



TOWN OF RIVERHEAD HOUSING PRESERVATION HOME IMPROVEMENT PROGRAM APPLICATION

TOWN OF RIVERHEAD COMMUNITY DEVELOPMENT DEPARTMENT

4 West Second Street, Riverhead, NY 11901

Tel. (631)727-3200 Ext. 237 * TDD (631) 727-4500

Dear Riverhead Homeowner:

Attached is the Town of Riverhead Housing Preservation Program application and guidelines, funded by the U.S. Department of Housing and Urban Development. Home improvement assistance under the program is **ONLY** available to **OWNER-OCCUPIED HOUSES OR MOBILE HOMES.**

To be considered for the program, please complete and submit the attached application to the Community Development Department along with *copies* of the following **REQUIRED DOCUMENTS:**

1. **Verification of total household income for all individuals living at the address.** Acceptable proofs of income are: most recent Federal income tax return with W-2s and one (1) month of pay stubs, Social Security statement(s), Social Services Benefit Statement(s), food stamps, and rental income documentation
2. **Deed to land OR title to mobile home**
3. **Current paid Town tax bill** (please specify if paid by monthly mortgage)
4. **Current homeowners' insurance policy declaration/premium page**
5. **Most recent bank statements, both checking and savings**
6. **If over 60 years of age,** you may be eligible for other funding; please provide proof of age AND complete pages 5 and 6.

Once we receive the completed application and all required paperwork, we will review your application to determine eligibility and contact you as to your status. **Assistance under this program is based on income eligibility, necessity of work to be done, and the availability of funds.** If funding for the Home Improvement Program is not available to our office at the time of submission of your application, you will be placed on a waiting list until funding is available.

Please contact this office at the numbers listed above should you have any questions about the program and its requirements or procedures.

This is an equal opportunity program. Discrimination is prohibited by Federal Law. Persons with disabilities who require alternative means for communication of program information or assistance with filling out this application should contact our office by telephone (631) 727-3200 Ext. 237 or TDD (631) 727-4500.

TOWN OF RIVERHEAD
HOME IMPROVEMENT PROGRAM APPLICATION
PLEASE PRINT CLEARLY

APPLICANT(S) DATA:

Date completed: _____

Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing address (if different than above) _____

Is this your full-time primary residence? _____ House OR Mobile Home? _____

Home Telephone # _____ Cell # _____

How long have you lived at this address? _____

Number and age of occupants of the dwelling for all or part of the next 12 months:

Occupants _____ Ages of each occupant _____

EMPLOYMENT / INCOME STATUS (OF ALL CURRENT OCCUPANTS):

Present Employer _____

Address _____

Phone # _____ Annual Income \$ _____

Present Employer _____

Address _____

Phone # _____ Annual Income \$ _____

(*Please use back of page for additional employment information on all current occupants if needed.)

OTHER MONTHLY INCOME:

Social Security \$ _____ Pension \$ _____

Veteran's Benefits \$ _____ Welfare \$ _____

Child Support \$ _____ Alimony \$ _____

Social Services \$ _____ Rental Income \$ _____

Any Other Income \$ _____

ASSETS:

Checking account balance \$ _____ Savings account balance \$ _____
Money Market balance ... \$ _____ Other \$ _____
Value of stocks/bonds/mutual funds \$ _____
Value of real estate/property other than primary residence \$ _____
Value of other assets (boats, etc.) \$ _____

PRESENT MONTHLY EXPENSES:

Mortgage payment (incl. taxes & insurance) \$ _____
Second mortgage (if applicable) \$ _____
Property taxes (if not included in mortgage) \$ _____
Monthly lot rent (mobile home parks) \$ _____
Homeowners insurance \$ _____
Utilities (heat, cable, electric, phone, etc.) ... \$ _____
Other expenses (car, credit cards, loans, etc.) \$ _____
Total monthly expenses \$ _____

HOUSING INFORMATION:

Date of Purchase _____ Age of Home (years) _____

RACE / ETHNICITY / GENDER INFORMATION:

Answers to the following questions are provided on a voluntary basis to enable the monitoring and compliance with Federal laws prohibiting discrimination. You are not required to furnish this information, and it will not be used to evaluate this application. If you choose not to furnish it, we are required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname. Insert number of occupants for each and note an individual within more than one category:

<u>RACE</u>	<u>GENDER</u>	<u>ETHNICITY</u>
White	Male	Hispanic
Black/African American	Female	Non-Hispanic ...
Hawaiian/Pacific Islander		
American Indian or Alaskan Native		
Asian		

The Riverhead Home Improvement Program is designed to correct basic housing problems, especially conditions considered dangerous to health and safety. Priority improvements include the following: heating systems, plumbing, electrical systems, structural repairs, roofing (leaks), alterations for handicapped persons and winterization.

a) Describe work needed to eliminate health and safety hazards:

b) Other necessary work:

CERTIFICATE OF INSURANCE AND LIEN AGREEMENT:

I/We agree to have the Town of Riverhead named as an additionally insured party (lien holder) on my/our Homeowners Certificate of Insurance and to have my/our insurance company provide the Community Development Department with a copy of the new Certificate of Insurance upon completion of work. I/We also agree to have a lien placed on the premises for the total amount of the cost of the rehab work that will be filed with the County of Suffolk or State of New York.

I am aware that the Riverhead Home Improvement Program is for residential homeowners in the Town of Riverhead and is based on established income limits and funding available through the Home Improvement Program. Therefore, I/We declare that the above submitted information is true to the best of my/our knowledge.

X

Signature of Applicant

X

Signature of Co-Applicant

Applicant Social Security #

Co-Applicant Social Security #

Date

Date

HOME IMPROVEMENT PROGRAM AFFIDAVIT

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

Applicant Name(s): _____

I/We affirm under penalties of law that all statements made in this application are complete and, to the best of my/our knowledge, are true and correct for the sole purpose of receiving a Riverhead Home Improvement Loan or Grant. In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true, has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (Penal Law Section 210.45). The above-named applicant(s) also state(s) that:

1. I/We am/are the sole owner(s) of the property to be improved and that ownership will not be transferred or sold for the term of the loan or grant. If ownership is transferred, relocated or sold, the Town of Riverhead Community Development Department must be notified, in writing, immediately.
2. If the property is involved in a Life Estate, the income of the heir(s) may not exceed 80% of the Suffolk County median income.
3. This property is owner-occupied and is my/our primary residence and that all persons currently living in the home are correctly reported.
4. All income information is listed correctly and from all persons living in the home currently.
5. Homeowners insurance will remain in effect for the term of the loan and/or grant.
6. All property taxes must remain current for the term of the loan and/or grant.
7. Homeowner's lease, if applicable, is in good standing.
8. If during the progress of the project, from application to completion of work, the applicant's financial situation changes, i.e., addition of a resident, increase of income, or anything that is not reflected in the financial statements furnished to the Town to qualify for the program, applicant must notify this office of such change.

~ To be signed in front of a Notary Public ~

X _____
Owner Signature

X _____
Co-Owner Signature

Sworn to before me this _____ day
of _____, 20____.

GENERAL REQUIREMENTS

1. No participation in program previously; recipients will be serviced one time only.
2. Homes must be owner-occupied. Applicants must have lived in the home for a minimum of 48 months prior to submitting an application.
3. Applicants must have valid homeowners' insurance.
4. When determining income eligibility, the income of all occupants of the residence must be included.
5. Applications will be addressed in the order in which they are received and are subject to the selection criteria set forth below. The town reserves the right to change the priority of projects due to health and safety emergencies of projects or other extenuating circumstances.
6. Due to limited funding and an effort to serve as many residents as possible, an estimate of repairs necessary to bring a manufactured / mobile home up to code will be undertaken by the Town of Riverhead. A mobile home will be deemed beyond repair under the Riverhead Home Improvement Program if the estimated cost of repairs equals or exceeds the approximate value of the home.
7. Should the applicant wish to continue in the process, they must undertake and complete repairs necessary to reduce the estimated scope below the cost threshold. Homeowners may request from the Town an estimated itemized list of necessary work to determine which work they can complete on their own, thereby reducing the project cost to within limits allotted by the Town program. The Town of Riverhead reserves the right to move to the next applicant on the waiting list until this is done. Failure to notify the Town that repairs were undertaken and completed by the homeowner within 12 months will deem an application withdrawn; in this case, a new application must be filed and the homeowner will be placed at the end of the waiting list.

HOME IMPROVEMENT PRIORITY SELECTION CRITERIA

1. Elderly (60 and over)
2. Household with children under 12 years of age or occupied by a person with disabilities and/or a veteran