

CHAUTAUQUA



SEPTICS & WELLS

Application to Participate - for Homeowners

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
Chautauqua County Septic and Wells Program administered by
Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)

PROGRAM DESCRIPTION/ELIGIBILITY GUIDELINES:

1. Chautauqua Septics and Wells will repair or replace **pre-existing** private wastewater systems (septic systems) and/or private water supply systems (wells) that have been deemed to be a potential health or environmental hazard. **The installation of systems for new homes is not eligible under this program.**
2. **For septic systems**, the Chautauqua County Environmental Health Division will complete an inspection of the system to determine if a potential health or environmental hazard exists *after* we have collected all required documents and verified that you are eligible for assistance. **Only systems that show signs of failure are eligible** – the age or size of the system alone will not make your system eligible if there are no signs that it is currently failing to do its job.
3. **For water wells, assistance is available only for issues that could affect your health.** Insufficient water to meet household needs is automatically recognized as a health risk. Issues of quality that do not pose a health risk (such as color, smell, or clarity) cannot be addressed with these funds unless the problem is caused by a bacteria or contaminant that poses a health risk. Owners with water quality issues will be responsible for the cost of a water test completed by the Chautauqua County Environmental Health Division to verify the presence of contaminants that pose a health risk (currently \$20 if you collect the sample yourself or \$40 to have a member of the staff come to your home to collect the sample).
4. You must currently own the home and live in it year-round (the **deed** to the property must be in your name). Rental properties are not eligible for assistance.
5. Your property **taxes** must be current
6. Your **mortgage** must be current (if you have one), and
7. You must meet the following **income** guidelines based on family size. Please note that these income limits are based on your GROSS income, *not your “take home” pay*. Income includes all forms of income for everyone over the age of 18 who lives in the household, whether or not they own the home and whether or not they are related to you.
If your income is over these limits, you are not eligible.

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

8. **General home repairs are not eligible under this program.** The funds can ONLY be used to repair septic systems and/or private wells.
9. The Chautauqua Septics and Wells Program will provide assistance to approximately 22 homeowners depending on the costs of individual repairs. A waiting list exists. We will proceed through eligible properties as they apply/are referred until all funds are expended.
10. These funds are provided by HUD through the NYS Office of Community Renewal’s Community Development Block Grant Program. This is a **GRANT program – the funds do not have to be repaid.** If you receive assistance under this program, **a three-year declining lien will be placed against your property.** This requirement is meant to assure that the people who are eligible are the ones who receive the benefit. It assures that people do not take advantage the system by using grant funds to repair a house in order to “flip” it for a profit. **If you do not sell the home for three years, the lien will be completely discharged.** If you do sell during the three year period, you *may* have to repay a portion of the grant in order to receive an early discharge. Considerations for an early discharge may be made for hardships.

APPLICATION INSTRUCTIONS:

1. Fill out the entire application. Do not leave any of the questions blank.
2. At the end of this application is an **Affidavit of Income and Ownership**. This Affidavit needs to be signed in front of a **Notary Public**. There is a Notary Public on staff at most banks as well as at Town and Village Halls. If the application is not notarized, it will be returned to you.
3. **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.** Incomplete applications will not be considered.
4. If you need help completing the application or do not understand any of the questions or required documents, please call the CHRIC office at 661-7650, 363-4650, or 753-4650.
5. All applicants are required to attend a Financial Management Workshop. You will learn more about the rehab program process and about budgeting for home repairs, the use of home equity, the pros and cons of refinancing, etc. You will receive a schedule of the upcoming workshops after you submit your application.
6. **Please mail the entire application along with the required documentation to:**

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

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 _____
Work Phone _____ Is it OK to call you at work? Yes No
Email address: _____

5. Is the Head of Household Female? Yes No

6. Is anyone in the Household Over age 60 Disabled A US military Veteran

7. 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: _____ Relation to you _____

Name 2: _____ Relation to you _____

10. How long have you owned this property? _____

11. How many bedrooms are in the home? _____

12. What year was the house built? _____

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

14. Do you live in this home year round? Yes No

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

16. Are you current with all of your mortgage payments on your home? Yes No

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

18. Does this property contain any commercial space? Yes No

If yes, please explain _____

19. Is your property litter-free to meet community standards? Yes No

This means the interior as well as the exterior. No work will begin until the property is litter free. The home must remain litter-free during the project.

20. Please *briefly* describe the problems you are having with your septic system or well. Please remember that this program is for septics and wells only. We cannot complete any general home repairs with these funds.

TELL US ABOUT THE PEOPLE WHO LIVE IN YOUR HOUSE:

21. How many people live in your household all together? _____

22. 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) _____	_____	_____	_____	_____	_____

23. Is there a rental unit in the building? Yes No

24. If there is a rental unit, is it currently occupied? Yes No

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

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

Yes No

If yes, who and how?: _____

27. Are you related to any elected official?

Yes No

If yes, name/office of elected official: _____

Nature of relationship: _____

28. Are you related to any elected official or any employee of the Chautauqua County government?

Yes No

If yes, position/department of county employee: _____

Nature of relationship: _____

TELL US ABOUT YOUR INCOME:

Check all of the boxes below from which you or any other income-earning member of the household over the age of 18 receives income. This include income earned by people who live in the house even if they do not have any share of ownership and even if they are not related to you.

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

If your work is seasonal, please make a note of that fact.

29. HOUSEHOLD INCOME. Your total household income includes the income of ALL the people over age 18 who live in your household who earn money from any source, including non-relatives. Household income is the TOTAL GROSS INCOME before any deductions (NOT your “take home” pay).

<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)

30. Do you own any other property Yes No
(besides the house for which you are requesting assistance)?

If yes, please list the address: _____

31. Please provide the following information on your monthly OR annual expenses for your home/household:

Are your property insurance and taxes escrowed into your mortgage payment?

Yes No (if yes, leave the lines for insurance and tax amounts blank)

	How Much	How Often
Mortgage	_____	_____
Homeowners Insurance	_____	_____
School Taxes	_____	_____
City/Village Taxes	_____	_____
Town and County Taxes	_____	_____
Water Bill	_____	_____
Sewer Bill	_____	_____
Electric Bill	_____	_____
Heating Bill	_____	_____
Home Improvement Loans	_____	_____
TOTAL	_____	_____

32. Please check all boxes below that apply and write the current cash value in the space provided. The value of the assets is "imputed", which means we will follow a prescribed formula to determine the value of the assets

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"/> Cash value of other real estate	\$ _____
<input type="checkbox"/> Cash value of other property, investments, insurance	\$ _____
<input type="checkbox"/> Trust funds available to any household member	\$ _____
<input type="checkbox"/> Retirement accounts (IRAs)	\$ _____
<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, jewelery, antiques, etc.)	\$ _____
<input type="checkbox"/> Other	\$ _____

REQUEST FOR AN INSPECTION

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

_____, be inspected by the Chautauqua County Health Department and CHRIC for **Chautauqua Septics and Wells 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

AFFIDAVIT 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 the Chautauqua Septics and Wells Program 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 and 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 Chautauqua Septics and Wells Program funds.
- 5) I (we) also understand that, as a condition to receive any funds through any source in connection with the Chautauqua Septics and Wells Program, a three-year declining lien be placed on the property.

Owner's Signature

(date)

Owner's Signature

(date)

STATE OF NEW YORK)
 ss.:
COUNTY OF CHAUTAUQUA)

On the _____ day of _____, in the year _____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK)
 ss.:
COUNTY OF CHAUTAUQUA)

On the _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public



Chautauqua Home Rehabilitation and Improvement Corporation

2 Academy St, Mayville, NY 14757

phone – (716)753-4650 fax – (716)753-4508 TDD – (800)662-1220

website – www.chric.org e-mail – chric@cecomet.net

Improving Chautauqua County’s Housing Since 1978

Authorization For Release of Information

I/We hereby authorize Chautauqua Home Rehabilitation & Improvement Corporation, CHRIC, to make inquiries of any and all parties in regard to my financial and housing situation. I/We understand that in order to meet guidelines of housing grant funding sources, CHRIC may need to verify information for the file related to my/our household. I/We further understand that in some situations in order to assist me/us in resolving a housing or financial difficulty I/we am/are having, CHRIC staff may need to speak directly with representative of lending institutions, taxing authorities, creditors, credit bureaus, and others in helping me/us find a solution. I/We understand inquiries may be made for the specific CHRIC program I/we are seeking help from, and may include information related to my/our assets, debt-to-income, or unpaid obligations.

By my/our signature(s) below, I/we authorize and direct lending institutions, credit bureaus, creditors, taxing authorities, and other entities to release any documentation requested by Chautauqua Home Rehabilitation & Improvement Corporation. Documentation may include my/our credit reports, bank account information, loan documents child support records, tax information, and/or other information deemed necessary by CHRIC staff. I also authorize and direct representatives of credit bureaus, lending institutions, and government and non-profits to speak to persons at CHRIC and provide them with direct information related to my/our housing or financial situation.

I/We understand that CHRIC will treat all information received by them as confidential, and that they will not share that information with others without my/or permission.

Printed Name

Printed Name

Signature

Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date

Date

ADDRESS: _____



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.
- Proof of **PAID PROPERTY TAX** receipts for 2016
- Proof of current **HOMEOWNER'S INSURANCE** if applicable. A photocopy of the front page, showing the dates of coverage is needed. A copy of a check is **NOT** acceptable. Please contact your insurance agent if you cannot find your policy.
- 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. The statement must show a 6-month payment history.
- Copy of your complete **2014 and 2015 IRS FORM 1040** (your income tax return form) **INCLUDING ALL of your W-2's, and all Schedules and Attachments**. If your income is from your own business, we will need three years of IRS 1040's.
- Proof of your **MOST RECENT FOUR WEEKS INCOME**. Depending on your source of income this may include:
 - Copies of four most current **pay stubs** for every adult working member of the house
 - Benefit statements from **Social Security, Department of Social Services, Veterans Administration, Unemployment, Worker's Compensation**, etc.
 - Court order** showing that amount of **Alimony/Child Support** that is due to you. *Copies of checks/bank statements are not acceptable. We need the actual Court Document showing the amount that is due and how often it is due*
- Form 1099 from banks, credit unions, pension funds, brokers, etc., if applicable
- Bank statements indicating year-to-date interest amount
- Any other third party source showing current income, if applicable

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

**CHRIC
2 ACADEMY ST.
MAYVILLE, NY 14757**