

The LEAD-SAFE COUNTY Program

Please read the following information carefully. It fully describes the program and the requirements that will be placed on you as a result of participating.

If you have any questions, please call Chautauqua Home Rehab and Improvement Corp (CHRIC) at 753-4650, 363-4650, or 661-7650.

KEEP THESE TWO PAGES FOR YOUR RECORDS.

WHO IS ELIGIBLE?

Lead poisoning is most prevalent among low-income children and most dangerous to children under six. Therefore, in order for your property to be eligible, you must:

- 1. Have lead-based paint hazards in your property *AND*
- 2. Have a child five years of age or younger who lives in the home or spends at least six hours per week in the home *AND*
- 3. Meet the following income guidelines:

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
80% AMI	\$36,050	\$41,200	\$46,350	\$51,450	\$55,600	\$59,700	\$63,800	\$67,050

These amounts are GROSS INCOME. That means your total earnings before any deductions for taxes, insurance, etc. It also includes all income for every working adult that lives in the home, even if they do not contribute to household maintenance (including children over 18 who are not full-time college students).

- 4. Your property taxes must be current
- 5. Your mortgage must be current
- 6. You must have Homeowner’s Insurance

WHAT CAN BE DONE WITH LEAD-SAFE COUNTY FUNDS?

Only work that is necessary to address lead-based paint hazards is eligible under this program. The work necessary to make a unit lead-safe will vary, depending on the sources of lead hazards in each particular apartment. Most commonly, the work will involve replacement windows and new doors. The work *may* also include new floor coverings, cupboards, wall and ceiling repair or covering, molding and trim work, etc. if lead-based paint hazards are found to exist on these surfaces. On rare occasions, siding is necessary to make a property lead safe. All lead hazards that are found *must* be addressed. Lead that is intact or well encapsulated and is not presenting a hazard will be left in place - we will not remove all lead-based paint from the property. Keeping the property lead-safe after the work is complete will depend on your attention to routine maintenance. **Lead-safe county funds cannot be used for new roofs, insulation, electrical work, or plumbing work or any other work not directly related to lead-based paint hazards.**

WHAT WILL THE COST BE TO ME?

The average grant available through Lead Safe County is approximately \$10,500 per home. **The maximum allowed per household is \$20,000. In all likelihood, that amount will be sufficient to cover the necessary work in full.**

Homeowners are responsible for the County Filing Fees, which are equal to approximately 1.5 – 2.5% of the amount of the grant award. **For a \$5,000 grant, the owner's cost for county recording fees would be \$125. For a \$20,000 grant (the maximum available), the owner's cost for county recording fees would be \$315. There is no exception from this responsibility. Homeowners are responsible for the cost of the County recording fees in all cases.**

WHAT ARE THE REQUIREMENTS PLACED ON ME AS A RESULT OF RECEIVING THIS ASSISTANCE?

As a term of assistance, a three-year lien will be placed against the property. This lien does not have to be repaid. The money invested by **Lead Safe County** is essentially a deferred loan that declines in equal amounts monthly for 3 years (without you making any payments) so long as you continue to own the property. After three years, the balance is \$0. If you sell the property at any point during the three-year lien period, you may be responsible for repaying whatever balance remains on the deferred loan as of that date.

During the lien period, we will retest the property to make sure that it has remained lead-safe (basic upkeep should assure that the property remains lead-safe - problems should not develop unless you do not attend to newly peeling or chipping paint, damage to walls/ceilings, etc.). If a problem develops, you will be offered advice on repairing the problem.

Chautauqua Home Rehabilitation & Improvement Corporation



LEAD SAFE COUNTY PROGRAM

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 Home Rehabilitation & Improvement Corporation's housing rehabilitation assistance programs

PROGRAM DESCRIPTION/ELIGIBILITY GUIDELINES:

- 1. In order to be eligible,
 - (a) you must own the home and live in it year-round,
 - (b) your property **taxes** must be current,
 - (c) your **mortgage** must be current (if you have one),
 - (d) you must have insurance on your home, and
 - (e) you must meet the following **income** guidelines based on family size:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$36,050	\$41,200	\$46,350	\$51,450	\$55,600	\$59,700	\$63,800	\$67,950

- 2. **You must have a child under the age of six who lives in the home or who spends a significant amount of time there (a minimum of six hours per week).**
- 3. **Only work that is necessary to address lead-based paint hazards is eligible under this program.** Most commonly, the work will involve replacement windows and new doors. The work *may* also include new floor coverings, cupboards, wall and ceiling repair or covering, molding and trim work, etc. if lead-based paint hazards are found to exist on these surfaces. On rare occasions, siding is necessary to make a property lead safe. All lead hazards that are found *must* be addressed. Lead that is intact or well encapsulated and is not presenting a hazard will be left in place - we will not remove all lead-based paint from the property. Keeping the property lead-safe after the work is complete will depend on your attention to routine maintenance. **Lead-safe county funds cannot be used for new roofs, insulation, electrical work, or plumbing work.**
- 4. If you receive assistance under this program, **a three year 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 and 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 during the lien period, the lien will be completely discharged.** You will be responsible for recording the Discharge with the County Clerk – the current cost for this recording is \$50.50.

APPLICATION 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.** Incomplete applications will not be considered.
- 3. 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.
- 4. **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 _____
Other _____

5. Your email address: _____

6. Is the Head of Household Female? Yes No

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

8. (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: _____ 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 condition of any painted surfaces on the interior and exterior of the property.

TELL US ABOUT THE PEOPLE WHO LIVE IN YOUR HOUSE:

21. Do you have a child under the age of six who lives in the property? Yes No
22. If not, is there a child under the age of six who spends a significant amount of time in the home? Yes No
- If yes, Please explain (Include the approximate amount of time per week the child(ren) spends in your home and the names and birthdates of the child(ren):

IF THE ANSWER TO BOTH #21 AND #22 IS "NO", YOU ARE NOT ELIGIBLE

23. Please list all of the people who currently live in the home, including yourself (attach an additional sheet if necessary):

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

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

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

26. If yes, please provide the name of the tenant: _____

27. Does the tenant have a child under the age of six who lives in the home or spends at least six hours per week in the home? Yes No

28. Are you related to any CHRIC employee or a member of the Board of Directors?
Yes No

If yes, who and how?: _____

29. Are you related to any elected official?
Yes No

If yes, name/office of elected official: _____

Nature of relationship: _____

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 Chautauqua Home Rehabilitation and Improvement Corp (CHRIC). 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 Home Rehabilitation & Improvement Corporation, 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 assistance under Chautauqua Home Rehabilitation & Improvement Corporation's housing rehabilitation program.
- 5) I (we) also understand that, as a condition to receive any funds through any source in connection with the Chautauqua Home Rehabilitation & Improvement Corporation's housing rehabilitation program, a three to five year lien will be placed on the property.

Owner's Signature

Co-owner's Signature

(date)

(date)

WARNING: 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.



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 THAT APPLY TO YOU HAVE BEEN RECEIVED

(some may not apply, in which case we do not need them):

- 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 the most recent year
- Proof of current **HOMEOWNER'S INSURANCE**. 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.
- IF** you file annual tax returns, copies of your complete **2015 and 2016 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*
- Bank statements indicating year-to-date interest amount
- Form 1099 from banks, credit unions, pension funds, brokers, etc., **if applicable**
- 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**