

TOWN OF HAMBURG

Department of Community Development

6100 South Park Avenue, Hamburg, New York 14075

(716) 648-6216 * Fax: (716) 648-0151

Director of Community Development: Christopher Hull

Supervisor: Steven J. Walters Council Members: Joseph A. Collins; Jonathan G. Gorman; Amy J. Ziegler



Program Year 2011 **Housing Rehabilitation Loan Program Application**

Thank you for your interest in the **Town of Hamburg's "Housing Rehabilitation Loan Program"**. I am pleased to send along this program application package. Should you decide to apply for this program, fully complete the enclosed application and compile the required income verification documents as listed on the second last page of this package (Exhibit "A"). ***Once you have completed the application and have all of the required income documents, please call Timothy Regan, Community Development Assistant, at 648-6216 so that he can arrange a meeting with you to go over important items you will need to know about this program, including our approval process, inspection procedures, contractor selection and any waiting list that is required for program funding.***

This owner-occupied, single-family, Housing Rehabilitation Loan Program is offered by the Town of Hamburg through its **Department of Community Development**. All funding for this program is provided by the United States Department of Housing and Urban Development (HUD) through its Community Development Block Grant (CDBG) program. ***This funding source is not guaranteed, so at times, there may be a waiting list for entry into this housing program. Any waiting list for program funding is based upon priority improvements and income status. If a waiting list for program funding is in fact required, you will be periodically notified of your status and position on said list.***

As a point of information, eligible contractors and/or workers are not assigned nor recommended by the Town of Hamburg or the Department of Community Development. All contracts for rehabilitation work to be completed through this program will be between yourself and the contractor/worker you selected to complete the work approved through this program. In addition, no work or activity can be initiated at your dwelling prior to authorization by the Department of Community Development. While I realize this seems like a lot of information to process and compile, the program works very efficiently and allows for approved repairs to be completed at your dwelling, thus allowing you/your family to live in an improved environment. If you have any questions or concerns about this program, please contact us at 648-6216. We look forward to hearing from you soon!

Sincerely,

Christopher Hull; Director
Department of Community Development

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HOUSING REHABILITATION PROGRAM **ELIGIBLE IMPROVEMENTS AND PRIORITIES**

PRIORITY ONE IMPROVEMENTS: (Most Crucial)

- Roof repair or replacement/Gutter and downspout repair or replacement.
 - Electrical repair; Upgrading of electrical service.
 - Plumbing repair or replacement.
 - Furnace repair or replacement.
 - Gas line/ water line repair or replacement.
 - Window repair or replacement.
 - Exterior or Storm Door repair or replacement.
 - Lead Paint Abatement/Removal
-

PRIORITY TWO IMPROVEMENTS: (Secondary Improvements)

- Ceiling repair.
 - Rodent, termite or vermin extermination.
 - Others as approved by the Department of Community Development.
-

PRIORITY THREE IMPROVEMENTS: (Rarely approved)

- Siding repair or replacement (must be approved by Department of Community Development)
-

***** Other repairs not listed above, may be eligible for completion through this program, if approved by the Town of Hamburg Housing Rehabilitation Program Inspector(s) and the Director of Community Development.**

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Income Eligibility Schedule **Town of Hamburg** **Housing Rehabilitation Loan Program**

as of May 31, 2011 (subject to change at any time throughout the year)

***** ECMI = Erie County Median Income *****

<u>Number of Persons in Household</u>	<u>0% Loan Income Limit 50% ECMI</u>	<u>3% Loan Income Limit 65% ECMI</u>	<u>6% Loan Income Limit 80% ECMI</u>
1	\$22,900	\$29,770	\$36,600
2	\$26,150	\$33,995	\$41,800
3	\$29,400	\$38,220	\$47,050
4	\$32,650	\$42,445	\$52,250
5	\$35,300	\$45,890	\$56,450
6	\$37,900	\$49,270	\$60,650
7	\$40,500	\$52,650	\$64,800
8 or more	\$43,100	\$56,030	\$69,000
<hr/>			
Interest Rate	0%	3%	6%
<hr/>			

INCOME DATA SOURCE: BUFFALO AREA HUD OFFICE

Income data as of May 31, 2011

{Income amounts are subject to change at any time throughout the year by HUD}

TOWN OF HAMBURG
DEPARTMENT OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION LOAN PROGRAM "APPLICATION"

1) **Applicant's Name(s) [As on Deed or Title to Home]**

2) **Address of Property:**

E-Mail Address:

3) **Phone #:** _____ **(Home)** _____ **(Work)** _____ **(Cell)**

4) **Social Security #(s) of homeowners:**

5) **Name and ages of all persons who reside at the above address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6) **Do you currently reside at this address?** Yes [] No []

7) **How long have you owned the property?** _____

8) **Are your Town\County\School Taxes Paid to Date?** Yes [] No []

9) **Employment Record:**

Employer's Name: _____

Employer's Address: _____

Employer's Name: _____

Employer's Address: _____

Employer's Name: _____

Employer's Address: _____

10) **What Rehabilitation Improvements are you applying for? (See Eligible Improvements Page):**

11) **Gross annual income for entire household:** \$ _____

See Exhibit "A" for required income documentation.

12) **Total number of persons residing in dwelling:** _____

CONFIDENTIAL FINANCIAL STATUS REPORT

Applicant(s) Name(s): _____

Home Address: _____

Number of children living within the dwelling: _____

Home repairs completed over the past five (5) years:

Total Gross Monthly income for entire household: \$ _____

LIABILITIES

Mortgage Payment(s):]YES]NO Payment Amount(s): _____

Current Mortgage Balance(s): _____

Payment Status:]Current]In Default? (Number of months in default: _____)

Mortgagee: _____] Conventional] FHA

] VA] SONYMA

] Private

Mortgagee: _____] Conventional] FHA

] Loan] Line of Credit

] Home Equity Loan

Taxes in mortgage payment:] Included] Not Included \$ _____ Per Month/Year.

Hazard Insurance in mortgage payment:] Included] Not Included \$ _____ Per Month/Year.

Flood Insurance:] Required? If yes, \$ _____ Per Month/Year] Not Required

Monthly Bills Owed: Payee: _____ Amount: _____

 Payee: _____ Amount: _____

 Payee: _____ Amount: _____

 Payee: _____ Amount: _____

 Payee: _____ Amount: _____

* If more space is required, use the back of this page and check this box: []

Utility Bills:

Heating (Source): [] Gas [] Oil [] Electric \$ _____ Monthly Average

Electric: \$ _____ Monthly Average

Cable: \$ _____ Monthly Average

Phone: \$ _____ Monthly Average

Other (Names): _____ \$ _____ Monthly Average

Other Creditors/Credit with or without balances:

<u>Creditor:</u>	<u>Type:</u>	<u>Monthly Payment:</u>	<u>Balance Due:</u>	<u>Past Due/Current</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

* If more space is required, use the back of this page and check this box: []

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Town of Hamburg **"Housing Rehabilitation Loan Program"** **Required Certifications**

- 1) I hereby certify that I/We am/are the owner and occupant(s) of the property to be included within the Town of Hamburg Housing Rehabilitation Loan Program. To the best of my knowledge, all of the information provided above is true and accurate. I agree to cooperate with the **Town of Hamburg Department of Community Development** which is administering this program and to comply with their specified rules and procedures.
- 2) I understand that any contract for rehabilitation work paid for in whole or in part by a **Housing Rehabilitation Loan** from this program will be between the contractor(s) and myself/ourselves, and that I should not sign any contract for work under this program until authorized to do so by the Department of Community Development.
- 3) I also understand that the **Town of Hamburg and the United States Department of Housing and Urban Development** are not responsible OR liable for any breach of contract, faulty workmanship, accident liability or damage which might arise from my relationship with the contractor through this program.
- 4) The above information is true and accurate to the best of my knowledge. I am aware that Section 1001 of Title 18 of the United States code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. **In addition**, I also certify that all information provided in this program application and all financial information provided to the Town of Hamburg is true and accurate. If upon further review, information that was provided to the Town of Hamburg for program purposes is found to be false, I understand that criminal proceedings will be commenced.
- 5) The Town of Hamburg and the United States Department of Housing and Urban Development are NOT responsible or liable for the installation, performance, workmanship, liability or any damages which might arise from my participation in this program. Upkeep of the device(s) installed through my participation with this program is my/our responsibility. My\Our signature(s) below indicates my understanding of this statement.
- 6) I understand that if this application is approved and I receive a Loan from the Town of Hamburg, a mortgage will be placed on my property by the Town of Hamburg as a condition of receiving the Loan. The mortgage guarantees Loan repayment upon the sale or transfer of my property or upon death of the applicant(s). Filing fees for this mortgage will be my\our responsibility. Checks can be made payable to the "Erie County Clerk" and the amount will be disclosed prior to filing. In no case will the amount of the check required of the program applicant/participant for the filing of the mortgage exceed \$30.00.

7) In addition, I understand that any contract for work to be completed at my/our home through a Town of Hamburg Housing Program is between the Contractor I/We have selected and me/ourselves. The Town of Hamburg, the County of Erie, the State of New York or the United States Department of Housing and Urban Development their employees and agents assume no liability or responsibility for the cost of repairing or replacing any defects and/or deficiencies, either current or arising in the future or for any property damage or any injury whether it be bodily or mentally of any nature resulting from my/our participation with the Town of Hamburg Housing Program pertaining to Lead Based Paint.

Signature(s): _____

Date: _____

Signature(s): _____

Date: _____

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the _____ day of _____, in the year _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

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"AUTHORIZATION TO RECEIVE AND VERIFY CREDIT INFORMATION"

I\We hereby consent to the sharing among you of any credit information which we obtain for the purpose of processing my\our application for the Town of Hamburg Housing Rehabilitation Loan Program. I\We waive any rights which I\We may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive a Loan through this program. I\We also agree to hold harmless the Town of Hamburg from any claims for damages for use of that information in the manner provided by this waiver.

NOTICE TO APPLICANT: By signing this form you consent to lenders sharing credit information about you to process this application.

Signature(s): _____

Date: _____ Date: _____

"AUTHORIZATION TO RECEIVE AND VERIFY EMPLOYMENT INFORMATION"

I\We hereby consent to the sharing among you of any employment information which we obtain for the purpose of processing my\our application for the Town of Hamburg Housing Rehabilitation Loan Program. I\We waive any rights which I\We may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive a Loan through this program. I\We also agree to hold harmless the Town of Hamburg from any claims for damages for use of that information in the manner provided by this waiver.

NOTICE TO APPLICANT: By signing this form you consent to employers sharing employment information about you to process this application.

Signature(s): _____

Date: _____ Date: _____

"AUTHORIZATION OF INSPECTION"

I hereby grant the **Town of Hamburg Department of Community Development** permission to inspect my property and to be on my property located at:

for the purpose of evaluating program need and for all other program procedures and purposes including the inspection for Lead Based Paint. I also agree to hold harmless the Town of Hamburg from any claims for damages for access to my property provided through this program.

Signature(s): _____

Date: _____ Date: _____

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EXHIBIT "A"

Town of Hamburg "Housing Rehabilitation Loan Program Income Verification Required Documents (COPIES ONLY)

- 1) Copy of deed to home.
- 2) Copy of paid tax receipts; Town\County\School\Village. (Taxes must be current for program participation)
- 3) Copy of Homeowner's Insurance Policy.
- 4) Copy of latest federal and state income tax filings (INCLUDING ALL SCHEDULES AND W-2's).
- 5) Verification of checking and savings accounts, interest and annuities. (Provide last two months statements from your financial institution.
- 6) Verification of employment (four most recent pay stubs for all employed occupants).
- 7) Verification of benefits: (Provide copies of notice of award or benefit for any/all that apply)
 - a) Social Security
 - b) Pension
 - c) SSI
 - d) Disability
 - e) Alimony/child support
 - f) Food stamps/HEAP/Etc.
 - g) Veterans
 - h) Unemployment
 - I) Welfare
 - j) Insurance dividends
 - k) Other
- 8) Verification of ALL land owned (Deed or title to property).
- 9) Verification of Certificates of Deposit (Produce all financial documentation).
- 10) Verification of all annuities, insurance income, etc.

Please submit income documentation from the list above that applies to all members of your household.

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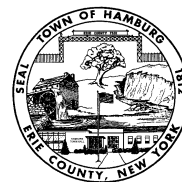


EXHIBIT "B"

Town of Hamburg "Housing Rehabilitation Loan Program" **Department of Housing & Urban Development (HUD) Data Collection**

Ethnicity: (Select only one) Hispanic or Latino: _____

Not Hispanic or Latino: _____

Race: (Select one or more) American Indian or Alaska Native: _____

Asian: _____

Black or African American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Person (s) residing in home and age(s) [Including the applicant(s)]:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

This information will ***NOT*** be used in the selection of program participants. All housing is available on an Equal Opportunity Basis. The Town of Hamburg heeds all Federal Fair Housing Laws as well as having its own Fair Housing Ordinance. In addition, the Town of Hamburg is under contract with Housing Opportunities Made Equal (HOME) to further Fair Housing within the town. For more information on Fair Housing, please contact the Town of Hamburg or Housing Opportunities Made Equal. For a brochure on the Town of Hamburg's efforts pertaining to Fair Housing, please contact 648-6216.

