

Gloversville Community Development Agency

CDBG Housing Rehabilitation Program

THE PROGRAM

The Gloversville Community Development Agency is operating a housing rehabilitation program in the city of Gloversville. This program provides grants to homeowners to revitalize the neighborhood, improve residential properties, eliminate code violations, and improve energy efficiency of buildings. This program is funded through the New York State Division of Housing and Community Renewal with funding provided by U.S. Department of Housing and Urban Development HOME program.

WHO QUALIFIES

Homeowners and landlords who own residential properties in the City of Gloversville within the target area shown on the map on the following page may qualify for assistance. Families who reside in owner occupied houses may qualify for a full 100% grant up to \$25,000 per dwelling unit if the family income falls within the HUD income Limits. Rental properties qualify for 50% grant assistance under this program if the tenants meet the income limits. The landlord must match the 50% grant with his or her own funds.

ELIGIBLE IMPROVEMENTS

Below is a partial list of improvements that are eligible for financial and technical assistance through the program:

Electrical Work	Roof Replacement
Insulation	Steps & Railings
Plumbing Repairs	Heating Systems
Exterior Painting	Windows
Cosmetic Repairs are not eligible.	

INCOME LIMITS

Applicants must fall within the following income limits to qualify for assistance. The limits below are the maximum income for all family members combined. All persons who reside in the household must be included in the calculation of income, and all income, whether or not it is taxable income, must be included.

Family Size	1	2	3	4
Income Limit	31,750	36,250	40,800	45,300

Family Size	5	6	7	8
Income Limit	48,950	52,550	56,200	59,800

A target area map and program application forms are included on the following pages.



**CITY OF GLOVERSVILLE
CDBG 2013 TARGET AREA**

- Residential Properties
- Neighborhood Commercial
- City Park or Vacant Land

**GLOVERSVILLE CDA
HOUSING REHABILITATION PROGRAM
APPLICATION FORM - OWNER OCCUPIED HOME**

Applicant Name:			
Co-Applicant Name:			
Address:			
Phone Number:		Family Size:	
Applicant Place of Employment:			
Co-Applicant Employment:			
Number of Dwelling Units In Home, Including Owner's Unit:			
Source of Income	Applicant	Co-Applicant	Other Family
Annual Salary:	\$	\$	\$
Pension or Annuities:	\$	\$	\$
Social Security:	\$	\$	\$
Real Estate:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Other (Specify):	\$	\$	\$
Total Yearly Income:	\$	\$	\$
Total Household Income:	\$		
Type of Assets	Cash Value of Assets		Imputed Income From Assets
	\$		\$
	\$		\$
	\$		\$
Total Imputed Income From Assets			\$
Combined Household and Imputed Income			\$
Work Desired by Property Owner:			
Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or Local Law ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details:			
Do You Have Any Open Judgements or Liens Against Your Property, Other Than Your Home Mortgage ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details:			

Application for Owner Occupied Home - Page 2

Race (indicate for owner and tenant, if any)

- White Black Asian or Pacific Islander
 American Indian or Alaskan Native Hispanic

I/We certify that all information and documentation in this application, for assistance under the Housing Rehabilitation program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

The applicant grants the Agency the right to independently verify any or all of the information supplied herein, and understands that the Agency may refuse to approve the application or may revoke any loan commitment made if there is any material misrepresentation in the application, including the attachments hereto.

I/We further understand that the Agency will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the City of Gloversville Housing Rehabilitation Program. I/We further agree that the Agency may verify credit history of the applicant.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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).

THIS SECTION TO BE FILLED OUT BY AGENCY ONLY:

Applicant Qualifies Low/Mod Income Yes No

Documentation Has Been Provided As Follows: (Check Off)

- Deed or Land Contract Proof of Homeowner Insurance
 Proof of Paid Taxes Income Tax Return or Other Income Verification

Application Reviewed by Agency Official:

Signature: _____ Date: _____

**GLOVERSVILLE CDA
RENTAL REHAB PROGRAM
DOCUMENTATION LIST**

THE FOLLOWING ITEMS MUST BE PROVIDED BY THE PROPERTY OWNER, IN ADDITION TO FILLING OUT AND SIGNING THE 2 PAGE APPLICATION FORM.

- _____ DEED OR LAND CONTRACT (MUST BE FILED WITH COUNTY CLERK)

- _____ OWNER'S INSURANCE CERTIFICATE AND PROOF OF PAYMENT

- _____ RECEIPTS OF TAX BILLS AND PROOF OF PAYMENT

- _____ DOCUMENTATION OF INCOME INCLUDING ANY OF THE FOLLOWING:
Tax Return, Pension Award Letter, W-2, Social Security Release, Support Agreement,
etc, for Homeowner and Tenants

- _____ TENANT INCOME AND RENT CERTIFICATIONS For ALL TENANTS (if applicable)

**GLOVERSVILLE CDA
HOUSING REHABILITATION PROGRAM
APPLICATION FORM FOR RENTAL PROPERTY**

Applicant Name:

Co-Applicant Name:

Address of Owner:

Phone Number:

Fax Number:

Address of Property to be Rehabilitated:

Number of Dwelling Units In Property To Be Rehabilitated:

Apt #	1	2	3	4
Tenant Name				
Monthly Rent:	\$	\$	\$	\$
Tenant Family Size				
Tenant Annual Income:	\$	\$	\$	\$
Tenant Is Low Income (Y or				
Apt #	5	6	7	8
Tenant Name				
Monthly Rent:	\$	\$	\$	\$
Tenant Family Size				
Tenant Annual Income:	\$	\$	\$	\$
Tenant Is Low Income (Y or				

Work Desired by Property Owner:

Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or

Do You Have Any Open Judgements or Liens Against Your Property, Other Than Your Home Mortgage ?
 Yes No If Yes, Provide Details:

Race (indicate for owner and tenant, if any)

- White Black Asian or Pacific Islander
 American Indian or Alaskan Native Hispanic

I/We certify that all information and documentation in this application, for assistance under the Amsterdam Housing Rehabilitation program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

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I/We further understand that the Agency will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the City of Gloversville Housing Rehabilitation Program. I/We further agree that the Agency may verify credit history of the applicant.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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).

THIS SECTION TO BE FILLED OUT BY AGENCY ONLY:

Property Qualifies Low/Mod Income Yes No

Documentation Has Been Provided As Follows: (Check Off)

- Deed or Land Contract Proof of Homeowner Insurance
 Proof of Paid Taxes Tenant Income Certifications

Application Reviewed by Agency Official:

Signature: _____ Date: _____

**GLOVERSVILLE CDA
RENTAL REHAB APPLICATION DOCUMENTATION LIST**

THE FOLLOWING ITEMS MUST BE PROVIDED BY THE PROPERTY OWNER, IN ADDITION TO FILLING OUT AND SIGNING THE 2 PAGE APPLICATION FORM.

- _____ DEED OR LAND CONTRACT (MUST BE FILED WITH COUNTY CLERK)
- _____ OWNER'S INSURANCE CERTIFICATE AND PROOF OF PAYMENT
- _____ RECEIPTS OF TAX BILLS AND PROOF OF PAYMENT
- _____ DOCUMENTATION OF INCOME INCLUDING ANY OF THE FOLLOWING:
Tax Return, Pension Award Letter, W-2, Social Security Release, Support Agreement,
etc, for Homeowner and Tenants
- _____ TENANT INCOME AND RENT CERTIFICATIONS For ALL TENANTS (if applicable)

GLOVERSVILLE COMMUNITY DEVELOPMENT AGENCY

Version 10/29/14

TENANT CERTIFICATION

Tenant Name:	
Tenant Address:	
Unit Number or Location:	
Number of Persons in Family:	
Is Unit <input type="checkbox"/> Occupied or <input type="checkbox"/> Vacant ?	
Number of Bedrooms in Unit:	
Is the Head of Household Elderly ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Head of Household Handicapped ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Head of Household a Female ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Rent per Month:	\$ _____
Does the Rent Include Utilities ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Income per Year	\$ _____
Indicate Ethnic Information (optional)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Indicate Racial Information (optional)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan
I hereby certify that the above information stated above is true and correct.	
_____	_____
Tenant Signature	Date