

City of Glens Falls

Housing Rehabilitation Program

Investing in Strong Neighborhoods

Grant and Loan assistance to cover 100% of the cost of eligible home improvements*

**Based on need and severity of problems*

Is My Home Eligible?

- ✓ Owner-Occupied **one or two-family homes** within the City
- ✓ Deed (including life tenancy) recorded in the Warren County Clerk's Office
- ✓ Paid real estate taxes
- ✓ Paid homeowner's insurance
- ✓ Paid water & sewer charges

How Do I Qualify?

All households (including the Owner and any Tenants living in a two-family home), must qualify as low or moderate income under limits set by the U.S. Department of Housing and Urban Development (HUD) and adjusted by household size.

Income Limits

<u>Family Size</u>	<u>Household Income</u>
1-Person	\$48,350
2-Person	\$55,250
3-Person	\$62,150
4-Person	\$69,050
5-Person	\$74,600
6-Person	\$80,100
7-Person	\$85,650
8-Person	\$91,150

Note: Income limits (effective 4/01/2022) are revised annually by HUD

Two-Family Homes

Owners of duplexes with qualified Tenants must also agree to limit those rents for a period of five (5) years after the work is completed.

\$850 /mo. for 1-Bedroom
\$1,065 /mo. for 2-Bedroom
\$1,383 /mo. for 3-Bedroom
\$1,444 /mo. for 4-Bedroom

How Do I Apply?

- ① Obtain an application by calling the Community Development Office at (518) 761-3833 and leave a voice mail
- ② Submit requested documentation
- ③ Call the City's Housing Consultant (CT Male) at **(518) 832-6746** for an appointment to review your application

How Does It Work?

- ✓ A Rehabilitation Specialist (RS) will work with you to identify needed home improvements
- ✓ All work items must be approved by the City and bid to local home repair contractors
- ✓ The RS will inspect the work with you to ensure that it is done properly



Funding for this program is provided by the U. S. Department of Housing and Urban Development, subject to availability of those funds through the City of Glens Falls CDBG Entitlement Program



BEFORE



AFTER



How does the financing work?

Owner-Occupied Homes: Grant and Loan assistance will be provided to Homeowners based on a sliding scale of household income. Grants will cover between 70% and 100% of the Repair Costs, and a Loan for the balance will carry a 3% interest rate and are repaid to the City over five (5) years after project completion.

Investor-Owned Homes: There are **NO** program funds currently available for renter-occupied apartment homes (where the landlord does not live in the property seeking rehabilitation). Check with the City on an annual basis RE: funding for investment rental properties.

NOTE: *All Projects will have a five-year LIEN placed on the property to monitor the Program's occupancy requirement.*

City of Glens Falls:
Office of Community Development
City Hall
42 Ridge Street, Second Floor
Glens Falls, New York 12801
(518) 761-3833

Housing Consultant:
C.T. Male Associates
(518) 832-6746

j.squadere@ctmale.com



City of Glens Falls

Housing Rehabilitation Program

S. William Collins, Mayor

Common Council:

Jim Clark, Jr., At-Large
Edward Donohue, Ward 1
Robert Landry, Ward 2
Diana Palmer, Ward 3
Benjamin Lapham, Ward 4
Mary Gooden, Ward 5

City of Glens Falls

Housing Rehabilitation Program

CDBG Program

Application for Owner Occupied Rehabilitation

Applicant Information:

Name of Homeowner(s): _____

Address of Property: _____

Phone: Home _____ Work _____ Cell _____
Which Number do you *prefer* to be used to contact you? _____

How long have you lived at this address? _____

Number of dwelling units _____ How old is your home? _____

Is this home a Manufactured or "Mobile" Home? YES / NO

Household Size: Adults _____ Dependent Children _____

Do any Children residing at this property have an elevated blood lead level? YES / NO

Is the Head of the Household over 62 years of age? YES / NO

Is the Head of the Household? MALE / FEMALE

The following information is requested by the State of New York for statistical purposes only. Minority data will not be considered in determining the applicant's eligibility for assistance. This data is OPTIONAL.

Applicant Household is (circle one):

Caucasian African American Native American Hispanic Asian Other

Eligibility Information:

Income eligibility guidelines are based on the Area Median Income and Household Size. The current Income Limits for this Program (effective April 18, 2022) are:

Total Persons in Applicant Household:
(including **all** Children)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Annual Income:	\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150

What is your expected Total Household Income for this year (estimated)? \$ _____

Please attach copies (or submit separately) the following applicable documents:

- Signed copy of the **2021 Federal Income Tax Return** (including all Schedules)
- Copy of most recent **Pay Stubs** (covering 6 weeks) from all employers regarding **wages**
- Bank Statements (most recent month for checking, savings, and investment accounts)
- Copy of current award letter(s) concerning Social Security, Disability, Workers' Compensation, VA or State of NY retirement pensions, private pensions, unemployment insurance, or other *regular* benefits received by all Household members
- Copy of the recorded **Deed** for the property
- **PAID Property Tax Receipts** (City and County, School)
- Copy of PAID City of Glens Falls **Water and Sewer** Receipts
- Copy of most recent monthly **Mortgage Statement** showing payment history
- Copy of Declarations Page with proof of paid **Homeowners Insurance**

Please note that your Application is not complete without proof of all applicable income sources, which are not all listed above, and review of all other Application materials. Incomplete Applications cannot be processed.

Are there any outstanding Tax Liens or Judgments against the property? YES / NO

Have you received Notice from a lender regarding a pending **Foreclosure**? YES / NO

Have you ever filed for personal **Bankruptcy**? YES / NO

Have you previously received **any** state or federal home improvement assistance (such as Warren County Weatherization or USDA housing repair grants)? YES / NO

Certification and Authorization:

All the information I have given in this Application is true and correct to the best of my knowledge. I understand that the City of Glens Falls reserves the right to verify the information and retain this Application whether or not the Application is considered or approved for assistance. I hereby authorize the City of Glens Falls or its program representative(s) to verify all information as a condition of this Application.

Applicant Signature

Date

Co-Applicant Signature

Date

Note to all Applicants: Your signature is required only to verify your voluntary interest in the Housing Rehabilitation Program. Participation is contingent upon funding availability and applicant eligibility. Submitting an Application does NOT guarantee any funding award from the City of Glens Falls.

City of Glens Falls - Office of Community Development
HOUSING REHABILITATION PROGRAM - INSTRUCTION SHEET

ITEMS NECESSARY TO COMPLETE THE APPLICATION

To facilitate processing of your application for a rehabilitation grant/loan, you will need **proof** of the following information on hand at the time of your interview.

- **Income Tax Returns** – copy of most recent Federal and State returns with complete back up documentation for **all household members living within each housing unit.**
- *If you do not file Income Tax Returns **OR** if in addition to filing, you receive other assistance not reported on a Tax Return; you need to document **all income and assistance sources for all household members** living within each unit.
- **Sources of income documentation** - such as Interest, Dividends, Annuities, Stocks, Bonds, Certificates of Deposit, Unemployment Benefits, Social Security Benefits, SSI, Pension Benefits, Child Support, HEAP, Food Stamps (SNAP), Disability Benefits, Alimony, Workman’s Comp. etc. for **all household members living within each unit.**
- **Other Real Estate Owned** – provide the address and information regarding net income.
- **Deed** – copy of the Recorded Deed for property to be rehabilitated **w/recorded cover sheet attached.**
- **First and/or Second Note and Mortgage** – Recorded copy of any primary Mortgage, Home Equity Loans, and/or outstanding Home Improvement Loans **w/recorded cover sheets** for the property to be rehabilitated outlining monthly payment amounts.
- **PAID Homeowners Insurance** – copy of the Declarations Page showing property address, coverage dates, and dwelling coverage amounts with effective dates.
- **Current PAID Property Taxes** – copy of most current city/county, school, and water and sewer tax bills **marked paid, or a statement from you mortgage company** showing all property taxes are PAID from escrow.

AFTER YOU HAVE GATHERED THE ABOVE INFORMATION, PLEASE MAIL ALL INFORMATION TO

**CITY OF GLENS FALLS, OFFICE OF COMMUNITY DEVELOPMENT,
CITY HALL, 42 RIDGE STREET, GLENS FALLS, NY 12801
or EMAIL legible PDF documents to j.squadere@ctmale.com.**

City of Glens Falls – Housing Rehabilitation Program

GUIDEANCE FOR GATHERING HOUSEHOLD INCOME INFORMATION

Eligibility for grant and loan assistance under the Housing Rehabilitation Program is determined by **household size and income**. Each applicant must therefore provide complete documentation of all income for every adult member of the household in the property to be rehabilitated. If there are rental apartments, complete income documentation must be provided for each tenant household. The Community Development Office can assist with those households to assure confidentiality of all income information. **Following is an outline of the types of documentation that should be provided for the different sources of income.**

- **SALARY or WAGES** – a complete, signed copy of the latest Federal Tax Return including all schedules and forms (W-2s, 1099s, Schedule Cs, etc.)
- **SOCIAL SECURITY BENEFITS** – the annual statement of benefits detailing the total payments during the preceding calendar year (use the gross benefit including insurance deductions)
- **PENSIONS** – statements from each source detailing the total payments received during the preceding calendar year for all pensions, IRAs, annuities and any other retirement benefits.
- **UNEMPLOYMENT or DISABILITY BENEFITS** – statements from each source detailing the total payments received during the preceding calendar year for unemployment, disability, or worker's compensation and any information about the duration of those benefits into the future.
- **INCOME FROM REAL ESTATE** – for all income from rental properties (including rental apartments in the property to be rehabilitated), details of total rent or other payments received, and actual cash expenses related to each property (all expenses should be documented).
- **BUSINESS INCOME** – for all income from business activities, documentation of cash revenues and actual cash expenses must be provided. Net business income will be calculated on a cash basis without including deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may also be made to offset personal or household expenses appropriate for the business activity.
- **OTHER INCOME** – details of any income from any other source (e.g.: Investments such as stocks and bonds, CDs, child support, alimony, SNAP, rent supplements, education benefits, recurring lottery payments, etc.) received by or on behalf of any ADULT member of the household.

The Office of Community Development will review all income documentation and make a preliminary determination of eligibility for assistance. Additional information may be requested during this review; and updated documentation may be required in order to assure that the correct Household Income is being used at the time an actual grant award is considered by the City. If insufficient information is submitted, the Office may hold or reject the application.

Contact C.T. Male Associates (Consultant to the City) with Questions:

By Email to Jackie Squadere: j.squadere@ctmale.com