



Community Progress Inc. Housing Rehab Application

147 E Second St. - Corning - NY - 14830 - 607-962-3506 - Fax- 607-962-8328

MOBILE HOME

Fill out Completely

County _____

Applicant Information

Veteran? Yes _____ No _____

Name: _____ Age: _____

Address: _____

Phone # _____ Cell # _____

E mail: _____ Social Security # _____

Income Source 1: _____ Gross Monthly Income: \$ _____

Income Source 2: _____ Gross Monthly Income: \$ _____

Other: _____ Liquid Assets: \$ _____

Liquid Assets (Stocks, Bonds, CD's, Savings Account's, IRA's, Trusts...)

Gross Income = before deductions/taxes

Co-Applicant or Spouse Information

Name: _____ Age: _____

Address (If different): _____

Phone # _____ Cell # _____

E mail: _____ Social Security # _____

Income Source 1: _____ Gross Monthly Income: \$ _____

Income Source 2: _____ Gross Monthly Income: \$ _____

Is Co-Applicants name on the deed? Yes _____ No _____ Liquid Assets: \$ _____

Other Household Members:

If other household members are over the age of 18 and not a fulltime student all income sources must be provided

Name: _____ Age: _____ Relationship: _____

Income Source: _____ Gross Income: \$ _____

Full time Student? _____

Name: _____ Age: _____ Relationship: _____

Income Source: _____ Gross Income: \$ _____

Full time Student? _____

Name: _____ Age: _____ Relationship: _____

Income Source: _____ Gross Income: \$ _____

Full time Student? _____

Property Information

Applicants must own and occupy the home for at least one (1) year prior to application date.

Property must be deeded in the applicant's name.

Deed must be recorded in the County Clerk's Office.

You must own the land that your Mobile Home is on.

Homes must be mortgage free- no liens.

Property Information: (Fill out completely)

Number of years at this address: _____ Total number of occupants: _____ Number of bedrooms: _____

Year built: _____ Tax ID# _____ Assessed Value\$ _____

Do you plan to move in the next ten (10) years? _____

Are there any liens attached to this property? _____ Explain: _____

Are there any detached buildings on the property? _____

Please initial:

Applicants may be required to provide funding in certain circumstances.

I am aware that my property taxes may increase and that I am responsible to continue to pay all property taxes and homeowner's insurance for the lien term. I am also aware that I need to maintain the new home to HUD standards for the lien term. **Initial** _____

HAVE YOU EVER BEEN SERVED BY COMMUNITY PROGRESS, INC. OR A SIMILAR ORGANIZATION?

YES _____ NO _____

IF SO, NAME OF ORGANIZATION/s and Funding Sources known and dates.

Have you or anyone in your household composition ever been convicted of a crime? NO _____

YES _____ Explain _____

A background check will be completed for all Mobile Home Replacement applicants and household members. Anyone with a prior felony, listed as a sex offender or gets convicted of a felony during the process will be eliminated from the program and will not be eligible to receive a new home. _____ **Initial**

I understand that a ten (10) year Note and Mortgage lien will be placed on property and the new home is not allowed to be used as collateral for any reason. _____ **Initial**

YOU MUST INCLUDE COPIES OF THE FOLLOWING ITEMS:

(Please be sure to submit ALL required applicable documentation with your application or it will delay the process.)

Applicant/s ID:

- Photo ID & Birth Certificate (to prove citizenship) You must provide BOTH sources of ID.

Property Ownership:

- Deed- Provide a copy of your recorded deed (land MUST be deeded in applicant's name)
- Death Certificate- If deceased spouse's name is on deed, provide a copy of certificate
- Homeowner's Insurance- Current declaration page showing policy # and expiration date
- Property taxes: 2023 & 2024 PAID receipts of all applicable (Town & County, Village, City)
- School taxes: 2022/2023 & 2023/2024 PAID receipts

DO NOT SEND TAX BILL UNLESS IT IS STAMPED or PRINTED "PAID"

Income Verification:

(Provide income verification for ALL income received from ALL household members over the age of 18)

- Tax Returns- Two (2) most recent years (if applicable) (Include a copy of your entire, signed, return)
- Bank Statements for checking AND Savings Accounts Last Three (3) months for all household members
- Satisfaction of Mortgage (if applicable)
- Pay Stubs- Eight (8) weeks or (2 months) consecutive current Pay Stubs
- Social Security Benefit Statement (Award Letter) for the current year (SS Office: 1-800-772-1213)
- Child Support Order or Award Letter (if applicable)
- Include all income received from Social Services - food stamps, income subsidies, heap, etc....
- Retirement/Pension, Workers Comp, Unemployment (Benefit Award Letters)
- Self-Employment- Current ledger of amount earned to date.
- Assets - Savings \$ _____ 401K/ IRA \$ _____ Stocks/Bonds \$ _____ Other \$ _____

***Are you a US Citizen? Yes _____ No _____ Explain _____**

You must certify that you are a US citizen.

I hereby certify that to the best of my knowledge and belief the information provided herein is true and correct, and that I am an owner-occupant of the property for which rehabilitation is proposed. All household income has been included and disclosed.

WARNING - Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. CPI will prosecute to the full extent of the law for anyone misrepresenting misinformation. **Signing this application also allows CPI to release and share your information with other Housing Rehabilitation Agencies for possible collaboration of funding that you may need to complete your project.**

X _____
Applicant Signature Date

X _____
CPI Representative Date

Contact a CPI Staff Member with any Questions 607/962-3506



Fill out Debt to Income worksheet for each working household member

Debt to Income Ratio Worksheet

Name _____

Annual Gross Income (before taxes) \$ _____

Monthly Gross Income \$ _____

Assets (checking/savings/retirement, etc.) \$ _____

Monthly Credit Obligations

Rent/Mortgage \$ _____

Auto Loan \$ _____

Auto Loan \$ _____

Property Taxes \$ _____

Credit Card Visa/MC/Discover/AmEx \$ _____

Credit Card _____ \$ _____

Credit card _____ \$ _____

Child Support \$ _____

Alimony \$ _____

Utilities (total) Electric/Gas/Cable/Etc... \$ _____

Insurances (Home/Auto/s) \$ _____

Medical Expenses \$ _____

Other (explain) \$ _____

Other (explain) \$ _____

Other (explain) \$ _____

Total: \$ _____

I hereby certify that to the best of my knowledge and belief the information provided herein is true and correct, and that I am an owner-occupant of the property for which rehabilitation is proposed. All household income and debt has been included and disclosed.

X _____

For Office use Only

Monthly Income \$ _____ Monthly Debt \$ _____

Debt Divided by Income = _____ %

Debt to Income Ratio Worksheet

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Assets (checking/savings/retirement, etc.) \$ _____

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Auto Loan \$ _____

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Property Taxes \$ _____

Credit Card Visa/MC/Discover/AmEx \$ _____

Credit Card _____ \$ _____

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Insurances (Home/Auto/s) \$ _____

Medical Expenses \$ _____

Other (explain) \$ _____

Other (explain) \$ _____

Other (explain) \$ _____

Total: \$ _____

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