

CAYUGA COUNTY HOMESITE DEVELOPMENT CORP.

60 CLARK STREET, AUBURN, NY 13021
253-8451 OFFICE, 255-6114 FAX

FILE #: _____

DATE RECD: _____

HOME: APPLICATION FOR HOME REPAIR PROGRAM

LIST BELOW ALL PERSONS LIVING IN YOU HOUSEHOLD:

NAME: _____ AGE: _____ SOC. SEC. #: _____

SPOUSE: _____ AGE: _____ SOC. SEC. #: _____

CHILDREN: _____ AGE: _____ SOC. SEC. #: _____

_____ AGE: _____ SOC. SEC. #: _____

_____ AGE: _____ SOC. SEC. #: _____

_____ AGE: _____ SOC. SEC. #: _____

MAILING ADDRESS: _____

DIRECTIONS TO YOUR HOME: _____

PHONE NUMBER(S): _____ TOWNSHIP: _____

COLOR AND TYPE OF HOUSE: _____ BEST TIME TO CALL: _____

INCOME: ELIGIBILITY IS BASED ON INCOME AND OWNERSHIP. YOU MUST LIST
BELOW ALL OF YOUR INCOME FOR ALL PERSONS LIVING IN YOU HOME.

INCOME SOURCE(S): _____

FILL IN THE TOTAL FAMILY INCOME: _____ \$ _____

(CALCULATE YEARLY INCOME BY USING CURRENT INCOME PROJECTED FOR THE NEXT
12 MONTHS)

LIST BELOW ALL FAMILY ASSETS AND THE ASSETS VALUE

ASSETS:

ASSET(S) VALUE:

REPAIRS REQUESTED: _____

IS YOUR HOME PAID FOR? _____ DO YOU OWN OTHER PROPERTY: _____

IF NO, WHO HOLDS THE MORTGAGE? _____

WHAT IS THE CURRENT BALANCE ON THE MORTGAGE: \$ _____

CHILDREN, 12 OR UNDER, MUST BE TESTED AND CERTIFIED TO HAVE AN ACCEPTABLE LEAD LEVEL.

IF THEY ARE NOT TESTED AND CERTIFIED, THE FAMILY WILL NOT BE ELIGIBLE FOR THE PROGRAM.

READ BEFORE SIGNING

I, _____ HEREBY CERTIFY THAT I AM THE OWNER AND OCCUPANT OF THE PROPERTY TO BE REPAIRED, AND THAT THIS IS MY PRINCIPAL RESIDENCE.

I UNDERSTAND THAT NO WORK IS TO BE STARTED UNDER THE HOME REPAIR PROGRAM UNTIL I AM GIVEN WRITTEN AUTHORIZATION FROM HOMSITE. I FURTHER ACKNOWLEDGE THAT THE HOME REPAIR GRANT PROGRAM AND HOMSITE ARE IN NO WAY RESPONSIBLE FOR ANY DEBTS RESULTING FROM WORK COMMENCED PRIOR TO RECEIVING THIS WRITTEN AUTHORIZATION.

I UNDERSTAND THAT SHOULD I NOT CONTINUE TO LIVE IN MY HOME FOR 2, 5, OR 10 YEARS (DEPENDING ON AMOUNT OF GRANT) AFTER RECEIVING ASSISTANCE FROM HOMSITE, THAT ALL OF THE ASSISTANCE WILL BE SUBJECT TO REPAYMENT IN FULL. I UNDERSTAND THAT I MUST SIGN A 2, 5, OR 10 YEAR LIEN AGAINST THE PROPERTY BEFORE WORK CAN BEGIN AND FUNDS ARE DISBURSED.

I UNDERSTAND THAT A BUILDING PERMIT MUST BE OBTAINED FROM THE LOCAL BUILDING CODE OFFICIAL BEFORE WORK MAY COMMENCE. MY SIGNATURE BELOW AUTHORIZES THE LOCAL BUILDING OFFICIAL TO HAVE ACCESS TO MY PROPERTY IN THE PERFORMANCE OF THEIR DUTIES.

I AGREE AND AUTHORIZE, THAT HOMSITE MAY RELEASE INFORMATION TO, AND, MAY RECEIVE INFORMATION FROM, THE FOLLOWING AGENCIES: C/SCAA, DEPT OF HEALTH AND HUMAN SERVICES, THE UTILITY COMPANIES, USDA, BISHOP SHEEN, THOMA DEVELOPMENT, AND THE CITY OF AUBURN, FOR THE PURPOSE OF COORDINATING HOME REPAIR PROGRAMS.

I UNDERSTAND THAT THE NAMES OF HOME REPAIR GRANT RECIPIENTS ARE PUBLIC RECORD. I AGREE TO ALLOW HOMSITE THE RIGHT TO USE MY/OUR NAME/S, AND PICTURES OF MY HOME FOR PUBLICITY PURPOSES.

I HEREBY CERTIFY THAT I HAVE DISCLOSED ON THIS APPLICATION ALL INCOME, FROM ALL SOURCES, AND ALL ASSETS, FOR ALL HOUSEHOLD MEMBERS, FOR THE PURPOSE OF OBTAINING A HOME REPAIR GRANT. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION ON THIS APPLICATION WILL RESULT IN DENIAL OF PROGRAM BENEFITS, IMMEDIATE PAYBACK OF ANY PROGRAM BENEFITS PAID, AND COULD RESULT IN CRIMINAL ACTION. I HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN AND WITH THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO ABIDE BY THEM. (ALL ADULTS IN THE HOUSEHOLD MUST SIGN THIS APPLICATION.)

| | | |
|-----------|-----------|-----------|
| SIGNATURE | SIGNATURE | SIGNATURE |
| DATE | DATE | DATE |

FOR ASSISTANCE, PLEASE CALL 253-8451

THIS IS AN EQUAL OPPORTUNITY PROGRAM
DISCRIMINATION IS PROHIBITED BY FEDERAL LAW.

ATTACH THE FOLLOWING ITEM TO THIS APPLICATION

- 1) COPY OF HOMEOWNERS DEED.**
- 2) COPY OR PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS (INCLUDE MOST CURRENT FEDERAL TAX RETURN).**
- 3) CURRENT SCHOOL AND COUNTY TAX RECORD.**
- 4) PROOF OF HOMEOWNERS INSURANCE.**
- 5) COPY OF MONTHLY BANK STATEMENTS FOR THE LAST TWO MONTHS.**
- 6) COPY OF DOCUMENTATION OF ASSETS (IRA, KEOUGH, OR CD'S).**
- 7) CERTIFICATION FOR ANY CHILDREN 7 OR UNDER, THAT THEY HAVE BEEN TESTED FOR LEAD AND ARE UNDER THE ACCEPTABLE LEAD LEVELS, WITHOUT THIS CERTIFICATION, THE APPLICATION WILL NOT BE PROCESSED.**

AN APPLICATION WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION IS SUBMITTED.