

City of Dunkirk Emergency House Repair Program Application

**Administered and Delivered by
Chautauqua Home Rehabilitation & Improvement Corp (CHRIC)
2 Academy St
Mayville, NY 14757
(716) 753-4650**

**Funded by the
City of Dunkirk
Community Development Block Grant Program**

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
Emergency House Repair Program administered by
Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)

WHO IS ELIGIBLE AND WHAT KINDS OF REPAIRS CAN BE DONE?

1. You must own the home and live in it year round (no rentals)
2. Your property taxes and all municipal fees (water, sewer, trash) must be current
3. The total annual income of everyone over the age of 18 who lives in the home (whether they contribute or not) must be below the following maximum amounts:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$33,550	\$38,350	\$43,150	\$47,900	\$51,750	\$55,600	\$59,400	\$63,250

4. **Your emergency repair must present a sudden threat to your health or safety.** Examples might include: a lack of heat or hot water due to a broken furnace or hot water tank; sewer back-ups; a loss of access to municipal water due to a damaged water line; electrical problems that threaten the resident’s safety; unsafe access to the home due to broken steps or railings; limited modifications to assure that a person with disabilities or a frail elderly resident is safe in their home. Other types of emergency repairs may also qualify for assistance if they are sudden and present a danger to the residents of the home.
5. **Assistance is limited to a MAXIMUM OF \$5000. The repair must be able to be completed properly and to building code standards for no more than \$5000, or it is not eligible under this program. PLEASE NOTE: THERE IS NOT ENOUGH MONEY AVAILBLE UNDER THIS PROGRAM TO COMPLETE A FULL ROOF. Small portions of roofs (over a porch or rear addition, for example) *might* be possible.**

WILL THERE BE ANY COST TO ME?

There is no cost to the homeowner. If the cost exceeds \$5000 *and* the homeowner has funds available to pay for the amount over the \$5000 maximum, then an owner cost share could be accepted upon the owner’s request.

There will be a THREE-YEAR DECLINING LIEN placed against the property equal to the amount of the grant provided. If you wish to sell the home within the next three years, you may have to repay a portion of the grant funds that are provided. This lien will lapse automatically in THREE (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. 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, please call CHRIC at 363-4650.

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)

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 _____	\$ _____

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 the City of Dunkirk 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. I also understand that **Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**
- 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 Dunkirk Emergency House Repair Program funds.
- 5) **I (we) also understand that, as a condition to receive any funds through any source in connection with the Dunkirk Emergency House Repair Program requires a THREE-YEAR LIEN be placed on the property.**

Owner's Signature

Owner's Signature

(date)

(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 COUNTY AND CITY TAX** receipts for the most recent year
- Proof that your municipal fees (water, sewer, trash) are current
- 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 **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. ***IF YOU DON'T HAVE ANY SAVINGS OR INVESTMENTS THAT PROVIDE A 1099 AT THE END OF THE YEAR TO BE USED FOR INCOME TAX PURPOSES, PLEASE SKIP THIS ITEM.***

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

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