



Community Progress Inc. Housing Rehab Application

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

AHC

DATE: _____

Applicant Information

Veteran? Yes _____ No _____

Name: _____ Age: _____

Address: _____ County _____

CPI cannot assist homeowners that reside within the city limits of Elmira.

Phone # _____ Cell # _____

E mail: _____ Social Security # _____

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

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

Other: _____ Liquid Assets: \$ _____

Liquid Assets may not exceed \$15,000.00 (Stocks, Bonds, CD's, Savings Account's, Certain IRA's & Trusts...)

Gross Income = before deductions/taxes

Co-Applicant 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-Applicant's name on Deed? Yes _____ No _____ Liquid Assets: \$ _____

Other Household Members:

If other household members are over the age of 18 and not a full time 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? _____

Submit additional information on other paper, as needed.

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.

NO Land Contracts!

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

Is this a Mobile Home? Yes _____ No _____

If yes, skip this next section and go to Mobile Home section below:

Mobile homes in parks are NOT eligible. You must own the land for mobile homes to be considered program eligible.

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 on moving in the next five (5-10) years _____

Do you have a Mortgage on the home? _____ Mortgage Company: _____

Do you have a Home Equity on the home? _____ Financial Institution: _____

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

Are there any detached buildings on property? _____

Repairs Requested: _____

Eligible Mobile Home owners only: (Must own land- NO land contracts)

Age of mobile home: _____ Tax ID # _____

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

Assessed value of mobile home \$ _____ Is the home on permanent foundation? _____

Do you own the land the home is placed on? _____ Do you have a title to the home? _____

Do you have a Mortgage on the home? _____ Mortgage Company: _____

Do you have a Home Equity on the home? _____ Financial Institution: _____

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

Repairs Requested: _____

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. No land contracts. (You can get your deed from your County Clerk's Office.)
 Death Certificate- If deceased spouse's name is on deed, provide a copy of the certificate.
 Homeowner's Insurance- Current declaration page showing policy # and expiration date.
 Property taxes: Last 2 years PAID receipts of all applicable- Town & County, Village, City
 School taxes: Last 2 years of PAID receipts

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

Income Verification: Send all that is applicable to your household

(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
 Mortgage Statement from lender showing one year of on-time, current, payments or
 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-Online or (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)
 Assets - Savings \$ _____ 401K/ IRA \$ _____ Stocks/Bonds \$ _____ Other \$ _____

HAVE YOU EVER BEEN SERVED BY COMMUNITY PROGRESS, INC. OR A SIMILAR ORGANIZATION?
YES _____ NO _____ IF SO, NAME OF ORGANIZATION/s and dates served

Have you or anyone in your household been convicted a felony? _____ Explain _____

*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 _____ Date
Applicant/s Signature

X _____ Date
CPI Representative

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





Dear Applicant,

Thank you for your interest in the NYS AHC rehabilitation program administered by Community Progress, Inc.

Homeowners must meet income eligibility requirements. Total Gross combined income must not exceed.

1 person	2	3	4	5	6	7	8
\$52,700	\$60,200	\$67,700	\$75,300	\$81,400	\$87,400	\$93,400	\$99,400

You must own and occupy the home including the land for at least one year prior to application. Land contracts or mobile homes located on rented or leased property are **not** eligible. Minimum scope of work is \$2,000.

You must have a homeowner's insurance policy. All property and school taxes need to be paid and up to date. **A two (2) - ten (10) year Note and Mortgage lien will be placed on your property to secure NYS program funding.**

Please fill out the enclosed application completely. Return the application to our agency along with copies of **ALL** the required documentation that is applicable to you and all household members. We will need a copy of your deed including the schedule A, for proof of ownership. If you cannot locate your deed, you can easily obtain it from your County Clerk's Office. **Please do not hesitate to call our office with questions or assistance with your application.**

You will be contacted as soon as we have a determination or if we need any more information from you.

Please read and sign the next page...



Dear Applicant,

Please sign and return this document along with your application to Community Progress, Inc. for your home repair assistance needs. If you have any questions, feel free to give me a call.

A 2 to 10 year Note and Mortgage lien for the amount of AHC funding used on your project will be recorded in the County Clerk's Office at the completion of your project. This is NOT reported to the credit bureau. This lien just secures NYS grant funding in the same way a Home Equity Loan would through a lender. The lien term will depend on the amount of AHC funds allocated for your project. Projects under \$5,000.00 will be a 2-year lien. Projects between \$5,001.00 and \$10,000.00 will be a 5-year lien. Any amount over \$10,000.00 will be a 10-year lien. You are required to own, occupy, and insure your home for the duration of the lien. There is no payback on this money, if you remain in the home for the lien term. You may sell your home, but if it is sold or transferred before the end of the term you will be required to pay NYS-AHC any funds left on the remaining term of the lien. The amount of funding used does depreciate by 10% every six (6) months after five years. For those who have terms under five (5) years the entire amount will have to be repaid. You will also not be permitted to refinance your mortgage during this term, if there is any cash-outs or consolidations involved. Straight refinances may be eligible and is determined on a case per case basis.

Subordinations are not suggested or guaranteed by NYS Affordable Housing Corp. There will be a \$250.00 fee for every subordination request.

Finally, if you, as the applicant, decide to decline the NYS Affordable Housing Corporation funding **AFTER** CPI's Rehab Consultant assesses your home, you will be responsible for any costs that CPI has put forth on your project to date, should YOU decide not to move forward with the project. You will be billed directly for this, and payment will be due within 30 days.

By signing below, you state that you understand these conditions and agree to all terms and conditions.

X _____ Date _____
Homeowner