

WESTERN CATSKILLS

Community Revitalization Council, Inc.

125 Main Street, Suite A

Stamford, NY 12167

(607) 652-2823 tel

(607) 652-2825 fax

info@westerncatskills.org



TOWN OF ASHLAND 54HR313-21

APPLICATION – CDBG HOUSING REHABILITATION GRANT

APPLICANT INFORMATION

Applicant name:		Are you a US Veteran?	
Are you the head of household?	Number of dependents:	Birth date:	Gender:
E-mail address:	Home phone:	Cell phone:	
Marital Status. Select one: single, married, divorced, separated, widowed, or other	Employment status: employed, self-employed, unemployed, retired, or other	What is your status? Select one: US Citizen, Permanent Resident, Non-resident	
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> American Indian Alaskan Native & Black/African American	<input type="checkbox"/> Native Hawaiian/other pacific islander	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian Alaskan Native & White		<input type="checkbox"/> Other:	

CO-APPLICANT INFORMATION

Co -applicant name:		Are you a US Veteran?	
Are you the head of household?	Number of dependents:	Birth date:	Gender:
E-mail address:	Home phone:	Cell phone:	
Marital Status. Select one: single, married, divorced, separated, widowed or other	Employment status: employed, self-employed, unemployed retired or other	What is your status? Select one: US Citizen, Permanent Resident, Non-resident	
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> American Indian Alaskan Native & Black/African American	<input type="checkbox"/> Native Hawaiian/other pacific islander	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian Alaskan Native & White		<input type="checkbox"/> Other:	

HOUSEHOLD MEMBERS

Household member name:		Are you a US Veteran?	
Are you the head of household?	Number of dependents:	Birth date:	Gender:
E-mail address:	Home phone:	Cell phone:	
Marital Status. Select one: single, married, divorced, separated, widowed or other	Employment status: employed, self-employed, unemployed retired or other	What is your status? Select one: US Citizen, Permanent Resident, Non-resident	
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HOUSEHOLD INFORMATION

Total number of people living in the home:

Mailing Address (include city, state & zip):

Physical Address (if different from mailing):

What is your household's total Federal AGI (Adjusted Gross Income) for the past 2 years? 2019- \$ 2020-\$

Are there **DISABLED** persons living in your house? How many?

Are there **ELDERLY** persons living in your house (62 and over)? How many?

Are there **US VETERANS** living in your house? How many?

Is anyone in the household an employee of the Town of Ashland? Y N

If yes, what is their position?

Is anyone in the household related to an employee of the Town of Ashland? Y N

If yes, what is their name and position?

Is anyone in the household an elected official in the Town of Ashland? Y N

If yes, please name:

Is anyone in the household related to an elected official of the Town of Ashland? Y N

If yes, what is their name and position?

Have you ever participated in any grant programs?

If yes, when and through whom?

TELL US ABOUT YOUR HOUSE

Is this your primary and sole residence?	What year was your home built?	Number of bedrooms:	How do you heat your house?
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Full Market Value of your home: \$	Town you pay your property taxes to:	Do you have a Mortgage or Home Equity Loan? If yes, what is the current principal balance?	What year did you purchase your home?
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What type of work needs to be done on your house?

AGREEMENT

I/We certify that all information and documentation in this application, for assistance under the Town of Ashland CDBG Housing Rehabilitation Program is true and complete to the best of my knowledge and/or 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 set forth in the work write-up. If the Town of Ashland determines that the funds will not or cannot be used for the purpose 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 Town of Ashland the right to independently verify any or all of the information supplied herein, and understands the Town of Ashland may refuse to approve the application if there is any material misrepresentation in the application, including attachments.

I/We further understand that the Town of Ashland 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 Town of Ashland CDBG Housing Rehabilitation Program. I/We further agree that the Town of Ashland may verify credit history of the applicant.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government.

THIS SECTION TO BE FILLED OUT BY WCCRC, INC. ONLY

Applicant qualifies as low/moderate income:
YES NO % AMI

Applicant completed Housing Counseling:
YES NO If yes, date:

Documentation has been provided as follows: (check off)

- Deed or Land Contract (include Book and Page number)
- 2 years of Tax Bills & paid receipts signed by clerk (town, school, and village, *if applicable*)
- County Tax Plan paid current (*if applicable*)

- | Book | Page | SBL # |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of income (2 years Federal 1040, 2 months of pay stubs, or other income verification if does not file 1040) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 months most recent bank statements | | |

Program Department _____ Date _____

Housing Counselor _____ Date _____

Construction Project Manager _____ Date _____

Executive Director _____ Date _____

Household Income

Monthly Income

Type of Income	Homeowner Income	Co-Owner Income	Household Member Income	Household Member Income
Salary				
Self Employment				
Social Security				
Pension				
Disability				
Alimony / Child Support				
Rental Income				
Commission				
VA - Military Disability				
Unemployment				
HEAP				
SNAP				
State Supplement Program				
Supplement Security Income				
WIC				
Section 8				
Other				
Subtotal A	\$	\$	\$	\$

Annual / Quarterly Income

Type of Income	Homeowner Income	Co-Owner Income	Household Member Income	Household Member Income
Investment Dividends				
Investment Capital Gains				
Royalties				
Total				
Divide by 3, 6 or 12				
Subtotal B	\$	\$	\$	\$

Total Monthly Income (Add subtotals A & B)	\$	\$	\$	\$
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Household Expenses

Monthly Expenses

HOUSING	Cost
Mortgage/Home Equity or Rent	\$
Phone (house & cell)	\$
Electricity	\$
Lawn Care / Snow removal	\$
Internet	\$
Cable	\$
Waste removal	\$
FOOD	Cost
Groceries / Paper Products	\$
Dining out	\$
To go : Meals / Coffee	\$
TRANSPORTATION	Cost
Vehicle payment	\$
Bus/carpool fare	\$
Auto Insurance	\$
Fuel	\$
INSURANCE	Cost
Dental	\$
Health	\$
Life	\$

Subtotal A \$ _____

PERSONAL	Cost
Toiletries	\$
Hair/nails	\$
Clothing	\$
Dry cleaning	\$
Health club	\$
Organization dues or fees	\$
Prescriptions	\$
Child Support	\$
Entertainment	\$
Gifts & Donations (i.e. Birthdays, Holidays, Charities)	\$
Alcohol & Tobacco	\$
Other	\$
LOANS	Cost
Personal	\$
Student	\$
Credit card	\$
Credit card	\$
Credit card	\$
PETS	Cost
Food	\$
Medical	\$
Grooming	\$
Other	\$

Subtotal B \$ _____

Annual Expenses

Annual / Quarterly Expenses		= Monthly Cost
Taxes (property & school)	\$ _____ ÷ _____	= \$ _____
Home Insurance	\$ _____ ÷ _____	= \$ _____
Vehicle Maintenance (i.e. oil changes, tires, registration)	\$ _____ ÷ _____	= \$ _____
Medical copays	\$ _____ ÷ _____	= \$ _____
Heating (i.e. Fuel, Wood, Pellets)	\$ _____ ÷ _____	= \$ _____
Water & Sewer	\$ _____ ÷ _____	= \$ _____
Household Maintenance	\$ _____ ÷ _____	= \$ _____

Subtotal C \$ _____

<p>Total Expenses \$ _____</p> <p>(Add together subtotals A,B &C)</p>
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www.westerncatskills.org

info@westerncatskills.org

MORTGAGE VERIFICATION FORM

Date: _____

Please address replies to:

Mortgage Company: _____

Western Catskills CRC, Inc.
125 Main Street, Suite A
Stamford, N.Y. 12167
info@westerncatskills.org

Address: _____

Mortgage No.: _____

Fax No.: _____

I/We hereby authorize you to provide **Western Catskills Community Revitalization Council, Inc.** with the mortgage information below and any other pertinent information they may require. Please return this form to the above listed address as soon as possible. Thank you.

Mortgage Holder's Signature(s)

Date mortgage originated: ____/____/____

Mortgage maturity date: ____/____/____

Original mortgage amount: \$ _____

Current principal balance: \$ _____

Monthly Payment P & I only: \$ _____

Payment with taxes and ins.: \$ _____

Interest rate: _____ % Fixed _____ ARM _____

Is the above listed mortgage paid as agreed? YES / NO

Next pay date: _____

No. of late payments: _____

The information above is accurate and has been checked by our Mortgage Department.

Confirmed by: _____ Title: _____

Date: ____/____/____

125 Main Street, Suite A, Stamford, N.Y. 12167
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