthenorthcountry.org)

Elizabeth Jent, Housing Counselor, ext. 126  
[ejent@friendsofthenorthcountry.org](mailto:ejent@friendsofthenorthcountry.org)

Christina Piercy, Housing Counselor, ext. 125  
[cpiercy@friendsofthenorthcountry.org](mailto:cpiercy@friendsofthenorthcountry.org)

- To assist with the provision of safe, decent, affordable housing
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth and development.

# Friends of the North Country, Inc.

HUD Certified Housing Counseling Agency



Please read, complete, and sign the following attached forms:

- ☐ Application *all household members over 18 must sign*
- ☐ Income and Expense Form
- ☐ Privacy Policy and Disclosure Statement *must be signed by all household members over 18*
- ☐ Authorization to Obtain/Release/Exchange Information
- ☐ 4506-t **must be signed even if you do not file taxes**

Please Collect **and copy** the following supporting documentation:

- ☐ Deed, and recording page
- ☐ The most current year's land and school tax receipts
- ☐ Your most recent mortgage statement (*if applicable*)
- ☐ Your most recent property insurance binder
- ☐ Your most recent two years of federal and state tax returns with all attachments and supporting documentation; **for all household members, signed** (*if applicable*)
- ☐ Current award and benefit letters (ex/ Social Security, SSI, Pension benefits, HEAP, SNAP, etc.); **for all household members** (*if applicable*)
- ☐ Two most recent months of paystubs; **for all household members** (*if applicable*)
- ☐ Two most recent months of all household bank statements; **for all household members**
- ☐ Copies of any other household income not listed (including child support, alimony, assets that generate household income, and financial statements for your business) (*if applicable*)
- ☐ A tax statement for any other real estate you own (*if applicable*)

# *Friends of the North Country, Inc.*

## **APPLICATION**

### 1. PERSONAL HOUSEHOLD INFORMATION

#### A. Applicant

#### B. Co-Applicant

Name:	Name:
DOB:	DOB:
S.S. #:	S.S. #:
Home Address:  Town of:  Mailing Address (if different):	Home Address: (if different than applicant)
Home Telephone #: Cell Phone #:	Home Telephone #: Cell Phone #
E-mail address:	E-mail Address:
Place of Employment: Name, Address & Phone #:  Start Date:	Place of Employment: Name, Address & Phone #:  Start Date:
Are you retired? <b>YES / NO</b> Are you a veteran? <b>YES / NO</b>	Are you retired? <b>YES / NO</b> Are you a veteran? <b>YES / NO</b>
Do you receive Disability Benefits? <b>YES / NO</b>	Do you receive Disability Benefits? <b>YES / NO</b>
Are you a U. S. Citizen? <b>YES / NO</b> <b>If NO provide documentation of citizenship status</b>	Are you a U.S. Citizen: <b>YES / NO</b> <b>If NO provide documentation of citizenship status</b>
<b>Race(s):</b> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<b>Race(s):</b> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
<b>Education:</b> <input type="checkbox"/> middle school <input type="checkbox"/> GED/high school <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> post-grad <input type="checkbox"/> Other: _____	<b>Education:</b> <input type="checkbox"/> middle school <input type="checkbox"/> GED/high school <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> post-grad <input type="checkbox"/> Other: _____
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____

#### C. All Other Members in Household, including non-family and renters

Name	Date of Birth	S.S. #	Disabled?	Employed?
1.			<b>YES / NO</b>	<b>YES / NO</b>
2.			<b>YES / NO</b>	<b>YES / NO</b>
3.			<b>YES / NO</b>	<b>YES / NO</b>
4.			<b>YES / NO</b>	<b>YES / NO</b>
5.			<b>YES / NO</b>	<b>YES / NO</b>

Are you related to any current Staff and/or Board Members of FRIENDS OF THE NORTH COUNTRY, INC:  
**YES / NO** If yes, please state the persons name and relationship to you:

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## 2. HOUSEHOLD INCOME INFORMATION:

**Note:** For purposes of determining program eligibility, please provide the following information, **for ALL members of your household and for ALL sources of income, this includes renters.** Documentation for all sources of income must be submitted with your application (please refer to the checklist of documents).

Sources of Income, for <b><u>ALL HOUSEHOLD MEMBERS</u></b>	Amount Received Monthly (GROSS)	Household Member Who Receives Income	Will there be any change in the next 12 Months? **
Wages			
Social Security			
SSI/Disability			
Unemployment			
Worker's Comp			
Pension/Retirement			
Public Assistance			
Dividends &/or Interest			
Income from Real or Personal Property			
Alimony			
Child Support			
Earned Income Tax Credit (divided by 12)			
Rental Income			
Other:			
<b>MONTHLY TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*\*If you answered **YES**, income will change in the next 12 months, please explain:

Are you seasonally employed: **YES / NO**, if yes please list Employer and Dates Employed:

## 3. PROPERTY INFORMATION

Do you own your home? **YES / NO** Do you have a mortgage? **YES / NO** Is your Mortgage current? **YES / NO**  
If no, when was last payment? \_\_\_\_\_

If you have a mortgage please provide copy of most recent statement that shows monthly payment and balance. Name of lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Deed**-Date Recorded in County Clerks Office: \_\_\_\_\_ Book #: \_\_\_\_\_ Page # \_\_\_\_\_

Are your Property and School Taxes paid up-to-date? **YES / NO**

Do you pay Water and/or Sewer Fees to Town or Village? **YES / NO**

Do you have Homeowners and/or Renters Insurance on your home? **YES / NO**

What year was your home built? \_\_\_\_\_ Is your home a Mobile Home? **YES / NO**

When (what year) did you buy your home? \_\_\_\_\_ How many bedrooms does your home have? \_\_\_\_\_

How many stories is your home? \_\_\_\_\_ Is your home in a flood affected area? **YES / NO**

Do you live at the residence for *at least* 6 months each year? **YES / NO**

Do you own other real estate? **YES / NO**

If yes, Location and type (rental, business, camp, etc.) \_\_\_\_\_

Has this property had housing rehabilitation in the past? **YES / NO**

**If yes, date of assistance:** \_\_\_\_\_ **Source(s) of assistance:** \_\_\_\_\_

Are there any **Judgments or Liens** held against you or this property? **YES / NO**  
(such as: liens from Child Support, Medicare, Public Assistance, etc.)

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

**Source of Lien:** \_\_\_\_\_

**Name & Address of Lien holder(s):** \_\_\_\_\_

Has anyone offered to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? **YES / NO**

Have you ever been guaranteed a loan modification or asked to do any of the following  
(please check all that apply): ☐ **pay a fee** ☐ **sign a contract** ☐ **redirect mortgage payments**  
☐ **sign over title to your property** ☐ **stop making loan payments**

#### 4. HOUSEHOLD ASSETS

Please list all assets owned by *all* members of your household and how much each one is worth.

**Documentation for each must be provided.**

Checking & Savings	Cash or Market Value (\$)
Account #:	\$
Name & Address of Bank:	
Account #:	\$
Name & Address of Bank:	
Cash on hand:	\$
Stocks, bonds, treasury bills, certificates of deposit (CD), and/or money market accts.	\$
Any other liquid assets:	\$
Real Estate-NOT including your primary residence: (please list parcels separately)	\$
Retirement/pension funds:	\$

<b>Net worth of business(es):</b>	\$
<b>Life insurance:</b>	<b>Net cash value</b>
	\$
	<b>Face value of policy</b>
	\$
<b>Assets:</b>	
1. Motorcycle	\$
2. Four wheeler	\$
3. Camper	\$
4. Other _____	\$
5. Other _____	\$
<b>TOTAL HOUSEHOLD ASSETS</b>	\$ _____

**Automobiles Owned:** (year, make, model, and payment (if any) for each vehicle)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*IMPORTANT: Read the following regarding your signature on this application\***

**CERTIFICATION:** By signing below, I/we, the undersigned, hereby certify that the statements and information contained in this application are true and correct. **WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document of jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both. **IN ADDITION,** I/we, the undersigned, acknowledge that the following statement of purpose has been read and, if necessary, FRIENDS OF THE NORTH COUNTRY, Inc. (FONC) has been contacted for clarification: *housing rehabilitation grants are for improving safety, sanitation and in some cases, code-related problems for low-income homeowners and are not intended for remodeling or cosmetic improvements.* They are not a substitute for the responsibility of regular maintenance and upkeep and may not remedy every condition of the home that I/we may find displeasing. The rehabilitation may result in an increase in the assessed value of property and the amount of property insurance coverage required and a potential increase in property taxes. FONC has information available regarding household budgeting and property maintenance and upkeep so that homeowners can advance homeownership skills.

By my signature below, I verify that I am a legal resident of the United States.

***All household members over 18 must sign.***

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

**Print Name:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_

# Income and Expense Form

Income:	PER MONTH	NET
Your Employment Income (Gross)		
Your Spouses Employment Income (Gross)		
<i>The following categories should include income from all members of the household</i>		
Net Rental Income		
Bonuses		
Commissions		
Social Security and/or SSD or SSI		
Child Support		
Aid for Dependent Children		
Alimony		
Unemployment		
Other: _____		
<b>TOTAL INCOME:</b>		

**Client Name:**

Expenses:	PER MONTH
<b><i>Fixed Expenses:</i></b>	
<u>Auto:</u>	
Auto Insurance	
Auto Loan	
Auto Tags/Registration	
Auto Repairs/Maintenance	
Gasoline	
Child support/Alimony	
Credit Card Minimum Payments	
Credit Collections	
Bancruptcy	
<u>Education:</u>	
School Lunches	
Tuition	
<u>Entertainment:</u>	
Athletic Events/Hobbies	
<u>Housing Payment:</u>	
1st Mortgage	
2nd Mortgage	
Homeowner's/Rental Insurance	
Property Taxes	
Lawn Care	
Installment Loans	

When entering your income and expenses make sure you enter items on a monthly basis.

*Example: If you do not have a monthly fuel oil budget, take the amount you pay per year and divide it by 12 to get a monthly figure. Please call with any questions.*

Your counselor will use this form to help you prepare a sustainable budget.

Complete this form accurately as the information is being used to develop counseling strategies.

Please sign this box when you complete the form.

**Sign Here:**

<u>Insurance:</u>			
<i>Accident and Disability</i>		<u>Household:</u>	
<i>Health Insurance</i>		<i>Alcoholic Beverages</i>	
<i>Life Insurance</i>		<i>Allowance for Children</i>	
<u>Medical:</u>		<i>Checking Account Fees</i>	
<i>Dentist</i>		<i>Barber/Beauty Shop</i>	
<i>Doctor Visit/Copay</i>		<i>Child Care</i>	
<i>Medications</i>		<i>Tobacco</i>	
<u>Miscellaneous:</u>		<i>Cleaning Supplies</i>	
<i>Other (Description)</i>		<i>Clothing</i>	
<i>Savings</i>		<i>Personal Items/Toiletries</i>	
<u>Utilities:</u>		<i>Family Pictures/Photos</i>	
<i>Cable TV</i>		<i>Laundry/Cleaning</i>	
<i>Cell Phone</i>		<i>Mad Money</i>	
<i>Electricity</i>		<i>Repairs/Maintenance</i>	
<i>Trash Services</i>		<i>Movie Rental</i>	
<i>Heating (Natural Gas or Oil)</i>		<i>Pest Control</i>	
<i>Water/Sewer</i>		<i>Vacations</i>	
<i>Telephone (Landline)</i>		<i>Other</i>	
<b><i>Discretionary Expenses:</i></b>		<i>Pet Supplies/Expenses</i>	
<u>Charity:</u>		<i>Public Transportation</i>	
<i>Church Donations</i>		<i>Rental Property</i>	
<i>Other Gifts/Donations</i>		<i>Tax (not included elsewhere)</i>	
<i>Dining</i>			
<u>Education:</u>		<b>TOTAL EXPENSES:</b>	
<i>School Fees/Books/Supplies</i>		<b>NET SURPLUS/DEFICIT:</b>	
<i>Student Loans</i>			
<u>Entertainment:</u>			
<i>Athletic Events/Hobbies</i>			
<i>Dining out/Entertainment</i>			
<i>Books/Newspapers/Magazines</i>			
<u>Food and Groceries:</u>			
<i>Food at Work</i>			
<i>Groceries</i>			
<u>Gifts:</u>			
<i>Birthday Gifts</i>			
<i>Christmas Gifts</i>			



# ***Friends of the North Country, Inc. Privacy Policy and Disclosure Statement***

**Friends of the North Country, Inc. (FONC)** is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal information, including your debt, income, living expenses and personal information concerning your financial circumstances, will only be provided to creditors, program monitors, and others with your authorization; granted in the *Authorization to Release/Obtain Information* form.

However, FONC may disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you per your request. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**FONC** is a private non-profit organization that has been assisting residents with their housing needs since 1981. FONC offers a variety of housing related services including home improvement grant and loan programs, and residential and foreclosure prevention assistance counseling. FONC also provides assistance to local governments for community planning efforts and community facility projects.

**Friends of the North Country, Inc.**, is a New York State Rural Preservation Company and was certified as a HUD Housing Counseling Agency in April 25, 2004.

**Friends of the North Country, Inc. provides services to New York State residents to assist in such areas as:**

- First Time Home Buyer Education and Financial Literacy Education workshops
- Assisting clients in becoming first time home buyers
- Home Improvement Programs to assist existing homeowners in maintaining their homes
- Sustaining and revitalizing neighborhoods
- Providing support and non-profit partner referrals for clients to access additional support services to enhance the quality of their lives

Friends of the North Country, Inc. clients are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure prevention counseling. A credit report fee may be assessed.

**By signing this disclosure, I understand that I am not under any obligation to utilize any of Friends of the North Country, Inc. other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Friends of the North Country, Inc.**

***Must be signed by all household members over 18.***

*I have read and understand this policy:*

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Friends of the North Country, Inc.  
1387 Hardscrabble Road  
Cadyville, NY 12918  
518-293-5045  
www.friendsofthenorthcountry.org

### **Authorization to Obtain/Release/Exchange Information**

I/we hereby authorize Friends of the North Country, Inc. to release/exchange/obtain information from my/our records in order to assist me/us in resolving my/our counseling situation (i.e. Credit card debt, mortgage delinquency, housing rehabilitation). I/we authorize Friends of the North Country, Inc. to share my/our information with HUD for the purposes of grant oversight and Housing Counseling Program Compliance.

My/our information will be released/exchanged/obtained only to those institutions, companies and agencies that Friends of the North Country, Inc. a HUD certified Housing Counseling Agency believes can provide assistance in resolving my/our financial situation. Examples of such entities include credit card companies, mortgage servicers, mortgage investors, public agencies, law enforcement agencies and other nonprofit organizations. Likewise information obtained will only be used as a tool for counseling strategies.

I/we understand that the provision of services at Friends of the North Country, Inc. is not contingent upon my decision concerning the release/exchange or obtainment of information.

The doctrine of informed consent has been explained to me/us, and I/we understand the contents to be released/exchanged/obtained, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I/we hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I/we further acknowledge that I/we may revoke this consent at any time except to the extent that action based on this consent has been taken. I/we also acknowledge that a copy of this form is as valid as the original.

Consumer (printed) \_\_\_\_\_

Consumer (signed) \_\_\_\_\_ Date \_\_\_\_\_

Consumer (printed) \_\_\_\_\_

Consumer (signed) \_\_\_\_\_ Date \_\_\_\_\_

Property Address: \_\_\_\_\_

Loan Number (if applicable): \_\_\_\_\_

Counselor (printed) \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_



Governor Andrew M. Cuomo

## New York State Notice of Important Document

<b>ENGLISH</b>	<b>This is an important document. If you need help to understand it, please call 1-888-469-7365. An interpreter will be provided free.</b>
<b>Español</b> <b>Spanish</b>	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al 1-888-469-7365. Se le proveerá un intérprete gratis.
<b>简体字</b> <b>Simplified Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
<b>繁體字</b> <b>Traditional Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
<b>Kreyòl Ayisyen</b> <b>Haitian Creole</b>	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-888-469-7365. Y ap ba ou yon entèprèt gratis.
<b>Italiano</b> <b>Italian</b>	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-888-469-7365. Un interprete sarà disponibile gratuitamente.
<b>한국어</b> <b>Korean</b>	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-888-469-7365. 무료 통역이 제공됩니다.
<b>Русский</b> <b>Russian</b>	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-888-469-7365. Переводчик предоставляется бесплатно.
<b>Język Polski</b> <b>Polish</b>	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer 1-888-469-7365. Bezpłatnie zapewnimy usługi tłumaczeniowe.