

FIRST WARD ACTION COUNCIL, INC.

167 Clinton Street, Binghamton, New York 13905 • (607) 772-2850

Grants APPLICATION

Please select what grant(s)
you are applying for

ACCESS TO
HOME

HOME

T-HIP

AHC

RESTORE

GENERAL INFORMATION

1. Name _____ Age _____ Date of Birth _____

2. Mailing Address _____
Street Address

City _____ Zip Code _____

3. Actual Address (if different) _____

4. Email Address: _____

5. Telephone Number (_____) _____ County _____

6. Second Contact: Preferably a relative, friend or neighbor who has a separate phone number.
Please let this person know you have submitted his or her name.

Print Name _____ Phone Number (with Area Code) _____ Relationship _____

7. List below **ALL** household members **including yourself** (Use additional sheet if necessary.)

Name Relationship Age Date of Birth

Please note that your eligibility for the housing rehabilitation programs is based on:

1. **All** household members income (including all non-taxable income.)
2. Condition of property
3. Grant funding available
4. Accessibility needs

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

EMPLOYMENT / INCOME

(List All Income for Everyone Living in the Home. Use Additional Sheet(s) if Necessary)

A) Employed Applicant(s)

1. Name of Company _____

Address _____

Supervisor _____ Phone # _____

Annual Income _____ Hourly Rate _____

2. Name of Company _____

Address _____

Supervisor _____ Annual Income _____

Phone # _____ Hourly Rate _____

Rec'd

Name

Amount \$

- B) Unemployment: weekly _____
- C) Retirement: monthly _____
- D) Social Security: monthly _____
- E) S.S.I.: monthly _____
- F) Child Support: monthly _____
- G) Alimony: monthly _____
- H) Public Assist: monthly _____
- I) Other Income (specify): _____

ASSETS FOR EVERYONE LIVING IN THE HOME

Assets include, but are not limited to:

- | | | |
|---|-----------------------------|---------------------------------|
| CD's | savings accounts | cash in checking accounts |
| stocks, bonds | treasurer bill | money market account |
| retirements & Keogh accounts | retirements & pension funds | antique cars |
| second and other vehicles | collections | motor cycles |
| camper | RVs | 4-wheeler |
| personal property held as an investment | personal investments | life insurances with cash value |
| rental or vacation properties (includes vacant properties, or land) | | |

Name of Family Member	Asset Description	Current Cash Value	Income From Asset
Total Actual Asset Income			

Please answer the following:

1. Do you have children ages 6 or under living in your home? YES ____ NO ____
2. Have the children been tested for lead? YES ____ NO ____
(All children ages 6 & under must have lead testing and results submitted to Sheen Housing)

3. Any members of the household disabled/handicapped? YES ____ NO ____

4. Is your house located in an **HISTORIC DISTRICT**? YES ____ NO ____

5. Head of household? M ____ F ____

6. Have you ever been assisted by the First Ward Action Council, Inc ? YES _____ NO ____

If so, Date: _____ Amount Received: _____

Work Done: _____

7. Have you had grant assistance from other agencies for purchase or repair? YES ____ NO ____
If you have, please give date assisted and organization:

Date	Organization
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8. Have you had weatherization in the past 10 years? YES ____ NO ____
If yes, date of assistance: _____

9. Year house was built? _____ (Mobile Home Only) Year _____ Size _____

10. How long have you owned your home? _____ Number of Bedrooms _____

11. Do you own property other than the property you are living in (vacation, rental, vacant land, etc.)?
Yes ____ No ____ Type of Property _____

12. Are your property taxes paid in full? (Town, County, Village, School) YES ____ NO ____
If no, how much do you owe? \$_____

13. Have you filed for bankruptcy (personal or business)? in the past 7 years or have a pending bankruptcy? YES ____ NO ____
If so, Date: _____

14. I/We have a relationship or association with The County, Town or First Ward Action Council, Inc? YES ____ NO ____

If yes: _____

Name	Relationship
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15. Who referred you to First Ward Action Council, Inc.? _____

16. Number of smoke detectors in your home: _____

17. Number of carbon monoxide detectors in your home: _____

Please read this section carefully:

1. I/We hereby certify that I am the owner and occupant of the property to be improved.
2. I/We certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentation.
3. I/We understand that false statements or information are grounds for termination of assistance and collection of monies previously spent on the house and property.
4. I/We agree to cooperate with First Ward Action Council, Inc. and Town, City or County Officials with all required procedures.
5. By signing this application for home repairs I/we agree the IF I/WE ARE AWARDED A GRANT I/we must own and occupy the property for a period of 2, 3, 5 or 10 years depending upon the grant program.
6. I/We understand that if the property is sold, title transferred, or I/we no longer reside in the home prior to the lien(s) expiration dates, this GRANT will become payable in full.
7. I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed against my property.
8. I/We understand that by signing the application, this is a legal and binding instrument for information and term requirements as per the grants received:
 - a) HOME Grants: Five (5) years
 - b) AHC Grants: up to Ten (10) years
 - c) T-HIP: Ten (10) years
 - d) HPG, Access to Home and RESTORE: Three (3) years
9. All Grants are under the supervision of First Ward Action Council, Inc. All grant requirements must be met or the grant will be withdrawn and I/we will be financially responsible for the balance of the unpaid contract.
10. I/We understand that a SUBORDINATION for other loans or refinancing on this home will not be given to a bank or mortgage company for the term of the lien.
11. I/We understand that if I/we have received a previous grant through First Ward Action Council, Inc. I/we may not be eligible for other grant programs (depending on the grant) at this time.
12. I/We hereby give permission to First Ward Action Council, Inc. to use any photograph and/or material relating to the repairs made on my home. I also agree to local or state inspections as required.

Sign and date below. Unsigned applications will be returned.

_____ Print Name	/	_____ Signature	_____ Date
_____ Print Name	/	_____ Signature	_____ Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting the discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

A complete application includes, but is not limited to the following:

1. Copy of your deed (showing a land description, filing date, liber and page number).
2. Income verification:
 - o Social Security/SSI/Unemployment – Benefit Change Letter or call **1-800-772-1213** to request print out. (Bank statements cannot be accepted as verification.)
 - o Pension/Retirement-current letter or printout from company. (Bank statements cannot be accepted as verification.)
 - o Filed income Tax Return- last years filed income tax return for everyone living in the home and the W-2 Forms from all employers.

If you do not file income tax, please check the box below and initial.
[] **I do not file yearly income tax returns:** _____
(must be initialed)
 - o Last eight (8) current pay stubs from all employed adults (18 years of age or over) living in the home.
 - o Self-Employment- last 2 years filed income tax returns & Schedule C.
 - o Alimony/Child Support-court papers or support collection printout.
3. A copy of the Birth Certificate or Social Security Card or Green Card for all household members.
4. A copy of your driver's license
5. Copy of school, county, village and town tax statements showing payments are current
6. Homeowner's insurance Declaration page showing effective dates
7. Six months of **complete** current bank statement(s) (checking and savings) or six months of print-outs from your bank(s).
8. Copy of current mortgage statement.
9. Asset verification. Submit verification for all assets.
10. Copies of utility and all monthly bills.

Accessibility repair requests require a referral from your Doctor or Healthcare Provider- Attached at the end of the application.

Please list the most critical repair and accessibility needs:

ELIGIBILITY RELEASE FORM

First Ward Action Council, Inc.

167 Clinton Street
Binghamton, NY 13905
607-772-2850

Purpose: Your signature on this Form, and signatures of each member of the household 18 years of age or older, authorizes First Ward Action Council, Inc. to obtain information from a third party regarding your eligibility.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) requires this information to determine program eligibility and the amount of funding assistance necessary. The information is used to establish eligibility; to protect the Government's financial interest; and to verify accuracy of the information provided. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility. HUD is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign an Eligibility Release Form.

Verification Required for:	Homeowner's Initials
Income (All Sources)	
Assets (All Sources)	

Information Covered: Inquiries may be made about items initialed by applicant.

Authorization: I authorize First Ward Action Council, Inc. to obtain information about me and my household that is pertinent to eligibility in the Home Repair Program.

Signatures:

Head of Household – Family Member HEAD:

(Signature)

(Printed Name)

(Date)

Other Adult Member of the Household – Family Member #2

(Signature)

(Printed Name)

(Date)

Other Adult Member of the Household – Family Member #3

(Signature)

(Printed Name)

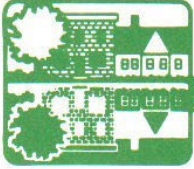
(Date)

Other Adult Member of the Household – Family Member #4

(Signature)

(Printed Name)

(Date)



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DISABILITY CERTIFICATE

This document certifies that _____ has been under professional care and has been medically/physically unable to work or otherwise carry out activities of typical daily life.

Please check one of the following boxes.

- Permanently disabled
- Temporarily disabled

Date of Disability _____

Type of Disability (i.e. mobility impaired) _____

Treatment/Therapy _____

Modifications that may assist our client _____

Physician's Name Printed

Date

Physician's Signature

This section is to be signed by Applicant.

I hereby authorize the release of this medical information to First Ward Action Council, Inc. Information on this form may be taken into consideration in determining eligibility for the Access to Home grant.

Signature of Applicant

Date