

# Gloversville Community Development Agency

## HOME Housing Rehabilitation Loan Program

### THE PROGRAM

The Gloversville Community Development Agency is operating a housing rehabilitation program in the City of Gloversville. This program provides grants to homeowners to revitalize the neighborhood, improve residential properties, eliminate code violations, and improve energy efficiency of buildings. This program is funded through the New York State Homes and Community Renewal with funding provided by the U.S. Department of Housing and Urban Development HOME program.

### WHO QUALIFIES

Homeowners who live in one and two family residential properties in the City of Gloversville may qualify for assistance. Families who reside in owner occupied houses may qualify for a full grant up to \$25,000 per dwelling unit if the family income falls within the HUD income Limits. Rental properties do not qualify for assistance under this program. The tenants in the rental units in two family owner occupied homes must have incomes within the HUD income limits, and the owner must agree to limit rents to the maximum approved under the HOME Program.

### ELIGIBLE IMPROVEMENTS

Below is a partial list of improvements that are eligible for financial and technical assistance through the program:

Electrical Work	Roof Replacement
Insulation	Steps & Railings
Plumbing Repairs	Heating Systems
Exterior Painting	Windows
Cosmetic Repairs are <b>not</b> eligible.	

### INCOME LIMITS

Applicants must fall within the following income limits to qualify for assistance. The limits below are the maximum income for all family members combined. All persons who reside in the household must be included in the calculation of income, and all income, whether or not it is taxable income, must be included.

Family Size	1	2	3	4
Income Limit	33,000	37,700	42,400	47,100
Family Size	5	6	7	8
Income Limit	50,900	54,650	58,450	62,200

Program application forms are included on the following pages.

**GLOVERSVILLE COMMUNITY DEVELOPMENT AGENCY  
HOUSING REHABILITATION PROGRAM  
APPLICATION FORM**

Applicant Name:

Co-Applicant Name:

Address:

Phone Number:

Family Size:

Applicant Place of Employment:

Co-Applicant Employment:

Number of Dwelling Units In Home, Including Owner's Unit:

List Names, Date of Birth, and Social Security Number for All Persons in Household

Name	Date of Birth	Social Security No	

Source of Income Income of all persons residing in the unit <u>must</u> be included.	Applicant	Co-Applicant	Other Family Member
Annual Salary:	\$	\$	\$
Pension or Annuities:	\$	\$	\$
Social Security:	\$	\$	\$
Real Estate:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Other (Specify):	\$	\$	\$
Total Yearly Income:	\$	\$	\$
Total Household Income:	\$		

Type of Assets	Cash Value of Assets	Imputed Income From Assets
	\$	\$
	\$	\$
	\$	\$
Total Imputed Income From Assets		\$
Combined Household and Imputed Income		\$

Work Desired by Property Owner:

Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or Local Law ?  Yes  No If Yes, Provide Details:

Do You Have Any Open Judgements or Liens Against Your Property, Other Than Your Home Mortgage ?  
 Yes  No If Yes, Provide Details:

Race (Indicate for owner and tenant, if any. Applicant may check multiple boxes for mixed ancestry.)

- White  Black  Asian or Pacific Islander  
 American Indian or Alaskan Native  Hispanic

I/We certify that all information and documentation in this application, for assistance under the Gloversville Housing Rehabilitation program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

The applicant grants the Agency the right to independently verify any or all of the information supplied herein, and understands that the Agency may refuse to approve the application or may revoke any loan commitment made if there is any material misrepresentation in the application, including the attachments hereto.

I/We further understand that the Agency will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the City of Gloversville Community Development Agency Housing Rehabilitation Program. I/We further agree that the Agency may verify credit history of the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).**

**THIS SECTION TO BE FILLED OUT BY AGENCY ONLY:**

Applicant Qualifies Low/Mod Income  Yes  No

Documentation Has Been Provided As Follows: (Check Off)

- Deed or Land Contract  Proof of Homeowner Insurance  
 Proof of Paid Taxes  Income Tax Return or Other Income Verification

Application Reviewed by Agency Official:

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

Comments:

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**GLOVERSVILLE COMMUNITY DEVELOPMENT AGENCY**

**DOCUMENTATION LIST**

THE FOLLOWING ITEMS MUST BE PROVIDED BY THE HOMEOWNER:

- \_\_\_\_\_ DEED OR LAND CONTRACT (MUST BE FILED WITH COUNTY CLERK)
- \_\_\_\_\_ HOMEOWNER'S INSURANCE CERTIFICATE AND PROOF OF PAYMENT
- \_\_\_\_\_ RECEIPTS OF TAX BILLS AND PROOF OF PAYMENT
- \_\_\_\_\_ TENANT CERTIFICATION FORM (IF APPLICABLE, SIGNED BY OWNER AND TENANT)
- \_\_\_\_\_ DOCUMENTATION OF INCOME INCLUDING ANY OF THE FOLLOWING:  
Tax Return, Pension Award Letter, W-2, Social Security Release, Support Agreement, etc,  
for Homeowner and Tenants

### TENANT CERTIFICATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

UNIT # OR LOCATION: \_\_\_\_\_

(Note: If unit is vacant, write "Vacant" below)

1. Total Number of Persons In Household: \_\_\_\_\_
2. Number of Bedrooms In Unit: \_\_\_\_\_
3. Check the following:  
Is the head of household elderly?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Is the household headed by a female?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Is the head of household disabled?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
4. Amount of rent (per month)      \$ \_\_\_\_\_
5. Does rent include utilities?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
6. Total household income (per year)      \$ \_\_\_\_\_
7. Indicate number of persons in household in each of the following ethnic groups  
\_\_\_\_\_ White      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Black  
\_\_\_\_\_ Asian or Pacific Islander      \_\_\_\_\_ American Indian or Alaskan

I certify that the information stated above is true and correct

\_\_\_\_\_

\_\_\_\_\_

Signature of Tenant

Date