

Date Received: _____

Local Project #: H 22-

City of Rensselaer

Proud Neighborhood Initiative - HOME PROGRAM – SHARS# 20223081 APPLICATION PACKET

Thank you for your interest in the City of Rensselaer Proud Neighborhood Initiative 2022 HOME Program. The New York State HOME Program is administered by the New York State Housing Trust Fund Corporation (HTFC) and uses federally allocated HOME Investment Partnership Program funds to expand the supply of decent, safe, and affordable housing within the State. To start the process, fill out and return the entire **Application Packet** in full and submit along with copies of ALL of the requested household income information and ownership and mortgage verification.

ELIGIBILITY: The property must be within the boundaries of the City of Rensselaer, proper, be owner occupied and owner has to be financially qualified.

FOR OWNER – OCCUPIED UNITS AND RENTAL UNITS IN OWNER –OCCUPIED BUILDINGS

- Grants of up to \$50,000 are available for rehabilitation of homes that are in need of improvements to address health and safety concerns, accessibility issues, code violations and energy efficiency. These items will be addressed first as HOME funds must be applied to improvements needed to bring the property into compliance before any other improvements will be financed with HOME funds.
- Applicant's making improvements to their owner-occupied unit must have an annual household income that does not exceed 80% of the Area Median Income at the time of application. The following table shows this limit for families of varying sizes in Rensselaer County in as of June 2022. Applicants will be required to provide documentation of their anticipated family income for the 12-month period beginning at the time of application, including copies of pay stubs, bank statements, unemployment & disability checks, and other forms of income. This information must be updated every 6 months prior to eligibility determination.

Rensselaer County Income Limits by Household Size – June 2022

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80% AMI	\$ 59,400	\$ 67,850	\$ 76,350	\$ 84,800	\$ 91,600	\$ 98,400	\$ 105,200	\$ 111,950

- Tenants in any assisted units must have an annual family income that does not exceed 80% of the Area Median Income. Property owners will be required to assist the City in obtaining source documentation of tenant incomes at the time of application, including copies of pay stubs, bank statements, unemployment & disability checks, and other forms of income. Rent charges must be within HOME rental rate regulations throughout the period of affordability.
- Property owners will be required to reside in the building for the full Period of Affordability (POA), which is five years, or repay a pro-rated portion of the grant.

Return all completed forms to Rick Van Vorst, 62 Washington St., Rensselaer, NY 12144
If you have any questions, please call Rick Van Vorst at (518) 462-4839

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PREAPPLICATION CHECKLIST

All forms must be completed in full and all documents must be clear copies of originals.
Incomplete and/or illegible applications will not be accepted.

	Attached?
Completed Application	Yes___ No___
Copy of Driver's License	Yes ___ No___
Income Certification Form for owner-occupied household and Tenant household (as applicable).	Yes ___ No ___
Source Documentation (of all household income)	Yes ___ No ___
Proof of Ownership (deed and recent utility bill)	Yes ___ No ___
Verification of Social Security Income for owner-occupied household (as applicable).	Yes ___ No ___
Verification of employment for all owner-occupied households (as applicable)	Yes ___ No ___
Most recent Mortgage Statement or Satisfaction of Lien.	Yes ___ No ___
Proof of current Homeowners Insurance (and flood insurance if applicable)	Yes ___ No ___

Please sign below to certify that all information above and included in attachments is complete and accurate to the best of your knowledge. Signing below certifies that you (and all household members) understand that the material you have provided will determine eligibility for funds but does not require the City to provide you grant funds (all household members with contributing income must sign). Partially completed applications will be returned without further review.

Name: _____	Signature and Date_____
Name: _____	Signature and Date_____
Name: _____	Signature and Date_____
Name: _____	Signature and Date_____

Please note that your Application is not complete, and you may not be Eligible for assistance, without proof of all applicable household income sources and review of all other Application materials. An incomplete Application will not be processed by the City.

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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 know 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.

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? If yes, describe the dates, work items and cost (amount of previous grant).

YES ____ NO ____

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 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

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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.
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.)
ALL TENANTS	(copies of tax returns, SSI letters, pay stubs, etc.)
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 2022, 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 a unit occupied (or to be occupied) by a low-moderate-income household is eligible for rehabilitation through the Program and that if said unit is or becomes vacant within a three-year period from the date of completion of the work it will be rented to a low-moderate income household at a rent at or below the Fair Market Rent determined by the U.S. Department of Housing and Urban Development for the Albany-Schenectady-Troy Area. Moreover, information on rental charges will be provided when requested by the City of Rensselaer Planning Agency Grant Administrator for a period of one year following the completion of the project.
- 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: _____

City of Rensselaer

Proud Neighborhood Initiative 2022 HOME Program – SHARS# 20223081

Applicant Income Statement

Name:	Phone:
Address:	Email:

This form (including schedules on Page 2) must be completed by each adult (age 18 or older) in any household applying for assistance under the HOME Program. Source documentation to verify income must be included.

TABLE 1

INCOME SUMMARY	Income from Prior Year	Current Amounts	Projected income for next 12 months
Salary or Wages, Tips, etc.	\$	\$(/wk/mo/yr)	\$
Social Security (incl. Medicare)	\$	\$(/wk/mo/yr)	\$
Pensions, Annuities, other Retirement Income	\$	\$(/wk/mo/yr)	\$
Unemployment Compensation	\$	\$(/wk/mo/yr)	\$
Disability Compensation	\$	\$(/wk/mo/yr)	\$
Child Support of Alimony Income	\$	\$(/wk/mo/yr)	\$
Armed Forces Income (not including student financial aid)	\$	\$(/wk/mo/yr)	\$
Welfare Assistance *	\$	\$(/wk/mo/yr)	\$
Other _____	\$	\$(/wk/mo/yr)	\$
Real Estate Income	\$	\$(/wk/mo/yr)	\$
Business Income	\$	\$(/wk/mo/yr)	\$
Totals	\$	\$(/wk/mo/yr)	\$

CERTIFICATION

I certify that all of the information on this form and the attached documentation are complete and accurate to the best of my knowledge and belief.

Signed: _____ Date: _____

*If the welfare assistance includes an amount specifically designated for shelter and utilities, income is calculated as the welfare allowance *minus* the actual amount for shelter and utilities, *plus* the *maximum* amount that the welfare assistance agency could allow for shelter and utilities.

NOTE: U. S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

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TABLE 2
Personal Assets

	Current Value	Income from Prior Year	Current Amounts	Projected Income
Bank Accounts & CD's	\$	\$	\$(mo/yr)	\$
Stocks/Bonds	\$	\$	\$(mo/yr)	\$
Real Estate	\$	\$	\$(mo/yr)	\$
Retirement Accounts	\$	\$	\$(mo/yr)	\$
Insurance Policies	\$	\$	\$(mo/yr)	\$
	\$	\$	\$(mo/yr)	\$
	\$	\$	\$(mo/yr)	\$

TABLE 3
Real Estate Income

Property Address	Gross Rent	Cash Expenses	Net Income
	\$	\$/month	\$
	\$	\$/month	\$
	\$	\$/month	\$
	\$	\$/month	\$

TABLE 4
Business Income

Income from Business Activities (Line 3, Schedule C, Form 1040)		\$
Costs of Goods Sold (Line 4, Schedule C, Form 1040)	\$	
Advert, Bad Debt, Car/Truck, Fees (Lines 8-11, Schedule C, Form 1040)	\$	
Benefits, Insurance, Interest (Lines 14-16, Schedule C, Form 1040)	\$	
Legal, Professional, Office (Lines 17-17, Schedule C, Form 1040)	\$	
Rent of Lease Expenses (Line 20, Schedule C, Form 1040)	\$	
Repair, Supplies, Taxes, Entertain, (Lines 21-24, Schedule C, Form 1040)	\$	
Utilities (Line 25, Schedule C, Form 1040)	\$	
Wages (Line 26, Schedule C, Form 1040)	\$	
Other Expenses (Line 27, Schedule C, Form 1040)	\$	
Total Cash Expenses related to Business Activities		\$
Net Business Income		\$
Non-cash expenses (ie: depreciation or amortization) will not be included here; and expenses that are not justified or not directly related to the business activity (eg: personal or household expenses) will be deducted from the amounts listed on the federal tax return.		

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City of Rensselaer

Proud Neighborhood Initiative - HOME Program – SHARS# 20223081 Income Fact Sheet

Eligibility for assistance under the City of Rensselaer Proud neighborhood Initiative Program is determined on the basis of household size and income. Each Applicant must provide complete documentation, as requested by the City, of all income sources for every adult member of each household in the property to be repaired. If there are rental apartments in the property, complete income documentation must be provided for each tenant household. No Application can move forward without a determination by the City of the income eligibility of each Applicant household.

A complete, signed copy of the latest federal tax return with all schedules and attachments and worksheets (W-2, 1099, etc.) should be provided as basic income documentation. However, the tax return does not document current income; and it might not include some income sources that are not taxable, but which the City must consider as part of the household income for this Program. The following source documentation should be provided for different types of income. The City will maintain **confidentiality** of all income information.

SALARY or WAGES - copies of at least 3 to 4 current payroll stubs, statements from employers or other documentation, as required to establish the current wage income for each working adult.

SOCIAL SECURITY - a statement of benefits for the current year with copies of current checks or direct deposits to establish the gross benefit (before deductions for Medicare insurance).

PENSIONS - statements detailing the payments received during the preceding calendar year and current monthly or annual payments for pensions, IRA's, annuities and any other retirement benefits.

UNEMPLOYMENT or DISABILITY - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability or worker's compensation. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the current or potential household income.

PERSONAL ASSETS - details of all personal assets including documentation of current values and income generated during the previous year. Income will be projected for the current year and may be imputed for those assets that do not generate any current interest or dividends.

INCOME FROM REAL ESTATE - details of all income from investment rental properties owned by the Applicant in Rensselaer or elsewhere. The net amount of that income after deducting actual cash expenses related to each property must be included in the household income.

BUSINESS INCOME - details of all income from business activities, including documentation of revenues and expenses must be provided. Net business income will be calculated on a cash basis without deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may be made to offset personal or household expenses charged to the business.

OTHER INCOME - details of all income from any other source (such as: alimony, child support, rent supplements, education benefits, recurring lottery payments, etc.) received by or on behalf of any adult member of the household during the preceding calendar year and projected for the current year.

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Proud Neighborhood Initiative 2022 HOME Program – SHARS# 20223081

Verification of Social Security Income

Name _____

Address: _____

Date of Birth: ____/____/____

Social Security Number: ____-____-____ / ____-____-____

I do hereby authorize the Social Security Administration to furnish the City of Rensselaer Proud Neighborhood Initiative 2022 HOME Program operated by the City with information regarding the type and amount of monthly payments made to me.

Signature: _____

Date: _____

Please return requested information to:

City of Rensselaer Proud Neighborhood Initiative 2022 HOME Program
62 Washington St.
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Verification of Employment Income

Part I: To be completed by applicant (complete one form for each employed member of the household. If more than one employer complete additional forms)

Applicant Name and Address: _____

Employer Name and Address: _____

Attention Employer – I do hereby authorize my employer to furnish the City of Rensselaer Proud Neighborhood Initiative 2022 HOME Program, operated by the City with information regarding my wages. My signature below authorizes you to provide the information requested.

Applicant Signature

Part II: To be completed by Employer

The above named applicant is employed with us.

Position or Title: _____

Rate of Pay: \$ _____ per _____ (hour/year, Etc.) hours per week _____

Anticipated change in rate of pay _____

Dates of Employment: From _____ to _____

The above information is furnished in strict confidence, in response to the above request.

Employers Signature

Title

Employer, please return this form to:

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