

# City of Rensselaer

**Proud Neighborhood Initiative –HOME Program – SHARS# 20233086**

## Home Owner Application

**Application must be completed in full when submitted or will be returned to sender**

Applicant's Name: \_\_\_\_\_ SS #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### HEAD OF HOUSEHOLD INFORMATION FOR APPLICANT

Household size: \_\_\_\_\_ Total Household Income: \_\_\_\_\_

#### ETHNICITY:

\_\_\_\_ Hispanic or Latino  
 \_\_\_\_ Non Hispanic or Latino

#### RACE:

\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_ Asian  
 \_\_\_\_ Black or African American  
 \_\_\_\_ Native Hawaiian or other Pacific Islander  
 \_\_\_\_ White/Caucasian

Over age 62: \_\_\_\_\_ Yes \_\_\_\_\_ No

Disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

List the names of all adults in your household who are over the age of eighteen and provide income to the household.

\_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_ Employer: \_\_\_\_\_

List the names of all children in your household who are under the age of seven. Have any of them been diagnosed with elevated blood level (EBL) for lead? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Age: \_\_\_\_\_ EBL: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ EBL: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ EBL: \_\_\_\_\_

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### HOUSING EXPENSES FOR OWNER-OCCUPANT

Mortgage Principal and Interest Payments \$ \_\_\_\_\_/month \$ \_\_\_\_\_/year

Real Estate Taxes (City/School/County/Solid Waste) \$ \_\_\_\_\_/month \$ \_\_\_\_\_/year

Hazard Insurance Payments (Homeowners Ins.) \$ \_\_\_\_\_/month \$ \_\_\_\_\_/year

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### PROPERTY INFORMATION:

Parcel ID # Sect: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ # of Units \_\_\_\_\_ Year Built \_\_\_\_\_

Current Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Is the property located in a flood plain? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Return completed form to Rick Van Vorst, 62 Washington St., Rensselaer, NY 12144. If you have any questions regarding this application, please contact Rick Van Vorst at 518-462-4839.

**TENANT INFORMATION:**

Name of Tenant: \_\_\_\_\_ # of Occupants: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Names and ages of all Tenant Occupants:

_____	Age: _____	_____	Age _____
_____	Age: _____	_____	Age _____
_____	Age: _____	_____	Age _____

**PROPOSED IMPROVEMENTS:**

List any known violations of the building code and/or other problems or other improvements proposed for inclusion in the project to be considered for assistance under the HOME Program. Attached additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AT NO TIME IS THE HOMEOWNER ALLOWED TO PERFORM ANY LABOR OR SWEAT EQUITY ON ANY ITEMS WITHIN THE SCOPE OF WORK!**

**PREVIOUS FEDERAL, STATE, OR LOCAL ASSISTANCE:**

During the past five years, has any work been done on this property with federal, state or local assistance? YES \_\_\_ NO \_\_\_

How did you hear about this grant? \_\_\_\_\_

**CURRENT MORTGAGE FINANCING:**

Please list any current mortgage loans that are secured by this property.

Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

This application is being submitted to establish eligibility for assistance under the HOME Program in the City of Rensselaer. I understand that additional documentation will be required and I give permission for representatives of the City to contact the employers listed above to verify this information

I attest that all information provided is complete and accurate \_\_\_\_\_  
Signature of applicant Date

### Instructions for submission

#### *Applications will not be accepted without all of the following:*

1. Proof of Ownership: Provide a copy of the **RECORDED** deed to the property AND a recent Utility Bill.
2. Proof of Home Owners Insurance: Provide a copy of up-to-date Policy with expiration date. Include Flood Insurance coverage if required.
3. Provide income verification of:
 

Applicant	(copies of tax returns, SSI letters, pay stubs, etc.)
Applicant's spouse	(copies of tax returns, SSI letters, pay stubs, etc.)
All members of Household	(copies of tax returns, SSI letters, pay stubs, etc.)
<b>ALL TENANTS</b>	(copies of tax returns, SSI letters, pay stubs, etc.)

**NOTE: Pay stubs must be consecutive, less than six months old and cover a period of two months or more.**

4. Proof of paid property taxes, including Water/Sewer and Solid Waste.
5. Proof that all mortgage(s) are up to date.

#### **Guidelines:**

- A. The applicant certifies that all information in this application and all information provided in support of this application is given for the purpose of obtaining financial assistance under the Neighborhood Proud Initiative – HOME Program 2023, and is true and complete to the best of his/her knowledge and belief. Verification of any of the information contained in this application may be obtained from any source contained herein.
- B. The applicant further certifies to the ownership of the property described in this application and that any funds disbursed through the HOME Program will be used only for the work and materials set forth in the scope of work.
- C. The applicant agrees not to discriminate on the basis of race, age, sex, handicap, creed or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with the assistance of HOME Program funds. Moreover, the applicant agrees not to discriminate against a tenant because he/she is receiving rental subsidies.
- D. The applicant agrees that if any temporary relocation of tenants is necessary during rehabilitation, any cost associated with the relocation will be his/her responsibility.
- E. The applicant agrees that only the owners' unit is eligible for rehabilitation through the Program. Rental units are not eligible for rehabilitation under this program.
- F. The applicant agrees to allow program rehabilitation personnel access to the building during the construction period for inspection and administrative purposes.
- G. The applicant hereby certifies that she/he has read and agrees to the Proud Neighborhood Initiative Program Guidelines.
- H. The applicant further understands that U.S.C, Title 18, Section 1001, provides the following penalty for false or fraudulent statements; "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Initials: \_\_\_\_\_