



HOME REPAIR APPLICATION



**EQUAL HOUSING
OPPORTUNITY**

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

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

Phone: 607-746-1650

Fax: 607-746-1648



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN NY 13782

PHONE (607) 746-1650 • FAX (607) 746-1648

Email: info@delop.org

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DELAWARE COUNTY

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CLOTHING/HOUSEHOLD GOODS

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

THE DEPARTMENT OF HOUSING AND NEW YORK STATE RESTORE PROGRAM, NEW YORK STATE ACCESS TO HOME PROGRAM, AND NEW YORK STATE AFFORDABLE HOUSING CORPORATION (AHC).

This is to introduce you to the Restore, Access to Home, and AHC programs. It is our hope 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 requirements.

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 3 years for Restore and Access to Home grants, and up to 10 years for AHC). **There will be a Property Maintenance Lien for the Restore regulatory period, Property Maintenance Lien for the Access to 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 Restore, Access to 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 guidelines regulated by the Department of Housing and Urban Development and updated annually. **Guidelines are: for the Access to Home (80% of median family income), AHC programs (Approximately 90% of median family income), and Restore (100% of median family income). Our office can determine the correct program to fit your application. Guidelines change annually, and income limits may be higher depending on the funding round.**

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.
5. The property for which you are applying for assistance must be your primary residence. A primary residence is defined as a home that is lived in for at least six months plus one day per year.

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 our Housing Rehabilitation Specialist (HRS). A work write-up or scope of work will be prepared along with a cost estimate, by the HRS. 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 Housing Rehabilitation 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 Housing Rehabilitation 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 the check 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 work scope 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 Property Owner _____

Address of Property _____

911 Address if different from above _____

Tax Map Number from the Tax Bill _____

Telephone Number _____

Home

Work

Cell

Family Members Beginning with Head of Household

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

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 each family member 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: _____

Example: Stocks, Bonds, Money Markets, Income Producing Property, Savings or any other source of asset income not listed.

***** If income from assets is shown on income tax return and is provided as proof of income, it will not be necessary to list individually above.

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

Approximately what year was the house built? _____

of bedrooms _____ # of units _____

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 ever 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: _____

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 contacting 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 approved scope of work. If any information provided turns out to be false or if the proper documentation is not provided at the time of application, or if additionally required documentation is not provided in a timely fashion, Delaware Opportunities reserves the right to revoke your application and deny assistance.

Signature of Applicant/ Homeowner

Date

Signature of Applicant/ Homeowner

Date

**THIS APPLICATION MUST BE FULLY COMPLETED, OR THE APPLICATION PROCESS WILL
BE DELAYED.
FAILURE TO PROVIDE ACCURATE INFORMATION OR ADDITIONAL DOCUMENTATION
REQUIRED, CAN AND WILL RESULT IN REVOCATION AND DENIAL OF APPLICATION.**



Delaware Opportunities Inc. Agency Intake Form

PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: _____

Staff signature if unable to obtain a signature and verbal consent was obtained: _____

Program: _____ Date of visit: _____ Service site: _____

Social security number: _____ - _____ - _____

First name: _____ MI: _____ Last name: _____ DOB: _____

Mailing address:

House number Apt # Street City State Zip Code Town

Physical address:

House number Apt # Street City State Zip Code Town

County: _____

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: _____ cell phone number: _____

email address: _____ message phone/other/social media name: _____

Household type, check one:

- multigenerational
- other
- single parent female
- single parent male
- single person only
- two adults only
- two parent
- unrelated adult
- unrelated adults with child
- unspecified

Housing situation, check one:

- homeless
- other
- other permanent housing
- own
- own mobile home
- own multifamily
- rent
- temp stable
- temp unstable

Information regarding gender, 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 turn this over to enter all information on applicant and all household members.

For office use only:

_____ Initials of staff that entered data into Captain/central intake _____ date

_____ Initials of staff that entered data into program intake _____ date

_____ Initials of staff that returned intake to program _____ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Gender: Male (M) Female (F) Transgender (T) Unspecified (U)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes below	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes below	Farmer: Y or N	Disconnected youth: see codes	Benefits received by participant (see codes below)
APPLICANT from front page	JOHN	J	SMITH	01/01/2010	M	N	A	A	Y	F	F	H	Y	N	B	N	F	D, C

Marital Status A. Single B. Married C. Widowed D. Separated E. Divorced F. Other G. Unspecified	Relation to Applicant A. Applicant B. Mother C. Mother figure D. Father E. Father figure F. Child G. Sister H. Brother I. Guardian J. Friend K. Spouse L. Grandparent M. Foster parent N. Foster child O. Grandchild P. Other Q. Other related R. Partner Q. Relative S. Stepfather T. Stepmother	Race A. Native American B. Asian C. Caucasian/White D. African American/Black E. Bi-Racial/Multi Racial F. Hawaiian/Pacific Islander G. Other _____ H. Unknown/not reported	Education A. 0-8 B. 9-12 Non-grad C. High School grad D. GED E. 12+ some college F. 2 yr. college grad G. 4 yr. college grad H. Vocational U. Unspecified	Insurance P. Private A. Medicare H. Medicaid/Fidelis Based E. Employment Based M. Military C. Child Health Plus N. None U. Unspecified	Work status A. Full time B. Part time C. Retired D. Unemployed short term 6 months or less E. Unemployed long term over 6 months F. Unemployed/not in labor force G. Unknown/not reported	Disconnected Youth A. In School/Not Working B. In school/Working C. Not in school/Not Working D. Over 24 E. Unknown/Not Reported F. Working/Not in school	Benefits received by participant I. Affordable care act/Marketplace H. Child care voucher/day care subsidy D. Housing choice voucher/Section 8 C. HEAP N. None J. Other A. SNAP/food stamps K. Unknown/not reported B. WIC U. Unknown/not reported
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Delaware Opportunities Income Eligibility Worksheet

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/Town: _____

State: _____ Zip Code: _____

List only ONE income source per line. If a HH member has more than one source of income, ie: wages and child support, use a separate line for each income type.

Household member (including self)	Income source from chart below	Monthly Amount	Notes (if needed)

Source of Income

- | | |
|---------------------------|---------------------------|
| A. Alimony | J. Social Security |
| B. Child Support | K. SSDI |
| C. None | L. SSI |
| D. Other | M. Unemployment Insurance |
| E. Pension | N. Unspecified |
| F. Private Disability | O. Veterans benefits |
| G. Public Assistance/TANF | P. Wages |
| H. Rental Income | Q. Workman's Compensation |
| I. Self-employed | R. Not reported |