

# **HAMBURG COMMUNITY DEVELOPMENT**

6100 South Park Avenue \* Hamburg \* New York \* 14075

(716) 648-6216 \* [www.townofhamburgny.com/community-development](http://www.townofhamburgny.com/community-development)

Director: Christopher Hull \* Assistant Director: Timothy J. Regan

Hamburg Town Supervisor: Randall A. Hoak

Council Members: Megan A. Comerford \* Shawn P. Connolly \* Elizabeth C. Farrell \* Karen L. Hoak



## **2021 Program Year Housing Renovation Grant Program Application**

Thank you for your interest in the **Town of Hamburg's "Housing Renovation Program"**. We are pleased to include this program application packet. Should you decide to apply for a renovation grant through our program, complete the required information within the following application and compile the required income verification documents as listed on the second last page of this application packet (**Exhibit "A"**). Once you have completed the application and have all of the required income documents, please call Timothy Regan, Assistant Director of Community Development, 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, funding issues, and any waiting list that is currently in use.

This owner-occupied, single-family, housing renovation program is offered by the Town of Hamburg through its Department of Community Development. 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 or its Home Investment Partnership (HOME) program. Due to the fact that these programs have two separate regulations, there are different post renovation housing value limits for each program.

- 1) The renovation program utilizing federal CDBG program funds has a single-family home after-renovation value limit of **\$200,000**.
- 2) The renovation program utilizing federal HOME program funds has a single-family home after-renovation value limit of **\$164,350**.

Since these programs have different funding sources, there is no guarantee that either fund will be available for the entire 2021 Program Year. To that end, we may have to initiate a waiting list for entry into either of these programs. Any waiting list developed for program funding will be based upon priority improvements and income status, ie: Highest renovation priority with lowest income will be first.

If you are funded through one of these programs, all contracts for renovation work to be completed through either program will be between yourself and the contractor/worker you select 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. As a point of information, eligible contractors/workers are not assigned nor recommended by the Town of Hamburg or the Department of Community Development. Finally, when funded, our programs work very efficiently and allow for approved repairs to be completed at your dwelling, which in turn allows you/your family to live within a decent, safe and improved environment. If you have any questions or concerns about this program, please contact us at 648-6216. We look forward to working with you!

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## **Housing Renovation Program Eligible Improvements / 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 Director of Community Development and a Housing Renovation Program Inspector.**

## **Income Eligibility Schedule Housing Renovation Program as of May 1, 2021 (subject to change at any time by HUD)**

<b>Number of Persons in Home</b>	<b>Max Income for Renovation Grant:</b>
1	\$44,200
2	\$50,500
3	\$56,800
4	\$63,100
5	\$68,150
6	\$73,200
7	\$78,250
8 or more	\$83,300

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## Town of Hamburg Department of Community Development Housing Renovation 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:

\_\_\_\_\_  
We Keep this information confidential

\_\_\_\_\_  
We Keep this information confidential

5) Name(s) and age(s) 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 Renovation 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: _____
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

TV/Net: \$\_\_\_\_\_ Monthly Average

Phone: \$\_\_\_\_\_ Monthly Average

Cell: \$\_\_\_\_\_ Monthly Average

Others: \_\_\_\_\_ \$\_\_\_\_\_ Monthly Average

\_\_\_\_\_ \$\_\_\_\_\_ Monthly Average

\_\_\_\_\_ \$\_\_\_\_\_ Monthly Average

\_\_\_\_\_ \$\_\_\_\_\_ Monthly Average

\_\_\_\_\_ \$\_\_\_\_\_ Monthly Average

**Other Creditors/Credit with or without balances:**

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

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## Town of Hamburg "Housing Renovation Program" Required Certifications

- 1) I hereby certify that I/We am/are the owner(s) and occupant(s) of the property to be included within the Town of Hamburg Housing Renovation 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 Renovation work paid for in whole or in part by a **Housing Renovation 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/our 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.
- 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 myself/ourselves. The Town of Hamburg, the County of Erie, the State of New York or the United States Department of Housing and Urban Development and 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

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 Renovation 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\our 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 Renovation 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\our 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 resulting from such access to my property through this program.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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## **EXHIBIT "A"**

### **Town of Hamburg Housing Renovation 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 three 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 listing above that applies to all members of your household.**

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## EXHIBIT "B"

### Town of Hamburg "Housing Renovation Program" 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):

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.