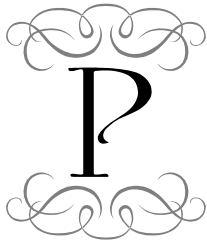


THE TOWN OF POLAND REHAB PROGRAM



The **Town of Poland Rehab Program** is a grant awarded to the Town of Poland by the New York State Office of Community Renewal (OCR) Community Development Block Grant (CDBG) program. The program is intended to provide financial assistance to low-income residents of the Town of Poland whose homes are in need of repairs.

APPLICATIONS MUST BE RECEIVED AS SOON AS POSSIBLE TO BE CONSIDERED FOR ASSISTANCE.

WHO IS ELIGIBLE?

The **Town of Poland Rehab Program** will assist approximately 8 owner-occupied properties. Commercial properties and rentals are not eligible. In order to be eligible, the residence must:

- 1) be located in the Township of Poland
- 2) be in need of repairs
- 3) be able to be repaired (brought up to basic health and safety standards) with the funds that are available, and
- 4) be owned and occupied by residents who meet income guidelines. Income eligibility is based on the *total* income of *all* members of the household *from all sources* (including social security, unemployment, retirement, etc.) *before any taxes or deductions*.
- 5) **If more than 8 complete applications are received, priority will be given to lower income households first. The eight lowest-income/least asset households whose homes can be repaired with the funds available will receive assistance.**

2018 INCOME GUIDELINES:

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

WHO WILL DECIDE IF I AM ELIGIBLE?

The Town of Poland has contracted with **Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)**, a countywide non-profit housing rehabilitation agency, to administer the funds. CHRIC will be responsible for verifying applicant eligibility and working with residents to assess the needs of eligible properties, complete work write-ups, and oversee work while it is underway. CHRIC can be contacted at:

Chautauqua Home Rehab & Improvement Corporation (CHRIC)
2 Academy St
Mayville, NY 14757
753-4650 (toll free: 661-7650)

WHAT TYPE OF WORK CAN BE DONE?

Any work that is necessary to bring the property up to basic health and safety standards may be eligible under the program, including work such as roofs, windows, doors, siding, furnaces, electrical, plumbing, etc. Grant funds cannot be used for remodeling or redecorating that is not necessary. **Federal regulations also *require* that all properties that receive assistance through the CDBG program be assessed for lead-based paint hazards. Any lead-based paint hazards that are found *must* be addressed as part of the work that is completed.**

The scope of work will be determined by the property owners and CHRIC's Housing Rehab Specialists. All work will be done by insured, independent contractors that have been pre-qualified by CHRIC. Contracts will be awarded based on competitive bids.

WHEN WILL THE WORK GET DONE?

The process of administering state funding does not allow things to happen as quickly as people often wish they would. On average, the current time frame for CHRIC projects runs approximately 11 months from receiving an application until the work is complete.

When your application is received it needs to be reviewed for completeness and to determine your eligibility. Then a rehab specialist will make an appointment to come to the property to inspect it with you. He or she will complete a work write-up, which you will have to sign indicating your approval. This write-up gets sent to contractors with whom you will make arrangements to receive bids on the work. The bids have to be evaluated so that total cost can be determined. When funds are in place, the contractor will be issued a Notice to Proceed, at which time he will order materials for the job and schedule the work.

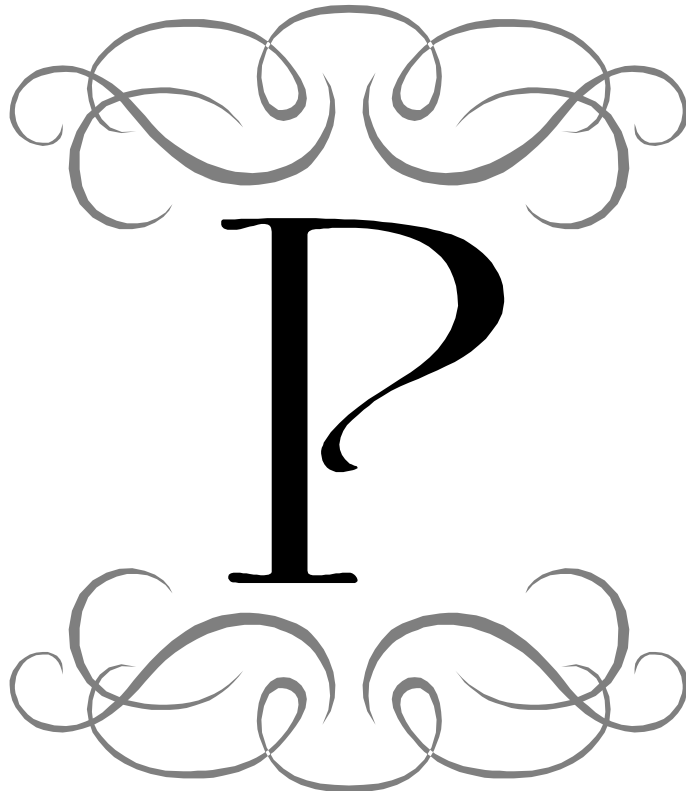
As you can see, each step is going to take a certain amount of time. Your involvement is required at almost every step, so you can help to avoid unnecessary delays by completing the things you need to do as quickly and thoroughly as possible.

WHAT WILL THE COST BE TO ME?

CHRIC will make every effort to cover as much of the cost as possible using CDBG funds and other CHRIC funds. In most cases, we are able to cover costs in full. If costs cannot be covered in full, you will be notified before contracts are prepared of how much cannot be covered. We will work with you to try to reduce costs if possible. If costs cannot be covered and you are unable to cover the shortfall, the project can be cancelled with no cost to you. However, we will make every effort to try to make sure that does not happen.

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

The OCR CDBG funds that are invested into the property are considered a deferred loan. A three-year declining lien will be placed on the property as a result of receiving assistance. The lien declines in equal amounts annually throughout the 3-year period. No payments have to be made. The only time you *may be* responsible for repaying any money is if you sell the property within the three-year lien period. However, circumstances can be investigated and the lien can be waived if repayment would cause a hardship (i.e., you are selling because you *have to* sell). The only real purpose of the lien is to prevent misuse of public funds by people who may seek free money to invest into a property in order to sell it at a profit.



TOWN of POLAND REHAB 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
Town of Poland Rehab Program administered by
Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)

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.**
3. The Poland Town Rehab Program will provide assistance to eight (8) homeowners. We expect to receive more than 8 applications for assistance. Program guidelines require that we give priority to applicants with lower incomes first. Therefore, **we will review all *complete* applications and rank them in order by verified income, low to high. Assistance will be provided to the twelve applicants of lowest income whose homes can be repaired with the funds available.** Incomplete applications will not be considered.
4. Health and safety issues, code violations, and lead-paint hazards must be addressed first. Other work cannot be done if these issues are not addressed. Please be aware that, in some cases, your housing rehab needs may be too extensive to be addressed with the funds that are available. If this is the case, your project will be denied.
5. All applicants are required to attend a Financial Management Workshop. You will learn more about the rehab program process and about budgeting to provide for future maintenance and repairs during the workshop. You will receive a schedule of the upcoming workshops after you submit your application.
6. **You can drop your application off at the Poland Town Hall during regular business hours or 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 about the application,
please do not hesitate to call EILEEN POWERS at CHRIC at 661-7653.**

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 65 Disabled

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

9. Are you a veteran of the US military? Yes No

TELL US ABOUT YOUR PROPERTY:

10. 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: _____

11. How long have you owned this property? _____

12. How many bedrooms are in the home? _____

13. What year was the house built? _____ **Do not leave this blank – guess if you are not sure**

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

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

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

17. Are all municipal fees, such as sewer and water, if any, paid to date? Yes No

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

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

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

If yes, please explain _____

21. 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.

22. Please *briefly* describe any work you feel the property needs. Also, please remember that we may not be able to do just the work that you want done - we must address health and safety issues, code violations, and lead-paint hazards according to program regulations.

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. If your household does not include a child under the age of six, is there a child under age 6 who visits the home regularly (grandchild, neighbor, child of a friend, babysit)? Yes No

We may have additional funds available to assist you if there is a child under age six who visits the home.

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

27. Have you received assistance with home repairs from any other agency? Yes No

If yes, what agency and when?: _____

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 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 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 DO NOT 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.

30. 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)

31. Have you filed for bankruptcy in the past seven years? Yes No
 If yes, when? _____
32. Have you ever been more than 60 days late on your mortgage? Yes No
33. Do you own any other property Yes No
 (besides the house for which you are requesting assistance)?
 If yes, please list the address: _____

34. 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	_____	_____

35. Certain rehab assistance that is available through CHRIC requires applicants to meet HUD Section 8 Income Limits, which includes an asset evaluation. The value of the assets is "imputed", which means we will follow a prescribed formula to determine the value of the assets. In order to determine the imputed value of your assets, we need you to check all boxes below that apply and write the current cash value in the space provided.

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 CHRIC for the **Town of Poland Rehab 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 Town of Poland 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 the Town of Poland, 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 Town of Poland Rehab Program funds.
- 5) I (we) also understand that, as a condition to receive any funds through any source in connection with the Town of Poland Rehab Program, the Town of Poland requires a three-year declining lien be placed on the property.

Owner's Signature

Date

Co-owner's Signature

Date

<p>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.</p>
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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.
- Copy of **DEATH CERTIFICATE** if another name appears on the Deed and that person is deceased.
- Proof of current **HOMEOWNER'S INSURANCE**. A photocopy of the Declarations Page, showing the dates of coverage is needed. A copy of a check, bill or receipt for payment is ***NOT*** acceptable. You can contact your insurance agent if you cannot find your Declarations Page.
- Proof of **PAID PROPERTY TAX** receipts for the most recent year
- If you have a mortgage on your home, **A PRINTOUT SHOWING A 12-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 12-month payment history.
- If you file tax returns, copies of your **2016 and 2017 IRS FORM 1040** (your federal income tax return forms) ***INCLUDING ALL W-2's, Schedules and Attachments***. If your income is from your own business, we will need three years of IRS 1040's. We do not need copies of your New York State tax returns.
- 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 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**