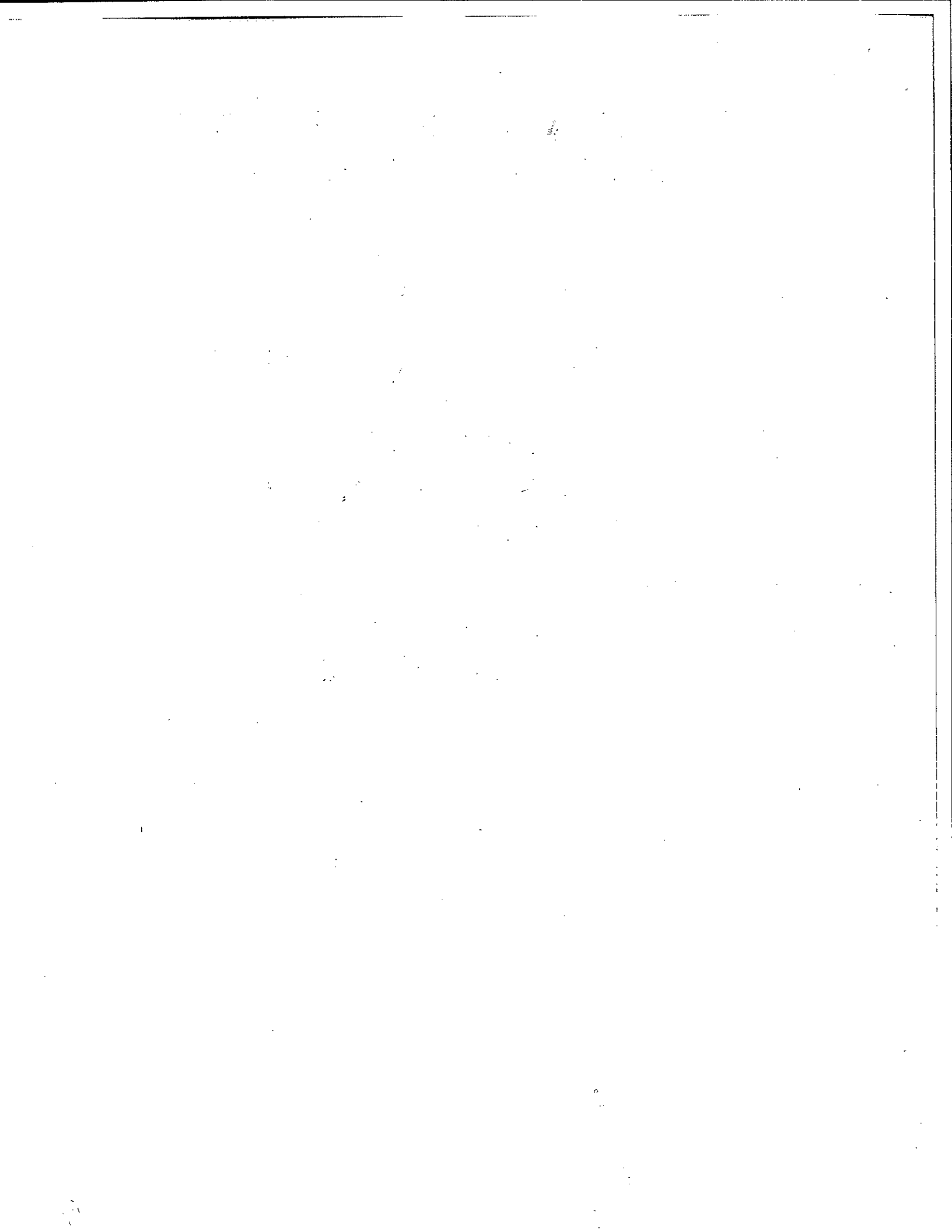


**PLEASE RETURN THIS HOME  
REPAIR APPLICATION AND  
ALL DOCUMENTS TO:**

**DELAWARE OPPORTUNITIES  
INC.**

**HOUSING OFFICE  
35430 STATE HWY. 10  
HAMDEN, NY 13782**

**607-746-1650  
607-746-1648 FAX**





# DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

email: delopp@delawareopportunities.org

website: www.delawareopportunities.org

- SERVING DELAWARE COUNTY
- HEAD START
- DEVELOPMENTAL DISABILITIES SERVICES COORDINATION
- BIG BUDDY
- PARENT EDUCATION
- DAY CARE
- RESOURCE/REFERRAL
  - (Registration)
  - (Subsidies)
  - (USDA Sponsor)
  - (Inspections)
- HEALTHY FAMILIES
- SENIOR DINING
- SAFE AGAINST VIOLENCE
  - (Domestic Violence)
  - (Rape Crisis)
  - (Crime Victims)
- JOBS WORK CREW
- WORK IN PROGRESS
- EMPLOYMENT AND TRAINING
- COMMUNITY FOOD AND NUTRITION
- WEATHERIZATION
  - (Serving both Delaware and Sullivan Counties)
- HOUSING ASSISTANCE AND COMMUNITY DEVELOPMENT
  - (Housing Development)
  - (Homeownership/Tenant Counseling)
  - (Rental Assistance)
  - (Housing Rehabilitation)
- HEAP
- FAMILY DEVELOPMENT
- FAMILY RESIDENCES
- INDEPENDENT LIVING SKILLS
- WIC
  - (Women, Infants and Children)
  - (Car Seat Safety)
- NEIGHBORHOOD CENTER
- CLOTHING/HOUSEHOLD GOODS/ AND FOOD BANK SERVICES
- EMERGENCY FOOD AND SHELTER
- HOMELESS ASSISTANCE
- TRANSPORTATION

## THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT COMMUNITY DEVELOPMENT SMALL CITIES BLOCK GRANT PROGRAM (CDBG PROGRAM), NEW YORK STATE HOME PROGRAM (HOME), AND NEW YORK STATE AFFORDABLE HOUSING CORPORATION (AHC)

This is to introduce you to the CDBG, HOME, and AHC programs. It is hoped that this booklet will answer your questions about the programs and explain the procedures necessary for the completion of housing rehabilitation. If you find you have any further questions, please call Delaware Opportunities Inc. Housing Office, at 607-746-1650.

### HOW FUNDING IS OBTAINED

Delaware Opportunities, Inc. administers housing rehabilitation programs funded by the Department of Housing and Urban Development (HUD), the NY State Housing Trust fund through the Division of Housing and Community Renewal (DHCR), and The New York State Affordable Housing Corporation (AHC). The purpose of the Rehabilitation Programs is to assist property owners, who meet the program guidelines, in making repairs to their home. Each program has similar but different regulations and project locations.

### TYPES OF ASSISTANCE

**GRANTS** (monies that never have to be repaid) to low to moderate income **owner occupants**. Homeowners receiving grants will be required to repay the grant only if the property is sold within the regulatory period (currently 5 years for CDBG and HOME grants, and up to 10 years for AHC). **There will be a UCC1 lien filed for the CDBG regulatory period, an HTFC Note and Mortgage for the HOME regulatory period, and a Grant Enforcement Note and Mortgage for the AHC regulatory period.**

#### Determination of Economic Feasibility.

The project will consider a unit not economically feasible to rehabilitate if the cost of rehabilitation exceeds the per-property grant limit.

Owner Occupants of multi-family homes are eligible to receive a grant for their property if the owners as well as the tenants are income eligible for the program, and the grant application allows for the rehab of multi-family units.

*"Helping people become self-sufficient and attain a better quality of life." since 1965*

Owners of manufactured homes may be eligible for repairs ONLY if approved by CDBG, HOME, or AHC representative.

Landlords must agree to the following conditions:

1. Not to displace present residents.
2. To continue to rent to low to moderate income persons.
3. To provide decent, safe and sanitary housing as measured by the Housing Quality Standards published by HUD.
4. To keep the rents reasonable and affordable to low to moderate income persons. Your representative will provide Reasonable rent guidelines.

### INCOME GUIDELINES FOR DETERMINING ELIGIBILITY

Residents of the property to be rehabilitated, whether they are owner occupants or tenants, must fall within the following guidelines regulated by the Department of Housing and Urban Development and updated annually. **Guidelines shown are for the CDBG, HOME, and AHC programs. Our office can determine the correct program to fit your application. Guidelines change annually, and income limits may be higher than listed here depending on the funding round.**

<u>Number of people in household:</u>	<u>Income at or below:</u>		
	<b>HOME</b>	<b>CDBG</b>	<b>AHC</b>
1.....	\$23,200	\$37,100	\$41,574
2.....	\$26,500	\$42,400	\$47,488
3.....	\$29,800	\$47,700	\$53,402
4.....	\$33,100	\$52,950	\$59,315
5.....	\$35,750	\$57,200	\$64,064
6.....	\$38,400	\$61,450	\$68,813
7.....	\$41,050	\$65,700	\$73,562
8.....	\$43,700	\$69,900	\$78,310

Gross family income includes ALL household income; wages, Social Security, interest and dividends on assets, self-employment, public assistance, etc. Money received from any source by anyone living in the household over the age of 18 who are not full time students. Self-employment eligibility will be based on the adjusted gross income as reported by the IRS on income tax returns, copies of which must be provided as documentation.

### OTHER REQUIREMENTS:

1. Structure must be located in the grant area as described in the funding application submitted to funding source.
2. You must carry fire (property) insurance at least equal to the amount of improvements paid for by the repair funds.
3. If you live in an established flood plain you must have flood insurance. Your Representative can help you determine if you are in the 100 year flood plain for your area. The Town or Village will also have a map.
4. When your property has been rehabilitated to meet housing quality standards and local building codes, you must agree to maintain the property in accordance with these codes.

## **DOCUMENTATION**

All property owners must submit the following documentation once you come to the top of the waiting list:

1. Proof of ownership - a copy of the entire deed including Schedule "A".
2. Verification of current paid taxes - copies of paid tax receipts for Village, Town and School.
3. Proof of fire insurance and flood insurance if applicable - personal declaration page of policy.
4. Copies of social security cards for all household members.
5. Proof of income - copies of income tax returns (entire federal return), pay stubs, grant letters, bank statements, Social security or Veteran's Administration award letters or any document verifying income information listed on the application.
6. Documentation showing that the mortgage is paid to date, or satisfaction of mortgage.
7. Copy of (3) most recent bank statements showing **ALL** assets.

## **PROCEDURES**

After all documentation has been compiled and if funding is available, an inspection of your home will be completed by a Community Development Specialist (CDS). A work write-up or scope of work will be prepared along with a cost estimate, by the CDS. The scope of work will be sent to local contractors that have a current certificate of insurance on file with the Delaware Opportunities Housing Office. The contractors will be given a date and time to walk through the property with the Community Development Specialist and view the work outlined. They will then be asked to present bids on the project. The bids will be presented to the homeowner and the funding source for approval and contractor selection.

In most cases the low bidder submitting a "good bid" will be selected unless the owner or grant administrator has good cause to reject the bid. If an owner wishes to select a contractor who has submitted a higher bid, the owner may pay the difference if all parties agree. An owner cannot be paid for their own labor.

After the plan for completing rehabilitation has been presented for funding approval, a contract is signed between the community or grant administrator, and the owner outlining the terms and the amount awarded. There is then a notice to proceed sent to the contractor along with a contract between the contractor and the owner. The owner actually hires the contractor and the grant funds assist the owner in paying the contractor. When work has reached a completion stage the contractor submits a bill to the Delaware Opportunities Inc. Housing Office. The bill triggers an inspection of the completed item by the Community Development Specialist who signs an approval for payment and funds can be drawn from the funding source. The Delaware Opportunities Inc. Housing Office completes a request for funds and will prepare a check made out to the owner and the contractor. The owner indicates approval of work completed by endorsing to pay the contractor. The process usually takes up to 30 days.

Note: No new construction has been authorized for funding. The work must be rehabilitation of an existing structure unless otherwise indicated in the funding application of the community. No cosmetic repairs will be authorized.

\*\*\*\*\* Applicants are under no obligation to participate until the contracts are signed\*\*\*\*\*

All repairs will be completed to the specifications of the scope of work and local codes.

If you have any questions, please contact the Delaware Opportunities Inc. Housing Office at 607-746-1650.

**GRANT APPLICATION**

**FOR HOUSING REHABILITATION PROGRAMS**

**Please Print or Type Clearly**

Name of Applicant \_\_\_\_\_

Name of Property Owner (Name on deed) \_\_\_\_\_

Address of Property \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Tax Map Number from the Tax Bill \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Home

Work

Cell

**Family Members Beginning with Head of Household**

Name	Age	Social Security Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Total number in household \_\_\_\_\_

**Racial/Ethnic Composition**

- \_\_\_\_\_ White
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ American Indian /Alaskan Native
- \_\_\_\_\_ Native Hawaiian/Other Pacific Islander
- \_\_\_\_\_ American Indian/Alaskan Native & White
- \_\_\_\_\_ Asian and White
- \_\_\_\_\_ Black/African American & White
- \_\_\_\_\_ American Indian/Alaskan Native & Black/African American
- \_\_\_\_\_ Other Multi-Racial
- \_\_\_\_\_ Hispanic

Source and amount of income for ALL family members earning an income:

Family Member Number	Wages	Social Security	TANF	Other	(X appropriate) Wkly/Mthly/Yrly
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Annual Income \_\_\_\_\_

Do you have assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please list amounts from each \_\_\_\_\_

*Example of assets include:* Stocks, Bonds, Money Markets, Property owned, Savings or any other asset not already listed.

Is this a manufactured home (single wide or double wide)? \_\_\_\_\_

Approximately what year was the house built? \_\_\_\_\_

Number of units in the building \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Is the building located in an established flood plain? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you have flood insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have property insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is it paid to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are all property taxes paid to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the average taxes on the property per year? \_\_\_\_\_

\*\*Have you received any previous home repair funding from any source? \_\_\_\_\_ If so where and when?

Has your home had weatherization funding? \_\_\_\_\_ If so, when? \_\_\_\_\_

HOMEOWNERS RECEIVING GRANTS WILL BE REQUIRED TO HAVE A SECURITY LIEN PLACED ON THE PROPERTY FOR UP TO (10) YEARS. PENALTIES ARE OUTLINED IN THE CONTRACT IF THE OBLIGATION CAN NOT BE MET.

Please state the problems that exist in your home: \_\_\_\_\_

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Directions to your home from Hamden: \_\_\_\_\_

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The undersigned hereby certifies that they are the owner of the property described and to the best of their knowledge all information submitted is true and correct. Delaware Opportunities Inc. Housing Office is hereby authorized to verify any of the information presented herein in any appropriate manner, including contracting employers, banks and other listed parties given in the supporting documentation submitted with this application. Delaware Opportunities Inc. may inspect the property prior to grant approval, during construction and at the completion of work. It is understood that grant payment is subject to satisfactory completion of the approval scope of work.

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Signature of Applicant/ Homeowner

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Date

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Signature of Applicant/ Homeowner

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Date

**THIS APPLICATION MUST BE FULLY COMPLETED OR THE  
APPLICATION WILL BE DELAYED.**

STATEMENT OF INTEREST IN PARTICIPATION

\_\_\_\_\_ I am interested in participating in the CDBG, HOME, or AHC Housing Rehabilitation Program as a home improvement program if it is available, using GRANT. (Available ONLY to owner occupants and this is the primary residence.)

\_\_\_\_\_ I am interested in participating in the CDBG, HOME, or AHC Housing Rehabilitation Program as a home improvement program if it is available, using a LOAN.

\_\_\_\_\_ I am not interested in participating in the CDBG, HOME, or AHC Housing Rehabilitation Program.

\_\_\_\_\_ I understand that I am not eligible to participate in the CDBG, HOME, or AHC Housing Rehabilitation Program as my household income is above the guidelines or my residence is not substandard and does not need home improvement.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_



### Delaware Opportunities Program Intake Form

Please complete this side of the form for the person receiving services today.

(All information provided is strictly confidential)

Program <b>REPAIR</b>	Date of Visit	Social Security Number	Date of Birth	Gender M F Other			
First Name	MI	Last Name	Pregnant Y N	WIC Y N	Disabled Y N	Veteran Y N	Active Vet Y N
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race		Check Highest Grade Completed <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non Grad <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Grade 12 and Some Post Secondary <input type="checkbox"/> 2 year College Grad <input type="checkbox"/> 4 year College Grad <input type="checkbox"/> Other 12+ Grad					
Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/Fidelis <input type="checkbox"/> Employment Based <input type="checkbox"/> Military <input type="checkbox"/> Child Health Plus			Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed short time (6 months or less) <input type="checkbox"/> Unemployed long term (over 6 months)				
If between 14 and 24 and not working and not in school <input type="checkbox"/>			Marital Status <input type="checkbox"/> Child (no status) <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed				
Check one: <input type="checkbox"/> Farmer <input type="checkbox"/> Not a Farmer <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker			Physical Address				
House Number	Street	Apt #	City	State	Zip		
Town	Service Site <b>HAMDEN</b>	What is the best way to reach you? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other					
Mailing Address (if Different)							
Street		City		State	Zip		
Home Phone Number	Cell Phone Number	Email Address					
Household Type <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Female <input type="checkbox"/> Single Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non Related Adults with Children <input type="checkbox"/> Multi Generational <input type="checkbox"/> Other			Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Temp Unstable <input type="checkbox"/> Temp Stable <input type="checkbox"/> Own Multi Family Home <input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Runaway				
Gross Income (includes all family income from all sources before taxes or deductions: _____ A Weekly B Biweekly C Monthly D Yearly							
Income Sources <input type="checkbox"/> Employment Only <input type="checkbox"/> Employment and Other <input type="checkbox"/> Employment, Other Source and Non cash <input type="checkbox"/> Employment and Non Cash Benefits <input type="checkbox"/> Other Income Sources Only <input type="checkbox"/> Other Income and Non Cash Benefits <input type="checkbox"/> No Income <input type="checkbox"/> Non Cash Benefits Only							
Other Income Source <input type="checkbox"/> Family Assistance/TANF <input type="checkbox"/> Safety Net <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Private Disability <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Disability Pension <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment <input type="checkbox"/> Other							
Benefits you may be receiving? <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> HEAP <input type="checkbox"/> Housing Voucher <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Day Care Subsidy <input type="checkbox"/> Other							

Signature

I authorize sharing this information with other programs of Delaware Opportunities

For Office Use Only

Service

Outcomes

Information regarding gender, ethnicity, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information but you are encouraged to do so.

Please complete this side of the form for the additional members of the household

Social Security Number	First Name	Middle Initial	Last Name	Date of Birth	Male (M) Female (F) Other (O)	Pregnant (Y) or (N)	Marital Status (See codes below)	Relation to Applicant (See codes below)	Ethnicity Hispanic (Y) or (N)	Race (See codes below)	Education If Over 14 (See Codes Below)	Health Insurance (See Codes Below)	Veteran (Yes Active A)	SNAP (Food Stamps) (Receiving Y/N)	WIC (Receiving Y/N)	Disabled (Y or N)	Farmer (Y or N)	Gross Monthly Income	Source of Income (See codes below)		

Marital Status	Relation to Applicant	Race	Education	Source of Income
A. Single	A. Mother	A. Native American	For those over 14 years of age	A. Employment Only
B. Married	I. Spouse	B. Asian	A. 0-8	B. Employment + Other
C. Widowed	J. Grandparent	C. Caucasian/White	B. 9-12 Non grad	C. Social Security
D. Separated	K. Foster Parent	D. African American/Black	C. High School	K. Veterans Benefits
E. Divorced	L. Foster Child	E. BI-Racial/Multi Racial	D. 12 + Some	L. Alimony
F. Other	M. Grandchild	F. Hawaiian/Pacific	E. 2 yr college grad	M. No Income
	N. Other _____	G. Other	F. 4 yr college grad	N. Other _____
		Islander	G. 12+ Other	F. Child Support
				G. TANF
				H. Unemployment

Insurance: A. Private B. Medicare C. Medicaid/Fidells D. Employment Based E. Military E. Child Health Plus