

CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORP.
P.O. BOX 473 * 448 MAIN ST. * CATSKILL, NY 12414 * (518) 943-6700 * FAX (518)-943-0113

GREENE COUNTY HOME IMPROVEMENT, RESTORE AND ACCESS TO HOME PROGRAMS

Catskill Mountain Housing has received funds from the State of New York State to make grants available to Greene County homeowners for home improvement and accessibility purposes. Applicants must be income eligible and own and occupy their home as their principle place of residence. One to four unit owner occupied homes may receive assistance.

Improvements that will be considered under this program are those of a serious nature, and threaten the safety and well being of the occupants of the home. Eligible repairs include plumbing, roofing, electrical, structural, and heating. Improvements can also include work to make the home more accessible and useable to households where one or more individuals have physical disabilities. To qualify the applicant must reside in the county and provide the following documentation with the application.

1. Proof of ownership (deed, land contract)
2. Proof of income (paystubs for 30 days, Social Security award letter)
3. Proof taxes are paid up to date (town and school)
4. Proof of Fire Insurance (or that insurance can be obtained with repairs)
5. Proof that mortgage is paid up to date
6. Three months recent bank statements for checking and saving

A grant enforcement note & mortgage or a property maintenance agreement will be placed on the home. The terms vary by the type and size of the grant. If the applicant should move from or sell the property within the designated time period, he or she will be required to repay grant funds, interest free on a prorated basis based on the number of months remaining on the term of the agreement. Assistance will be provided on a first come first served basis. GROSS income of ALL occupants of the household age 18 or older will be included.

INCOME ELIGIBILITY GUIDE

1 Person 38,600	5 Person 59,550
2 Person 44,100	6 Person 63,950
3 Person 49,600	7 Person 68,350
4 Person 55,100	8 Person 72,750

We do have limited funds for higher income homeowners. Please contact us for details.

HOME MUST BE PRIMARY RESIDENCE.

Financial assistance will not be provided for work performed previous to grant award.

Contact person for this grant is Al Creazzo 518-943-6700 X11

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HOME IMPROVEMENT, ACCESS TO HOME AND RESTORE APPLICATION

Name(s) of property owner(s) shown on deed

Owner's mailing address

Street address of property to be rehabilitated Did you ever receive help from Catskill Mountain Housing in the past?

() Home Telephone () Work Telephone

\$ Monthly mortgage amt. Name of Mortgage Co. or Bank Account #

Check all that apply: () home is insured () taxes are paid () mortgage up to date () received Weatherization from Greene Cty. Community Action Agency on (mo/yr)

Is a member of your immediate family (mother, father, brother, sister, son or daughter) a member of Catskill Mountain Housing's Board or Staff or a local or state official?

YES NO

IF YES Please explain

Are you over the age of 60? yes no

HOME IMPROVEMENT REQUIRED

() Structural

() Systems: Heating, Plumbing, Septic

() Health/Safety Hazard

() Other

() Improvements needed to allow access or use by a disabled member of household (including applicant)

Of Years Problem Has Existed

Would you consider any of these items an Emergency Repair? () Yes () No

How did you learn of this program? _____

Best time for us to call you? _____

PLEASE LIST All Household Members

Name	Age	Name	Age
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____

Have children under 7 years of age been tested for lead? Yes () No ()

Have tests shown elevated levels of lead in the blood? Yes () No ()

INCOME VERIFICATION

Please list all sources of income and how paid (Gross income before taxes). This includes income for **all members of the household over 18 years of age (anticipated/projected income)** - Wages or salary, Social Security, tips, interest, dividends, alimony, child support, public assistance benefits, business income, pensions & annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, disability, any income from assets.

Source	Amount	Weekly	Biweekly	Monthly	Yearly
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
TOTAL GROSS INCOME				\$ _____	/ year

ASSET VERIFICATION

Please list all assets, cash or noncash items that can be converted to cash - Savings accounts, stocks, bonds, certificates of deposits, money market funds, real property other than your principle place of residents, IRA's, jewelry, coin collections, antique cars, cash value of insurance policies. Please include any assets disposed of during 2 years preceding the date of this application. Please attach additional sheets if necessary.

Asset	Bank	Acct. #	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. False statements made by the applicant will result in rejection of the grant application. I understand that Catskill Mountain Housing Development Corporation (CMH) will verify all information and hereby authorize all agencies, individuals, employee and financial sources to release all information requested by CMH.

Signature head of household

date

“The following information is required by the Federal Government to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino ____ Not Hispanic or Latino ____

Race: (Mark one or more) White ____ Black or African American ____ American Indian/Alaska Native ____
Asian ____ Native Hawaiian or Other Pacific Islander ____

Gender: Male ____ Female ____

OFFICE USE ONLY

<u>Applicable Income Source</u>	<u>Amount</u>	<u>Household Size</u>
() Projected 12 mo. income	\$ _____	_____

Very Low Household Yes No

Program Manager