NYS Affordable Housing Corporation (AHC)
Madison County Facade Rehabilitation

Thank you for inquiring about the facade rehabilitation program through partnership with the Madison County Department of Planning and the HomeOwnershipCenter. This program will provide **EXTERIOR** home rehabilitation only. This could include: roofs, siding, windows, porches, etc. **NO** interior rehabilitation will be completed through this program.

In order to get started on the application process, please return the following:
- Completed & signed program application
- Required supporting documentation (see document checklist)

A. 1 unit property must be located in the Town of Eaton or the Village of Morrisville
B. Household gross income must be no more than 112% of the area median income for the area in which they reside (AHC Guidelines).

<table>
<thead>
<tr>
<th>1 person</th>
<th>2 person</th>
<th>3 person</th>
<th>4 person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$49,907</td>
<td>$56,986</td>
<td>$64,154</td>
<td>$71,232</td>
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</table>

C. Applicants must own and occupy the property for which the application is submitted. Life Estate tenants, properties held in trust and properties with a reverse mortgage are not eligible.
D. Property must have a current Certificate of Homeowner’s Insurance. (Applicant must agree to name the NYS AFFORDABLE HOUSING CORPORATION as “Loss Payee” on the Homeowner’s policy before signing closing paperwork.)
E. The property must be current on all property and school taxes.
F. Must be current on all utility bills and mortgage statement
G. Total assets must be less than $15,000. The value of real (primary) property is not included when computing assets for home improvement projects.
H. Properties identified as Special Flood Hazard Area’s in accordance with FEMA are ineligible (Zone A, Zone AO, Zone AH, Zones A1-A30, Zone AE, Zone A99, Zone AR, Zone AR/AE, Zone AR/OA, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30)
I. Farmland and properties situated on farmland are ineligible per NYS regulations.

**The Program Design will also Include the Following:**

**Deferred Forgiveable Loan**

- **Amount:** up to $31,500.00
- **Term:** 10 Years
- **Interest:** 0%
- **Monthly Payment:** $0.00

* The HomeOwnershipCenter will file a lien on the property for the full amount of the deferred loan for a period of ten (10) years. If the borrower retains ownership of the property, the loan is forgiven. If the home is sold or transferred prior to that time, the deferred loan becomes due and payable to the Affordable Housing Corporation.

**All applicants must complete the Financial Education class at the HomeOwnershipCenter.**

If you have any questions please feel free to call our office at (315) 724.4197.
TO APPLY

☐ Submit a completed application with all supporting documents to the HomeOwnershipCenter

☐ Submit copies of all required documentation to the HomeOwnershipCenter
   See application checklist for details on required documents

☐ Submit copies of photo ID’s showing the name and signature of all applicants

☐ Submit income verification for all household members (18+)
   Two months of income verification is required. Acceptable verification includes copies of paycheck stubs, or a copy of an award letter from a government agency, award letters must be dated within 6 months of the application date. To get an updated social security letter visit: www.ssa.gov/myaccount and go to get a proof of income letter.
<table>
<thead>
<tr>
<th>Applicant</th>
<th>Co-Applicant</th>
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<tbody>
<tr>
<td>Applicant Name</td>
<td>Co-Applicant Name</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
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<td>Cell Phone</td>
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<tr>
<td>Address (Street)</td>
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<tr>
<td>Address (City)</td>
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<td>(State)</td>
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<tr>
<td>County</td>
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<tr>
<td>Email Address</td>
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<tr>
<td># of Years at this Address?</td>
<td># of Years at this Address?</td>
</tr>
<tr>
<td># of People in Household?</td>
<td># of People in Household?</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Marital Status</td>
</tr>
<tr>
<td>Single</td>
<td>Single</td>
</tr>
<tr>
<td>Married</td>
<td>Married</td>
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<tr>
<td>Divorced</td>
<td>Divorced</td>
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<tr>
<td>Separated</td>
<td>Separated</td>
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<tr>
<td>Widowed</td>
<td>Widowed</td>
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<tr>
<td>Highest Level of Education Obtained</td>
<td>Highest Level of Education Obtained</td>
</tr>
<tr>
<td>Below High School Diploma</td>
<td>Below High School Diploma</td>
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<tr>
<td>High School Diploma/Equivalent</td>
<td>High School Diploma/Equivalent</td>
</tr>
<tr>
<td>2 Year Degree</td>
<td>2 Year Degree</td>
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<tr>
<td>Bachelors Degree</td>
<td>Bachelors Degree</td>
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<tr>
<td>Masters Degree</td>
<td>Masters Degree</td>
</tr>
<tr>
<td>Above Masters</td>
<td>Above Masters</td>
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</table>

List ALL permanent residents that live in the home, including the applicant. (Multi-family units, tenant information is captured on another application, please only provide information for your household)

<table>
<thead>
<tr>
<th>First and Last</th>
<th>Date of Birth</th>
<th>Male or Female</th>
<th>Relation to Applicant</th>
<th>Disabled? Yes or No</th>
<th>Medicaid? Yes or No</th>
</tr>
</thead>
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</table>

Are there children under the age of 6 who visit the home a significant amount of time?  
☐ Yes ☐ No  If Yes; how many children visit? ______

Have the children who live in your home (under the age of 6) received Blood-Lead Level testing*?  ☐ Yes ☐ No ☐ Unsure  
*test must be within the past 6 months

Is there a child under the age of 6 with an Elevated Blood Lead Level that lives or spends time in this home?  
☐ Yes ☐ No ☐ Unsure  If yes, how many? ______

Do any of the children in your home have asthma? ☐ Yes ☐ No

If yes, how many ER visits did that child have, due to asthma? ______

How many missed days of school, due to asthma? ______

Are any women pregnant who live in the home? ☐ Yes ☐ No
PROGRAM APPLICATION

PROPERTY INFORMATION

Address of property (if different from above)                                           Is the property your primary residence?                                      Name(s) that appears on Deed/Title

Value of Property                                         Date Purchased                           Mortgage Balance                                             Owner Occupied?                  Tenants?

List all known structural issues (Home repair only)

YES           NO

YES           NO

EMPLOYMENT INFORMATION

Applicant Employer Name & Address                     Date of Hire     Self-Employed

Co-Applicant Employer Name & Address                   Date of Hire     Self-Employed

Previous Employer (if less than 2 years at current employer)

Income Declaration: Indicate monthly income earned for all occupants, income includes; salary/wages, tips, Social Security, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Unemployment benefits, veterans benefits, cash assistance, retirement/pension, alimony, child support, self-employment, rental income, stocks, bonds, retirement funds, reverse mortgage.

Household Information (Continued)

Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs that we need to be aware of:

Household Member Name                     Source of Income                     Gross Monthly Income                     What proof has been provided?

Please provide verification of all income earned by each member of the household. Proof includes recent pay stubs or award letters from government entities.

ASSET INFORMATION

Asset Information:                          Monthly Debt Obligations:                     Monthly Payments:

1. Total currently in savings $ __________         1. Credit Card 1 $ __________
2. Total currently in checking $ __________         2. Credit Card 2 $ __________
3. Market value of Stock/Bonds $ __________        3. Student Loan (s) $ __________
4. Current value of certificates of deposit $ __________
5. Current value in retirement accounts $ __________

PLEASE PROVIDE THE LAST 3 STATEMENTS FOR YOUR CHECKING/SAVINGS - MUST PROVIDE CURRENT STATEMENT FOR ALL OTHERS.

Household Information (Continued)

OPTIONAL

Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs that we need to be aware of:

PROPERTY INFORMATION

Address of property (if different from above)                                           Is the property your primary residence?                                      Name(s) that appears on Deed/Title

Value of Property                                         Date Purchased                           Mortgage Balance                                             Owner Occupied?                  Tenants?

List all known structural issues (Home repair only)

Year built                     Multi-family or  Single family    # Units                     Manufactured home

Rent land

Own land

Do you have a written Codes Violation or ROP Report?

YES           NO

Is your electrical bill paid up-to-date?  YES   NO

If no, are you on a payment plan with your utility provider?  YES   NO

If yes, please provide documentation reflecting the payment plan.
## CERTIFICATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a US Citizen or a Permanent resident alien?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any outstanding judgments?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>If yes, Date Discharged</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>In the last seven years, have you been declared bankrupt?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>If yes check one: Chapter 7</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Chapter 13</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Date Discharged</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Are you a Party in a lawsuit?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Are you obligated to pay alimony, child support or separate maintenance?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Do you have any past-due obligations owed to or insured by an agency of the federal government?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Do you receive alimony, child support or separate maintenance?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Do you receive Social Security and/or disability benefits?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Are you disabled?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Are you a Veteran?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Are you Active Military?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Do you have a HECM loan (Reverse Mortgage) on your property?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
<tr>
<td>Do you have a Life Estate?</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>☐ I do not wish to furnish this information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
<td>☐ Hispanic or Latino ☐ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race:</td>
<td>☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American Asian Hispanic</td>
</tr>
<tr>
<td>Sex:</td>
<td>☐ M ☐ F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO-APPLICANT</th>
<th>☐ I do not wish to furnish this information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
<td>☐ Hispanic or Latino ☐ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race:</td>
<td>☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American Asian Hispanic</td>
</tr>
<tr>
<td>Sex:</td>
<td>☐ M ☐ F</td>
</tr>
</tbody>
</table>
I (We) authorize that staff of HomeOwnershipCenter to obtain income and asset verifications from all household income sources. I (We) authorize HomeOwnershipCenter to also obtain credit reports in connection with this application and as needed based on program requirements. This information may be shared with Neighborworks America and HUD, which have oversight to review files, policies and procedures. I (We) authorize the HomeOwnershipCenter to obtain a copy of the Closing Disclosure, Appraisal and Real Estate Note(s) from the lender who made me/us a loan and/or the title company that closed the loan (when applicable). I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

I (We) acknowledge that I have read and received a copy of the HomeOwnershipCenter’s Privacy Policy. I (We) understand that any intentional or negligent misrepresentation(s) of the information contained on this application may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I (We) certify that all the information provided in this application to representatives of the Weatherization Assistance Program (WAP), to NYSERDA and/or its delegated representatives is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (We) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from our programs. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

For Loan Projects Only:
I (We) understand that a lien will be placed against my (our) property for the total amount of the loan, plus fees. I (We) understand that loan funds provided by the HomeOwnershipCenter may be federal dollars and that certain restrictions, guidelines and standards apply. I (We) understand that if I (we) refuse to accept and/or follow said standards as created by the HomeOwnershipCenter policies and programs that our application may be denied and no loan funds issued.

I (We) confirm that all of the information provided within this application is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to provide the necessary information or documents in a timely manner will result in the delay or disqualification of my application.

I (We) have read and understand all the information contained in this program application:

Signature of Primary Applicant

__________________________ Date

Signature of Co-Applicant

__________________________ Date

Please tell us how you heard about us...

☐ Radio ☐ Television ☐ Referral: if referral,
☐ CCE ☐ Dept. of Health ☐ Weatherization
☐ Other

FOR OFFICE USE ONLY

Please select a Program:

☐ Lead Safe Utica
☐ Homebuyer Education
☐ Financial Coaching
☐ City of Utica Home Repair Program
☐ City of Rome Home Repair Program
☐ Manufactured Home Replacement
☐ HECM/Reverse Mortgage
☐ Foreclosure Intervention/Prevention
☐ Home Rehabilitation/Other
☐ Oneida County Home Improvement Program

NOTES:
Privacy Policy

The HomeOwnershipCenter is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you verbally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out,” we will not be able to answer questions from your creditors. If, at any time, you wish to change concerning your “opt-out,” you may call us at (315) 724-4197 and do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you or is a requirement of grant awards which make our services possible.
- We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical electronic and procedural safeguards that comply with federal regulations to guard your non-public physical information.

By signing this Privacy Policy, I confirm that I have received a copy and understand that I am not under any obligation to utilize any other services or programs provided by the HOC and/or its partners in order to receive counseling services.

Customer ___________________________________________ Date ________________

Customer ___________________________________________ Date ________________
Disclosure Statement

The HomeOwnershipCenter is a private, not-for-profit 501(c)(3) organization established in 1979 to improve the quality of local housing and neighborhoods. Its mission is the Revitalization and Growth of Neighborhoods. As such, the HomeOwnershipCenter is dedicated to enhancing the quality of life for families in its service area by providing comprehensive housing assistance, housing counseling, neighborhood revitalization and leadership development services that help:

- People become first-time homebuyers
- Homeowners increase the value of their homes
- Strengthen neighborhoods
- Fill financial, housing and community development needs not met by the private sector.

The agency offers a variety of housing related services including homeownership assistance, home improvement grant and loan programs, Foreclosure Intervention Counseling, and Reverse Mortgage counseling. HOC also provides grant writing assistance and administrative services for County government grants that provide low income customers with funds for homeownership purchase and home rehabilitation. HOC is a NeighborWorks® America Charter Member.

HOC provides services to Oneida, Herkimer, Fulton, Montgomery, Madison, and Otsego County residents to assist in areas such as:

- First Time Home Buyer Education and Financial Literacy Education
- Post purchase (non-delinquency) Home Buyer Education
- One-on-one continuing education for pre-purchase first time home buyers
- Home Improvement Programs to assist existing homeowners
- Reverse Mortgage Counseling
- Financial Coaching

The counseling services, lending products, rehabilitation, affordable housing and other forms of assistance that may be offered by the HomeOwnershipCenter, its subsidiaries, affiliates or directors, officer’s employees, agents or partners may also be offered by other providers and you are under no obligation to utilize services from the HomeOwnershipCenter regardless of the recommendations made by counselors.

An individual trustee officer, agent or employee who believes that he or she might have a real or perceived conflict of interest should notify the HomeOwnershipCenter immediately.

By signing this disclosure, I understand that I am not under any obligations to utilize any other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by HOC partners as well.

Customer ____________________________ Date __________________

Customer ____________________________ Date __________________

Fee Schedule:

HomeOwnership Counseling - $50.00
Homebuyer Education Package - $100.00
4-Hour Financial Coaching Package - $99.00

**Discounted prices are available for those who meet certain income criteria.**
Property Condition Requirements

Failure to meet the following property conditions prior to a scheduled evaluation by the HomeOwnershipCenter (HOC) Contracts Management staff will result in automatic disqualification for the program in which you applied:

1. The property must be available for evaluation upon request of HOC staff within eight (8) days of the initial attempt to contact you; ALL areas of the property must be available, including but not limited to attached garages, basements and attic areas;
2. The owner (who resides at the premises) or owner’s Power of Attorney must be present during the evaluation;
3. The property must be considered habitable space, meaning all utilities must be connected and operating, including but not limited to heating, lighting, ventilation, electricity, potable water and sewer drainage;
4. All pets must be secured;
5. Rooms used for storage or containing items that would inhibit an evaluation of that space must be cleared prior to the scheduled appointment;
6. The property must be sanitary. If HOC staff comes into contact with or suspects the presence of unsanitary conditions, including but not limited to pet waste, rodent infestation, fleas/pests, or noxious odors, the evaluation will cease and the application will be denied.
7. The property must be free of hazardous materials that may endanger the health and/or safety of HOC staff.

I/We acknowledge receipt of the Property Condition & Grant Requirements and I/we fully understand that failure to comply will result in the termination of our project.

______________________________  _________________________________
Printed Name of Owner                                Printed Name of Co-owner

______________________________  _________________________________
Signature of Owner                                      Signature of Co-owner

______________________________  _________________________________
Date                                                  Date
PROGRAM APPLICATION

Owner Document Check List

Please submit copies of ALL of the following documents with the program application. Be sure to check off each item along the way as your application will not be processed if your documents are not complete.

Identification/Proof of Residence Documents
☐ Government issued photo ID (driver’s license, passport or non-driver ID)
☐ Social security card (copy only)

Income Verification Documents - Owner, and Tenant (s) if applicable
Proof of income for all income earners in the household over the age of 18 must be provided, regardless of ownership status.
☐ Federal income tax returns from the previous 2 years (3 years if self-employed) - MUST BE SIGNED
☐ W-2s and income tax schedule, 1098s, 1099s from the past 2 years (if applicable) – STATE INCOME TAX RETURNS ARE NOT NEEDED
☐ Year to date profit and loss - ONLY IF SELF EMPLOYED
☐ 3 most recent consecutive bank statements for checking and/or savings accounts. (including any stocks, bonds, CD’s, 401k’s & retirement accounts or trusts showing the current balance & annual percentage rate)
☐ 2 months most recent consecutive pay stubs (8 if paid weekly or 4 if paid bi-weekly)
☐ Social Security, Social Security Disability or Workers Compensation award letters (if applicable)
☐ Bankruptcy filing that is court stamped with Schedule F and a statement explaining why you declared bankruptcy (if applicable)
☐ Completed Tenant Income Certification Form (if applicable)
☐ Rental Income - last 3 months; copy of check from tenant, receipt or notarized statements listing each tenant/unit and the rent received per month.

Property Related Documents
☐ Current deed showing full property description and date of record; if one of the property owners is deceased, please provide a death certificate
☐ Current monthly mortgage statement (if applicable) - If your mortgage is paid off please check here
☐ Proof of all paid property taxes (school, town/county and city/village – where applicable) through a copy of tax receipts with paid stamps for the current year’s taxes OR a copy of the annual escrow analysis statement if taxes are paid through escrow OR a printout from a local tax assessor showing taxes are paid up-to-date (if no money is owed for school taxes due to STAR exemption, please bring proof of zero balance)
☐ Homeowners insurance declaration page showing the annual premium and proof it is paid up-to-date
☐ Codes violation report (if applicable)
☐ Copy of a complete recent electric and heating bill showing account number, service name and address that includes all pages
Housing Rehabilitation Program Standards

What to Expect:
Upon program approval, a representative from the HomeOwnershipCenter will schedule and perform a property evaluation. If the property is approved based on condition, a scope of work will be determined by the Home Improvement Specialist based on the property’s needs. **The funds will be used to repair or replace health and safety deficiencies and/or extend the useful life of the homes components. The funds are restrictive and can only be used on eligible activities. Please note: Eligible replacement costs are limited to builder grade materials.** Below are examples of eligible and ineligible products, materials, etc. Additional information is available upon request.

Façade- Exterior Only
Projects *may* include, but not limited to, replacement or repair of:

- Roof
- Siding
- Windows
- Doors
- Lead hazard reduction work
- Healthy homes & energy efficiency measures
- Fascia & Soffit
- Porch & railings
- Exterior stairs
- Foundation purging
- Lead inspection risk assessment report
- Home accessibility modifications

Interior
Projects *may* include, but not limited to, replacement or repair of:

- Insulation
- Plumbing
- Electrical
- Flooring
- Ventilation
- Lead hazard reduction work
- Healthy homes & energy efficiency measures
- Furnace
- Water tank
- Dry wall (based on damage)
- Foundation purging
- Lead inspection risk assessment report
- Home accessibility modifications

Not Included

- Garage* (may be included if it is attached to the home, or is a lead hazard)
- Landscaping or fencing
- Pool or pool repairs
- Remodel (layout change, wall demolition, etc.)
- Clean-up or removal or excess build up, debris or clutter
- Replacement or repair of appliances not permanently affixed to the home
- Beautification/ high end finishes (new wallpaper, paint, granite counter top, etc.)
- Electronics (tablets, cameras, home surveillance, laptops, alarm system, etc.)
The HomeOwnershipCenter’s grant programs comply with NYS Housing and Community Renewal (NYSHCR) and the NYS Housing Trust Fund Corporation (NYSHTFC) mission and values. Each home is evaluated for healthy and safety deficiencies and the useful life of the homes components.

The Mission of the NYSHCR and the NYSHTFC is to make New York State a better place to live by supporting community efforts to preserve and expand affordable housing, home ownership and economic opportunities, and by providing equal access to safe, decent and affordable housing. The values that flow from this mission for this program are as follows:

- Increased energy efficiency, affordable operating costs, accessibility for persons with disabilities,
- performance and durability, historically sensitive exteriors, economic life cycle costs, balanced initial costs and, lead safe housing.

Homes are evaluated against the rehabilitation standards documented below. Major health and safety deficiencies must be cured with the grant funds. If the total amount of rehabilitation exceeds the amount available for rehab and no compensating factors have been documented the home will not be approved for assistance. If the grant cannot replace or rehabilitate all the components in a home we will evaluate the ability of the owner to repair or replace the remaining deficiencies. Compensating factors will only be used if we can verify sufficient savings to repair the home, and there is a documented history of regular saving contributions.

Functioning components that are passed their useful life will be considered deficient and added to the scope of work. For example a furnace that is 40 years old and still is functioning, would still be considered deficient since it is 20 years past the useful life set by the Housing Trust Fund Corporation. Another example would be a 50 year old roof that isn’t leaking currently, the useful life for a roof is 25 years the roof would need to be replaced with the grant funds, or the new owner would have to document their ability to repair the roof within the first 5 years of ownership.

Applicable Laws and Regulations
This program intends to preserve affordable housing units in full compliance with the following statutory and regulatory requirements.

- NYS uniform fire prevention and building code
- Energy Conservation Construction Code of New York State
- Local Housing Codes
- Federal Housing Code: Housing Quality Standards
- Life Safety Code
- HOME program regulations (24 CFR part 92)
- HUD Lead Based Paint Regulation (24 CFR Part 35)

This Program will also comply with

- Section 504 of the Rehabilitation Act of 1973
Housing Rehabilitation Program Standards Sign-Off

I have been provided a copy of the HomeOwnershipCenter’s Housing Rehabilitation Program Standards. By signing this I confirm that I have read and understand the eligible and ineligible activities associated with the funding.

______________________________________________  _________________
Applicant Signature                              Date

______________________________________________  _________________
Co-Applicant Signature                          Date