

# 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 STAMFORD 1108HR101-20

### 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 (COMPLETE ONLY IF ON THE PROPERTY DEED)

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	
<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	
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<input type="checkbox"/> American Indian Alaskan Native & White		<input type="checkbox"/> Other:	

**HOUSEHOLD MEMBERS**

<b>Household member name:</b>		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 Stamford?    Y    N

If yes, what is their position?

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

If yes, what is their name and position?

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

If yes, please name:

Is anyone in the household related to an elected official of the Town of Stamford?    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?	When 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 Stamford CDBG Mobile Home Replacement 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 Stamford 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 Stamford the right to independently verify any or all of the information supplied herein, and understands the Town of Stamford 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 Stamford 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 Stamford CDBG Mobile Home Replacement Program. I/We further agree that the Town of Stamford 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)

	Book	Page	SBL #
<input type="checkbox"/> Deed or Land Contract (to include Book and Page number)			
<input type="checkbox"/> 2 years of Tax Bills & paid receipts signed by clerk (town, school, and village, <i>if applicable</i> )	<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"/> County Tax Plan paid current ( <i>if applicable</i> )	<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				
<b>Subtotal A</b>	\$	\$	\$	\$

## Annual / Quarterly Income

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

<b>Total Monthly Income</b> (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** \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

(Add together subtotals A,B &C)



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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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