



16 West William Street, P.O. Box 31, Bath, NY 14810

Tel: 607-776-7664 Fax: 607-776-9118

www.ArborDevelopment.org

Dear Homeowner,

Thank you for inquiring about our Housing Rehabilitation Program. Please return **copies** of all necessary papers when you return the application. **Please note that YOU are responsible for obtaining copies of the requested documentation.** We will then determine what programs you may be eligible for and place you on the waiting list.

The purpose of the program is to assist with **necessary repairs** related to health & safety, not to **remodel** your home.

Installation of siding and new windows are not priorities of this program. This type of work will only be done if necessary after a lead paint test, which is required by certain grants.

Repairs could include repair or replacement of the roof, furnace, electrical service, septic, and wells. Plumbing may include hook up to the water or sewer lines. Adjustments can be made for handicap accessibility (such as ramps, widening doorways, accessible bathrooms, etc.)

A complete application includes all information listed on the cover page of the application.

Most grants received through Arbor Development require a lien on the property for a period of two (2), three (3), or five (5) years. The number of years for the lien depends upon the Grant you receive. Grant funds do not have to be repaid if you live in the home for the required time period. If you decide to sell the home or move before the lien period elapses, the grant funds revert to a loan and must be repaid prior to the release of lien. Under certain conditions, you would also have to pay back the grant if you want to refinance your home or obtain a home equity loan during this period.

After receipt of your completed application, it will be reviewed, verified, and evaluated. You will be contacted by phone or mail regarding available funds.

Homeowners may be required to pay toward the cost of repairs. The amount will be determined by the type of grant you receive and cost of repair work and grant funding available.

If all verification information that is requested is not submitted, your application will not be processed for the grant programs. The application will be returned to you.

If you have any questions, please call 607-776-7664, ext. 229 or e-mail me at elamb@arbordevelopment.org. All applications should be sent to the address on the next page.

Building Independence. Creating Housing Options.



Rehabilitation Process

1. After a complete application is returned and you are determined eligible, you will be placed on the waiting list.
2. A home inspection by a Construction Manager will be scheduled.
3. A formal write up of the work needed will be prepared.
4. Approval and selection of contractors.
5. The *Work Specifications* are sent out to bid by the contractors. Bids are returned to Arbor.
6. The lowest bid will be selected.
7. A contract is signed between the home owner and the contractor.
8. Construction begins generally within 45 days.
9. Construction Manager does final inspection and contractor is paid.

Mail completed application and copies of all required documents to:

**Arbor Development
Attn: Evie
P.O. Box 31
16 W. William Street
Bath, NY 14810**

Required Documents

Failure to complete all questions on the application form and submit all requested documents will result in the postponement or the return of your application. A **complete application** includes, but is not limited to the following:

Property Deed – Copy of Property Deed detailing a land description, filing date, liber, and page number. If a deceased person is listed on the deed, we also need a copy of the Death Certificate. **Land Contracts are not eligible.** (In some instances we may be able to serve mobile homeowners living in parks: This would only be for emergency repairs for owners age 60 or older or for accessibility modifications for any age. Submit copy of bill of sale for mobile home, copy of township the property/park is in, Tax ID # and Swiss code number. (You can obtain these from the mobile home park manager or property owner.)

Income Verification:

- Social Security/SSI/Unemployment** - Benefit Change Letter or call 1-800-772-1213 to request print out. (bank statements cannot be accepted as verification)
- Pension/Retirement** - current letter or printout from company (bank statements cannot be accepted as verification.)
- Filed income Tax Return** - Full copy of last year's filed income tax return for everyone living in the home who files income taxes. Include all W-2 forms

If you do not file income tax, please check the box below and initial:

- I do not file yearly income tax returns: _____ (must be initialed)**
- Paycheck Stub** - Last four (4) from everyone living in the home and who works.
- Self-Employment** - last 3 years filed income tax returns & Schedule C
- Alimony/Child Support** - court papers or support collection printout only
- Property Taxes** - Current **paid** School, County, Village and Town tax records
- Homeowners Insurance** – Copy of current homeowners insurance face sheet noting coverage amounts, deductible, and coverage periods
- Bank Statements** - Copy of most recent bank statement from Checking and/or Savings account
- Asset verification** - Submit copies of verification for all assets



HOUSING REHABILITATION APPLICATION

Applicant's Name: _____

Co-applicant's Name: _____

Property Address: _____

Township: _____

Home Telephone: _____ Cell/Work: _____

Employer's Name: _____

Address: _____

Number of person(s) in household; including applicant: _____

Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

For Survey Purposes only:

Is anyone in the household disabled? Yes No Is anyone a Veteran? Yes No

Race / Ethnicity (optional):

- Caucasian/White American Indian Alaskan Native
 African American Hispanic Non-Hispanic
 Asian Other: _____

1. Have you had children under age 6 tested for lead? Yes No

*If yes, was blood level high? ____ If so, Please send Doctor's copy of lead level report / statement.

2. Are Property Taxes paid? (i.e. Town, County, School) Yes No

If no, what years are unpaid? _____

3. Is this Your Primary Residence? Yes No If No, please explain:

4. Type of Housing: Single Family house Mobile Home

5. How old is the home?/Year Built? _____

6. How many bedrooms does your home have? _____

7. How Long Have You Owned **and** Occupied the Property? _____

**(Applicants must own and occupy their homes for at least 12 consecutive months prior to application.)*

8. Is there a mortgage? Yes No Monthly payment: \$ _____

If yes, are payments current? Yes No

9. Name of mortgage holder: _____

Conflict of Interest:

Are you related to any public official in Steuben County or any officer or employee of Arbor Development? Yes No

If YES, please explain: _____

Please provide a description of the repairs needed. (i.e., roofing, plumbing, electrical, etc.)

Please be as specific as possible:

ASSETS

ASSETS ARE CASH OR NON-CASH ITEMS THAT CAN BE CONVERTED TO CASH.

Items such as checking accounts, savings accounts, stocks, bonds, life insurance with a cash value, equity in real properties (rental properties), IRAs, Pensions that can be withdrawn before retirement, lump sum receipts (such as capital gains, lottery winnings, insurance settlements) and personal property held as an investment (gems, antique cars, jewelry, coin collections, etc.)

List any income from these assets in the income section.

NOT INCLUDED IN ASSETS ARE: YOUR PRIMARY RESIDENCE, ACTIVE FARMING OPERATION, AND NECESSARY PERSONAL PROPERTY.

PLEASE SUBMIT PROOF (COPIES) OF ALL ITEMS YOU LIST AS ASSETS.

HOUSEHOLD MEMBER	ASSET DESCRIPTION	CURRENT CASH VALUE	ANNUAL ASSET INCOME/INTEREST
	CHECKING ACCOUNT		
	SAVINGS ACCOUNT		
Office Use Only		TOTAL	

FOR OFFICE USE ONLY

IF CURRENT CASH VALUE IS GREATER THAN \$5,000.00, MULTIPLY BY _____
(PASSBOOK RATE) AND ENTER RESULT HERE, OTHERWISE LEAVE BLANK.

\$ _____

HOUSEHOLD INCOME

List current household income from **ALL sources and all persons living in the household**. Also indicate the household or family member receiving income or benefits.

Source	Amount – Per wk., 2 wks, month, etc.	Recipient	Office Use Only Annual Amount
Wages			
Wages			
Social Security/SSI			
Social Security/SSI			
Public Assistance			
Unemployment			
VA Benefits			
Pension/Retirement			
Alimony			
Child Support			
Workers Comp.			
Rental Income			
Other:			
Other:			
Other:			
		TOTAL	

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Total from Asset Income (the greater of actual or calculated from previous page)	Total Annual Household Income from Above	TOTAL Annual Income from all Sources
	# in Household	% of AMI

HOUSING REHABILITATION GRANT PROGRAM

I/We hereby certify that I/we am/are the owner(s) and occupant(s) of the property to be improved and that this is my (our) primary residence. I/we certify that the information provided in this application is true and correct to the best of my/our knowledge and contains no willful misrepresentations. I/we have received and have read a written description of the Arbor Development Housing Rehabilitation Program Policy. I agree to cooperate with Arbor Development in complying with all specified procedures.

Furthermore, should any change in ownership occur from this date forward, I/we agree to notify Arbor Development immediately. Failure to do so may result in denial, termination, or recapture of my/our grant.

I/we understand that any contract for rehabilitation work financed in whole, or in part by this program, will be between the contractor and me. I/we also understand that I/we should not sign and/or contract for rehabilitation work to be accomplished under this program until I am authorized to do so by Arbor Development. I also understand that Arbor Development will not be responsible or liable for any breach of contract, faulty workmanship, product and material defects, accidents, or damage which may arise from my relationship with any contractor, and Arbor Development does not guarantee or warranty the work of any contractor.

I/We also understand that at the time of contract, I/we may be required to sign a Note & Mortgage (temporary lien) stating that I/we will continue to live in the home and will not sell or transfer it for a period of usually 2 to 10 years depending on the grant source and amount. If the residence is sold or transferred or is no longer used as my/our primary residence during the specified period of time, some or all of the grant award must be repaid to Arbor Development. **I further understand that this can affect my ability to refinance or secure a home equity loan on my property for that period of time.**

Signature of applicant: _____ Date: _____

Signature of co-applicant: _____ Date: _____

