CDBG HOUSING REHABILITATION APPLICATION INSTRUCTIONS

In Addition to returning the attached Completed Application Form, we also need the following supporting documentation:

Included

- **Copy** of the **Deed** for the property, including the legal description (Schedule A); ☐

  a) If you live in the property under a land contract or life use agreement, **copy** of the agreement and letter from owner(s) indicating they will sign a mortgage and be responsible for any assistance provided to the property under the terms of the program;

- **Copy** of your **Homeowner's Insurance Certificate**; ☐
- **Copies** of **three 3** most recent **pay stubs** for all employed persons in the household; ☐
- **Complete copy** of your most recent **Federal Income Tax Return** for all employed persons; ☐

  a) If **self-employed,** provide **documentation** regarding business or rental income by sending a **copy** of Income Tax Returns for past three **3 years** (Including Schedule 1);

- **Documentation** of **any other regular sources of income** including amount of Social Security (SS), Supplemental Social Security (SSI), public assistance, unemployment, pensions, disability, child support, or aid for all persons in the household; ☐
- **Documentation** of **assets** with respect to stocks/bonds, CD's, IRA's, retirement accounts, interest and/or dividends, market value of other real estate, for all persons in the household; ☐
- **Copy** of your **Checking and Savings Bank Account Statements** for the past two **2 months** for all persons in the household; ☐
- **Copy** of **Paid receipts for current property taxes and school taxes**; ☐
- **Copy** of most recent **home mortgage statement** (if applicable); ☐
- **Copy** of a **photo ID** for each applicant/property owner. ☐

***NOTE: The above information must be retained with your application.**
These items will not be returned, so please do not send originals.

1. **A Conflict of Interest Disclosure is attached. Please read, sign and return with application.**
2. **Please make sure you have signed and dated your application.**
3. **Mail or email completed application with copies of the required documentation detailed above to:**

To Send by Mail: Thoma Development Consultants
34 Tompkins Street
Cortland, NY 13045

To Send by Email: kate@thomadevelopment.com

Thoma Development Consultants has been hired to administer the housing rehabilitation program for your municipality. We will review your application and then contact you to set up an appointment to inspect your property. We will explain the program in more detail at that time. Please contact our office at (607) 753-1433 or your local municipality if you have any questions or if you need any special assistance in completing your application. **APPROVAL WILL BE DELAYED ON APPLICATIONS THAT DO NOT PROVIDE ALL THE REQUESTED DOCUMENTATION. FUNDING WILL NOT BE HELD FOR YOUR PROJECT UNTIL WE CAN VERIFY YOUR ELIGIBILITY BY REVIEWING ALL THE INFORMATION REQUIRED.**

NOTICE TO APPLICANTS: As required by the Right to Financial Privacy Act of 1978, please be advised that certain government agencies have a right of access to certain financial records held by the municipality in connection with the provision or administration of assistance to you under this application. Financial records related to the transaction considered hereunder will be available to the U.S. Inspector General, the U.S. Department of Housing and Urban Development, the General Accounting Office, the New York State Housing Trust Fund Corporation, and the New York State Office for Community Renewal without further notice or authorization. Financial records will NOT be disclosed or released by the municipality to other government agencies without your consent except as required by law.

VILLAGE OF WATERVILLE
APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

PART I – APPLICANT INFORMATION Date: _____

Name of Applicant(s): _____

Property Address: _____

Mailing Address, if different _____

Telephone: (home) _____ (cell) _____ (work) _____

Email Address: _____

Alternate Contact: _____ Alternate (phone): _____

The home is: ☐ Single Family ☐ **Multi-Family** ☐ **Manufactured Home**

***Please note: If you have checked that your home is a Multi-Family or Manufactured Home, it is not eligible for assistance in this program. Do not proceed with submitting this application.**

List Names and ages of all household members, including self, below:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

		YES	NO
1.	Is applicant(s) the owner and occupant of property to be rehabilitated?	☐	☐
2.	Do you reside in the home under a land contract or a life use agreement?	☐	☐
3.	Are there any co-owners other than those listed above?	☐	☐
4.	Are there any liens or judgments affecting the property other than the mortgage?	☐	☐
5.	Is there a Mortgage on the property? If **yes**, are mortgage payments current? ☐ YES ☐ NO	☐	☐
6.	Is there a "Reverse Mortgage" on the property? If **yes**, please provide a copy.	☐	☐
7.	Are property and school taxes current? If **no**, please explain below.	☐	☐
8.	Is the home insured? If **no**, please explain below.	☐	☐
9.	Do you file federal income taxes? If **no**, please explain below.	☐	☐
10.	Do you have any delinquent federal or State government loans, including Higher Education loans (i.e. IRS liens, State tax liens, etc.)?	☐	☐

Please provide explanation for questions above as applicable: _____

_____

_____

_____

PART II – INCOME DOCUMENTATION

1. INCOME: List all sources of income for each household member. Please note whether income is weekly or monthly. Documentation is needed for any income sources listed.

NAME OF HOUSEHOLD MEMBER	WAGES OR UNEMPLOYMENT BENEFITS	SOCIAL SECURITY/ SSI INCOME	PENSION/ DISABILITY INCOME	BUSINESS INCOME/ REAL ESTATE	CHILD SUPPORT/ ALIMONY	INTEREST/ DIVIDENDS	PUBLIC ASSISTANCE	OTHER	TOTAL
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$

2. ASSETS: List all assets for each household member and their current value. Documentation of the value of all assets is needed.

Savings Account(s):_____ Checking Account(s): _____

Stocks/Bonds:_____ Certificates of Deposit:_____

Retirement Accounts (including IRA's 401(k)'s, etc.): _____

Market value of other real estate (other than your primary home):_____

Other:_____

PART III – EQUAL OPPORTUNITY INFORMATION (OPTIONAL)

1. No person or persons shall be denied participation in the program based on race, color, religion, sex, national origin, handicap, or familial status. For reporting purposes ONLY, please indicate which racial category best describes your household:

☐ White ☐ Black/African American ☐ Black/African American and White

☐ Asian ☐ Asian and White ☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native and White

☐ American Indian/Alaskan Native and Black/African American ☐ Other Multi-Racial

2. Gender: _____ 3. Are you a female head of household? ☐ YES ☐ NO

4. Is anyone in the household Hispanic? ☐ YES ☐ NO If **yes**, # people?_____

5. Does anyone in the household have a physical disability and/or traumatic brain injury?

☐ YES ☐ NO If **yes**, number of people?_____

6. Is anyone in the household a veteran? ☐ YES ☐ NO If **yes**, how many?_____

7. Are any of the following items in need of repair/replacement in your house? (Check all that apply)

☐ Interior Carpentry ☐ Electric ☐ Insulation ☐ Masonry ☐ Painting

☐ Plumbing ☐ Heating ☐ Roofing ☐ Siding ☐ Windows/Doors

☐ Exterior Carpentry ☐ Other: _____

_____

PART IV – CERTIFICATIONS

1. Although this municipality or their representative may or may not have assisted you, the Applicant, in soliciting bids for the structure to be rehabilitated through the Community Development Block Grant (CDBG) Program, your signature below certifies that you, the Applicant, ultimately and willfully selected or will select the Contractor(s) to perform the work to be done. As long as the selected Contractor(s) has submitted a fair price and has provided a certificate of insurance in the required amount, you may enter into an agreement for the performance of the work to be done with the selected contractor(s).

2. Your signature below certifies the above submitted information and attached documentation is true, understanding that falsification of any item(s) and/or failure to disclose all income, assets, or other relevant information may result in the forfeiture or reimbursement of all rehabilitation funds as well as the penalties and provisions of any applicable under State and federal laws.

Signature of Applicant(s): X_____ Date: _____

X_____ Date: _____

VILLAGE OF WATERVILLE
CONFLICT OF INTEREST DISCLOSURE

Under certain circumstances, an applicant for funding may have what is known as a "conflict of interest" and may either be ineligible for participation or need a waiver in order to participate in the Program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the Village of Waterville. There are other cases where a conflict of interest may also be present. Please answer the questions below to help the Village or its authorized representative determine if a conflict may be present. If so, the Village or its authorized representative may undertake the process necessary to secure a waiver from the funding source on your behalf. Waivers of conflicts cannot be guaranteed by the Village but are reviewed and granted by the New York State Office of Community Renewal.

DISCLOSURE

Please **answer** YES or NO **to all questions** listed below so that we may make a determination of whether any conflicts may be applicable to your project. Answer for all applicants if there is more than one applicant.

Y☐ N☐ **1.** Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected or appointed official of the Village? If YES, please provide an explanation:

_____

Y☐ N☐ **2.** Are you related to an employee of the Village, an agent of the Village, a consultant working for the Village, an officer of the Village, or an elected or appointed official of the Village (i.e.: are you related to the Mayor, or the Village Clerk, or a Member of any Village Board, or someone that works in the Department of Public Works etc.) If YES, please indicate to whom you are related and the relationship:

_____

Y☐ N☐ **3.** Do you have a business connection to any of the people listed above in #1? If YES, please note the relationship below:

_____

I/we, the undersigned, certify that the above information is true to the best of my/our knowledge:

Signed: _____ Date: _____

Signed: _____ Date: _____

For office use only

☐ There is no conflict of interest ☐ A potential conflict of interest is disclosed