

# **RESTORE Program Application**

## **Emergency Repairs for Low-Income Seniors**

**The information in this application will be held strictly confidential.**  
It will be used only to determine the applicant's eligibility to participate in the  
RESTORE Program administered by  
Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)

**WHO IS ELIGIBLE?**

1. You must own the home and live in it year round (no rentals)
2. You must be over age 60
3. Your total annual income must be below the following maximum amounts:

<b>1 Person</b>	<b>2 People</b>	<b>3 People</b>	<b>4 People</b>	<b>5 People</b>	<b>6 People</b>	<b>7 People</b>	<b>8 People</b>
\$20,6500	\$23,600	\$26,550	\$29,450	\$31,850	\$34,200	\$36,550	\$38,900

4. Your emergency repair must present a threat to your health or safety

**WILL THERE BE ANY COST TO ME?**

The maximum amount available to any one home through the RESTORE program is \$4700. If the cost of the repair exceeds the maximum amount available, CHRIC will try to see if there are any other funds available to cover the excess costs. If not, any amount in excess of the maximum available will be your responsibility or we will not be able to help you.

Also, we are required to record a Property Maintenance Declaration with the County Clerk in the amount that is provided to you. This document will stand as a lien against the property for three years. If you wish to sell the home within the next three years, you may have to repay the grant funds that were provided. This lien will lapse automatically in 3 years.

**INSTRUCTIONS:**

1. Fill out the entire application. Do not leave any of the questions blank.
2. **The last page of the application is a document checklist. You will need to send in *copies* of all of the required documentation of ownership and income. *Please do not send originals.* Your application will not be considered complete until all the required documents are received.**
3. Please mail the entire application along with the required documentation to:

**C.H.R.I.C.  
2 Academy St.  
Mayville, NY 14757**

**If you have any questions at all about the application,  
please do not hesitate to call CHRIC  
at 753-4650, 363-4650, or 661-7650.**

**TELL US ABOUT YOURSELF:**

1. Your Name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

2. Your Home Address: \_\_\_\_\_  
\_\_\_\_\_

3. Your Mailing Address: \_\_\_\_\_  
(if different)  
\_\_\_\_\_

4. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. Is the Head of Household Female?  Yes  No

6. Is anyone in the Household  Disabled/handicapped  A US Military Veteran

7. (Optional) Are you

White  Black/African-American  Asian

American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native and White  Asian and White

Black/African-American and White

American Indian/Alaskan Native and Black/African-American

Other Multi-Racial

8. Are you  Hispanic  Not Hispanic

**TELL US ABOUT YOUR PROPERTY:**

9. Please list the names that appear as owners (not the bank or mortgage holder) on the deed for this property and the relationship of that person to you:

Name 1: \_\_\_\_\_  
(yourself. If your name is not on the deed, please explain the reason)

Name 2: \_\_\_\_\_

10. How long have you owned this property? \_\_\_\_\_

11. How many bedrooms are in the home? \_\_\_\_\_

12. Is this a mobile/manufactured home? Yes  No

13. Are all taxes on this property paid to date? Yes  No

14. Do you have mortgage payments on your home? Yes  No

15. Do you have insurance on this property? Yes  No

16. Please *briefly* describe your emergency situation – only repairs that are necessary to assure your health and safety are eligible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELL US ABOUT THE PEOPLE WHO LIVE IN YOUR HOUSE:**

17. How many people live in your household all together? \_\_\_\_\_

18. Household Member Information (please include yourself):  
(attach an additional sheet if necessary)

Last Name	First	MI	Age	Birth date	Sex
a) _____	_____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____	_____
f) _____	_____	_____	_____	_____	_____

19. Have you ever received assistance from CHRIC in the past? Yes  No

20. Have you received assistance with home repairs from any other agency? Yes  No

If yes, what agency and when?: \_\_\_\_\_

21. Are you related to any CHRIC employee or a member of the Board of Directors?

Yes  No

If yes, who and how?: \_\_\_\_\_

22. Are you related to any public official?

Yes  No

If yes, who and how?: \_\_\_\_\_

**TELL US ABOUT YOUR INCOME:**

Check all of the boxes below from which you or any other income-earning adult member of the household receives income:

- |   |  |
|---|--|
| <input type="checkbox"/> Working  | <input type="checkbox"/> Insurance benefits                |
| <input type="checkbox"/> Rental income  | <input type="checkbox"/> Public Assistance (cash benefits) |
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> Worker's Compensation             |
| <input type="checkbox"/> Disability   | <input type="checkbox"/> Pension Benefits                  |
| <input type="checkbox"/> Social Security/SSI/SSD                              | <input type="checkbox"/> Alimony/Child support             |
| <input type="checkbox"/> Interest income                                      | <input type="checkbox"/> Income from assets                |
| <input type="checkbox"/> Income from business/self-employment                 |  |
| <input type="checkbox"/> I DON'T RECEIVE ANY INCOME FROM ANY OF THESE SOURCES |  |

Remember that when completing the rest of this section, any income from any of the sources listed above must be included. This includes your own income, income for anyone who lives in the house (including minors), and income for anyone whose name appears on the deed as an owner of the property. If your work is seasonal, please make a note of that fact.

**23. HOUSEHOLD INCOME.** Your total household income includes the income of ALL the people who live in your household *or whose name is on the deed* who earn money from any source, including minors and non-relations if they are residents of the household or if their name is on the deed. Household income is the TOTAL GROSS INCOME before any deductions. [**attach additional sheet if necessary**]

<u>NAME</u>	<u>TYPE OF INCOME</u> (refer to the list of types of income above)	<u>HOW MUCH?</u>	<u>HOW OFTEN?</u> (weekly, bi-weekly, monthly or annual)

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24. Please provide the following information on any assets you may have:

ASSET	AMOUNT
<input type="checkbox"/> Checking accounts	\$ _____
<input type="checkbox"/> Savings accounts	\$ _____
<input type="checkbox"/> Stocks, bonds, T-Bills, Money Markets, CD's	\$ _____
<input type="checkbox"/> Retirement accounts (IRAs)	\$ _____
<input type="checkbox"/> Cash value of other real estate (not including your home)	\$ _____
<input type="checkbox"/> Cash value of any other investments	\$ _____
<input type="checkbox"/> Trust funds available to any household member	\$ _____
<input type="checkbox"/> Lump sum receipts, inheritance, lottery winnings, capital gains, insurance, or other claims	\$ _____
<input type="checkbox"/> Personal property registered as an investment (stamps, coins, gems, jewelry, antiques, etc.)	\$ _____
<input type="checkbox"/> Other _____	\$ _____

### **REQUEST FOR AN INSPECTION**

I (we) hereby request that my home at the following address, \_\_\_\_\_

\_\_\_\_\_, be inspected by CHRIC for the **RESTORE Program**. This request constitutes permission to make inspections of the entire residence as needed. I (we) recognize that the inspection does not guarantee that I (we) will receive assistance, but it is required before the property can be considered eligible for assistance.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Co-owner's Signature

**AFFIDIT OF ANNUAL INCOME AND OWNERSHIP**

I (we), \_\_\_\_\_ (name/s),  
owner(s) of \_\_\_\_\_ (address)

hereby certify that:

- 1) I (we) am (are) the legal owner(s) of record, reside at this property, and it is my (our) principle place of residence.
- 2) I (We) understand that if it is found that I (we) have made any false statement concerning ownership and residency of the above mentioned property or my (our) gross household income, or have omitted any income from the gross annual income statement, I (we) shall be responsible to pay back any and all monies granted to me by Chautauqua County or its representatives or by Chautauqua Home Rehabilitation and Improvement Corporation or its representatives, together with any costs and expenses incurred in recovering these monies.
- 3) I (we) am (are) making this representation with the understanding that it is being relied upon by Chautauqua County, Chautauqua Home Rehabilitation and Improvement Corporation and/or the funding source(s) to determine my (our) eligibility to participate in the Program.
- 4) I (we) understand that receipt of benefits is contingent on availability of funds. I (we) also understand that I (we) may not be eligible for RESTORE Program funds.
- 5) I (we) also understand that, as a condition to receive any funds through any source in connection with the RESTORE Program requires a three-year lien be placed on the property.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
(date)



## **PROPERTY OWNER DOCUMENT CHECKLIST**

**YOUR APPLICATION CANNOT BE CONSIDERED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- Copy of the **DEED** for your property. The Deed must include the **LEGAL DESCRIPTION** of the property. The legal description is a paragraph that starts with the phrase, "All that tract or parcel of land..." and goes on to describe the boundaries of your property.
- Copy of **DEATH CERTIFICATE** if another name appears on the Deed and that person is deceased.
- Proof of current **HOMEOWNER'S INSURANCE** if you have homeowner's insurance. ***IF YOU DON'T HAVE HOMEOWNER'S INSURANCE, PLEASE SKIP THIS ITEM.***
- Proof of **PAID PROPERTY TAX** receipts for the most recent year
- If you have a mortgage on your home, A PRINTOUT SHOWING A 6-MONTH MORTGAGE PAYMENT HISTORY.* Contact your bank/lender to request this statement. A photocopy of your current bill or payment receipt is not acceptable. ***IF YOU DON'T HAVE A MORTGAGE, PLEASE SKIP THIS ITEM.***
- Proof of your **DATE OF BIRTH.** This can be a copy of any officially issued document that shows your birth date.
- Proof of your **MOST RECENT FOUR WEEKS INCOME.** Depending on your source of income this may include:
  - Benefit statements from **Social Security, Department of Social Services, Veterans Administration, Unemployment, Worker's Compensation,** etc.
  - Copies of four most current **pay stubs** for every working member of the house if applicable
- If you file income taxes, we need a copy of the most recent year **IRS FORM 1040 AND ALL W-2's, schedules and attachments.** ***IF YOU DON'T FILE TAXES, PLEASE SKIP THIS ITEM.****
- Bank statements indicating year-to-date interest amount
- Form 1099 from banks, credit unions, pension funds, brokers, etc. if you have any

**RETURN THE COMPLETED APPLICATION  
ALONG WITH ALL REQUIRED DOCUMENTS TO:**

**CHRIC  
2 ACADEMY STREET  
MAYVILLE, NY 14757**