



CHRIC Waiting List for Housing Rehab Assistance For Homeowners



The information in this application will be held strictly confidential.

It will be used to determine your rank score for eligibility for CHRIC's Housing Rehab Programs, based on eligibility criteria, financial need and housing needs.

INSTRUCTIONS:

- 1. PLEASE ANSWER EVERY SINGLE QUESTION.** All applications that are received will be ranked according to financial need and housing need. This is **very important** that you answer all the questions and do not leave any blanks. *Each question has point values attached to it – please answer every question in order to receive the maximum point!*
- 2. IF YOU NEED HELP, PLEASE CALL!** 753-4650, 661-7650, 363-4650.
If you do not understand any of the questions or need help with answering any of them, we will help you! Don't set it aside – call for help!
3. The ranking system favors those people who have financial need, but not whose financial situation is so severe that they are in danger of losing their home. It also favors those who having housing needs that affect the health and safety of the occupant but not those whose house is in such bad condition that it cannot be effectively repaired with the limited funding that we have available for each homeowner.
4. **All CHRIC projects require that a 3-5 year lien be placed on the property.** If you do not sell the house in that time, the lien is forgiven. If you do try to sell or refinance the house, all or some of the funds will have to be repaid in order to secure a lien release. If you are not willing accept this requirement, we cannot provide assistance.
5. You will receive a letter telling you what your rank score is and a likely timeframe for assistance based on that score. *Scores that are higher 103, 102 & 101's are the first applications taking off the Waiting List once funding becomes available.*
6. This application allows you to state your income/expenses/assets. If you should come to the top of the waiting list for assistance, we will need actual documentation, including your deed, copies of paid taxes, proof of insurance, proof that your mortgage is current, etc. We will send you a letter at that time listing the documents that we need.

PLEASE MAIL COMPLETED APPLICATION TO:

CHRIC, 2 ACADEMY ST., MAYVILLE, NY 14757

Date Sent: _____

Date Received: _____

Please Fully Complete Each Section- Answer every question

TELL US ABOUT YOURSELF:

1. Your Name: _____
(LAST) (FIRST) (M.I.)

2. Your Home Address: _____
City, ST, Zip: _____

3. Your Mailing Address: _____
(if different)
City, ST, Zip: _____

3-A: Municipality: _____

4. Home Phone _____ Cell Phone _____
Work Phone _____ Is it OK to call you at work? Yes No

4-A: Email Address: _____

5. Is the Head of Household Over 60 Female Disabled/handicapped
 Veteran of the Armed Forces

6. (Optional) Are you White African-American
 Native American Pacific Islander Other
Are you Hispanic Not Hispanic

TELL US ABOUT YOUR PROPERTY:

7. Please list the names that appear as owners 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: _____

Please turn over to complete...

8. How long have you owned this property? _____
9. How many bedrooms are in the home? _____
10. What year was the house built? _____ **Do not leave this blank – guess if you are not sure**
11. Is this a mobile home? Yes No
12. Do you live in this property year round? Yes No
13. What is the Section _____ Block _____ and Lot _____ numbers for this property. *This information is located on your property tax bill and your deed.*
14. Are all taxes on this property paid to date? *(Required)* Yes No
15. Are all municipal fees, such as sewer and water, if any, 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? *(Required)* Yes No
18. Is there a rental unit in the building? Yes No
19. Does this property contain any commercial space? Yes No

If yes, please explain _____

20. All CHRIC programs require that a lien be filed for 3-5 years. You do not have to pay any money as long as you do not sell or refinance your home during the 3-5 year lien period. If you do decide to sell your home during this period, you may have to repay all or a portion of the grant in order to receive a discharge for the lien. The purpose of the lien is to make sure that people do not abuse the system by trying to get “free” money to repair and sell houses for profit. It is required by HUD, NY State and the other funders who provide the grants that are administered by CHRIC.

Are you willing to accept this requirement for assistance?

Yes No

IF YOU ANSWERED “NO” TO QUESTION #20 YOU ARE NOT ELIGIBLE FOR ASSISTANCE THROUGH OUR AGENCY.

Please turn over to complete...

Please Fully Complete Each Section- Answer every question Do Not Leave Blank!

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) _____	_____	_____	_____	_____	_____
g) _____	_____	_____	_____	_____	_____
h) _____	_____	_____	_____	_____	_____

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

Yes No

If yes, who and how?: _____

24. Are you related to any public official? Yes No

If yes, who and how?: _____

25. Have you ever received home repair assistance through CHRIC in the past?

Yes No If yes, how long ago & what year?: _____

Please turn over to complete...

TELL US ABOUT YOUR INCOME AND ASSETS:

Please Fully Complete Each Section- Answer every question *Do Not Leave Blank!*

Check all of the boxes below from which you or any other income-earning 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 | |

26. HOUSEHOLD INCOME. Your total household income includes the income of ALL the people who live in your household who earn money from any source, including minors and non-relations if they are residents of the household. 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)

- 27.** Have you filed for bankruptcy in the past seven years? Yes No
 If yes, was it due to medical expenses? Yes No
- 28.** Have you ever been more than 60 days late on your mortgage? Yes No
- 29.** Do you own any other property (besides the house for which you are requesting assistance)? Yes No
 If yes, please list the address: _____

Please turn over to complete...

Please Fully Complete Each Section- Answer every question

30. 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)

Do Not Leave Blank! **How Much** **How Often**

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

31. Please list any assets and their current cash value below:

ASSET	AMOUNT
<input type="checkbox"/> Checking accounts	\$ _____
<input type="checkbox"/> Savings accounts	\$ _____
<input type="checkbox"/> Stocks, bonds, T-Bills, Money Markets	\$ _____
<input type="checkbox"/> CD's (Certificate of Deposit)	\$ _____
If you own a CD, is it a burial policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Cash value of other real estate	\$ _____
If you own other real estate, is it working agricultural land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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, jewelry, antiques, etc.)	\$ _____
<input type="checkbox"/> Other	\$ _____

Please turn over to complete...

TELL US ABOUT YOUR HOUSE

Please Fully Complete Each Section- Answer every question.

Do Not Leave Blank!

Your Roof

Needs Completely Replaced Needs Repairs Is in decent condition

Does your roof leak? Yes No

Comments: _____

Your Electrical System

Needs Completely Replaced Needs Repairs Is in decent condition

Does your service box contain breakers/switches OR fuses/glass knobs

Does your service trip/blow fuses often sometimes rarely OR never

Comments: _____

Your heating system

Needs Completely Replaced Needs Repairs Is in decent condition

Is your furnace over 20 years old? Yes No

Has your furnace ever stopped working? Yes No

If yes, has it stopped working more than 3 times? Yes No

Comments: _____

Your water supply/incoming plumbing

Needs Completely Replaced Needs Repairs Is in decent condition

Do you have enough water to meet your needs? Yes No

Is your water of an acceptable quality? Yes No

Do you have any leaks in your main line or inside plumbing? Yes No

Comments: _____

Your sewer system/outgoing plumbing

Needs Completely Replaced Needs Repairs Is in decent condition

Does your sewer/septic back up? Yes No

Do all your drains and toilets work? Yes No

Do any drain lines/septic lines leak? Yes No

Comments: _____

Please turn over to complete...

Please Fully Complete Each Section- Answer every question Do Not Leave Blank!

Your Foundation

Needs Completely Replaced Needs Repairs Is in decent condition

Is your foundation crumbling/collapsing/severely leaking:

- Not at all
- ¼ or less is bad
- more than ¼ but less than ½ is bad
- More than ½ is bad

Comments: _____

Porches/Steps/Entry

Needs Completely Replaced Needs Repairs Is in decent condition

Do you have safe/secure/stable access to the house? Yes No

Comments: _____

Your Windows/Doors

Needs Completely Replaced Needs Repairs Is in decent condition

Are any broken/missing? Yes No

If yes, more than 5 OR between 3 and 5 OR less than 3

Do you have any water/rain/snow leaks? Yes No

Do you have wind/air leaks? Yes No

Handicapped Accessibility Needs

Do you or a family member need help with any handicapped accessibility needs?

Yes No

If yes, briefly explain _____

Please feel free to put any additional comments in the space below:

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