

INCOME PROPERTY APPLICATION INSTRUCTIONS

- 1) Please fill out the attached Application Form to the best of your ability. If you are unsure of the appropriate answer to any question, please call our office at (607) 753-1433. Please do not fill out any places marked *for office use only*.
- 2) In addition to the completed Application Form, we also need copies of the following items:
 - a) Copy of the Deed for the property, including a legal description;
 - b) If the property for rehabilitation is a manufactured home, proof of ownership and date home was manufactured (i.e. copy of title, bill of sale, installment contract, etc.);
 - c) Copy of your Homeowner's Certificate of Insurance;
 - d) Tenant Information Form(s) - Please have your tenant(s) complete the Tenant Information Form attached to this application. This form must be completed for each of your apartments, therefore, feel free to make additional copies as necessary or call our office for additional copies; and
- 3) A Conflict of Interest Disclosure is attached. Please read, sign and return the Disclosure with your application.
- 4) The Application Form and copies of all information requested above should be returned to:

**Thoma Development Consultants
34 Tompkins Street
Cortland, NY 13045**

NOTES:

- If property has more than one owner, please provide financial information from all owners
- Only one copy of your financial information is needed if submitting applications for more than one property. Additional information may be requested if needed.
- A Certificate of Insurance showing municipality added as Mortgagee will be required prior to starting any work
- You will be given Loan Agreements to sign after the total cost of rehabilitation work has been determined.
- We cannot complete a review of your application until all required signatures and documentation is received. Failure to answer any of the questions will delay processing of your application!

NOTICE TO APPLICANTS: *As required by the Right to Financial Privacy Act of 1978, please be advised that certain government agencies have a right of access to certain financial records held by the municipality in connection with the provision or administration of assistance to you under this application. Financial records related to the transaction considered hereunder will be available to the U.S. Inspector General, the U.S. Department of Housing and Urban Development, the General Accounting Office, the New York State Housing Trust Fund Corporation, and the New York State Office for Community Renewal without further notice or authorization. Financial records will NOT be disclosed or released by the municipality to other government agencies without your consent except as required by law.*

INCOME PROPERTY APPLICATION CDBG WATER/SEWER LATERAL REPLACEMENT ASSISTANCE
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PART I – APPLICANT INFORMATION

Application Number: _____ Date: _____
 (for office use only)

Name of Applicant(s): _____

Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

Email Address: _____

Address of Income Property: _____

Number of Occupied Apartments: _____ Number of Unoccupied Apartments: _____

If property is manufactured home, check here and provide date manufactured _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Are there any co-owners other than those listed above? If yes, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any liens or judgments affecting the property other than the mortgage? If yes, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are property taxes and/or mortgage payments in arrears? If yes, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any delinquent federal or State government loans, including Higher Education loans? (i.e. IRS liens, State tax liens, etc.) If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any commercial uses of the property? If yes, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all apartments located on one structure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now, or have you ever been, in default on a grant or loan from the City of Cortland? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanations: _____

Other Property Owned by Applicant in the City of Cortland:
 Location(s): _____

PART II – APARTMENT INFORMATION:

Please provide the following information for each apartment. Use additional sheets for more than four apartments.

Apartment #: _____ Number of Bedrooms: _____ Current Rent: _____

Please check those utilities/services that **are not** included in rent and note type and/or source as applicable (hot air, gas, LP, fuel oil, etc):

- | | |
|--|--|
| <input type="checkbox"/> Heat: _____ | <input type="checkbox"/> Hot water: _____ |
| <input type="checkbox"/> Electric: _____ | <input type="checkbox"/> Municipal water: _____ |
| <input type="checkbox"/> Stove/range: _____ | <input type="checkbox"/> Garbage disposal: _____ |
| <input type="checkbox"/> Refrigerator: _____ | <input type="checkbox"/> Water/sewer: _____ |
-

Apartment #: _____ Number of Bedrooms: _____ Current Rent: _____

Please check those utilities/services that **are not** included in rent and note type and/or source as applicable (hot air, gas, LP, fuel oil, etc):

- | | |
|--|--|
| <input type="checkbox"/> Heat: _____ | <input type="checkbox"/> Hot water: _____ |
| <input type="checkbox"/> Electric: _____ | <input type="checkbox"/> Municipal water: _____ |
| <input type="checkbox"/> Stove/range: _____ | <input type="checkbox"/> Garbage disposal: _____ |
| <input type="checkbox"/> Refrigerator: _____ | <input type="checkbox"/> Water/sewer: _____ |
-

Apartment #: _____ Number of Bedrooms: _____ Current Rent: _____

Please check those utilities/services that **are not** included in rent and note type and/or source as applicable (hot air, gas, LP, fuel oil, etc):

- | | |
|--|--|
| <input type="checkbox"/> Heat: _____ | <input type="checkbox"/> Hot water: _____ |
| <input type="checkbox"/> Electric: _____ | <input type="checkbox"/> Municipal water: _____ |
| <input type="checkbox"/> Stove/range: _____ | <input type="checkbox"/> Garbage disposal: _____ |
| <input type="checkbox"/> Refrigerator: _____ | <input type="checkbox"/> Water/sewer: _____ |
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PART III – PROJECT INFORMATION

1. Are you applying for:

Water Lateral Replacement

Please explain the issues or concerns you are currently having with your water lateral and/or why it should be replaced, i.e. lead pipes, leaking pipes, low pressure, City street construction, etc.

Sewer Lateral Replacement

Please explain the issues or concerns you are currently having with your sewer lateral, i.e, clogged pipes, past broken pipes, slow drainage, City street construction, etc.

2. What is the approximate distance from your front foundation to the sidewalk:

3. Are there any other issues or concerns that we should be aware of: _____

PART IV – CERTIFICATIONS

- 1) Although the municipality or their representative may or may not have assisted in soliciting bids for the Property Owner of this structure to be rehabilitated through the Community Development Block Grant Program, a signature below indicates that the Property Owner ultimately and willfully selected or will select the Contractor(s) to perform the work to be done. As long as the selected Contractor(s) has submitted a fair price and has provided a certificate of insurance in the amount required by the municipality, the Property Owner and Contractor(s) may enter into an agreement for the performance of the work to be done.

- 2) The signature below certifies the above submitted information is true, understanding that falsification of any item(s) may result in the forfeiture or reimbursement of all rehabilitation funds as well as the penalties and provisions of any applicable State and federal laws.

SIGNATURE OF APPLICANT(S):

X _____ DATE: _____

X _____ DATE: _____

APPLICATION CHECKLIST

- Application completed and signed
- Conflict of Interest Form completed and signed
- Copy of deed including legal description
- Copy of Homeowner’s Certificate of Insurance
- Tax Return
- Completed and signed tenant information forms from all occupied apartments

CITY OF CORTLAND
CONFLICT OF INTEREST DISCLOSURE

Under certain circumstances, an applicant for CDBG or AHC funding may have what is known as a "conflict of interest" and may need a waiver in order to participate in the Program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the City of Cortland. There are other cases where a conflict of interest may also be present, and you need to answer the questions below to help us make that determination. Waivers are reviewed and granted by the funding source, and in most cases a waiver will be granted where a conflict of interest is present. The City of Cortland, or its Consultant, will make a request on your behalf, if necessary and appropriate.

DISCLOSURE

Please **circle** YES or NO to all questions listed below so that we may make a determination of whether any conflicts may be applicable to your project. Answer for all applicants if there is more than one applicant.

YES NO 1. Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected or appointed official of the City? If so, please provide information below:

YES NO 2. Are you related to an employee of the City, an agent of the City, a consultant working for the City, an officer of the City, or an elected or appointed official of the City? (i.e.: are you related to the Mayor, or the City Clerk, or a Member of any City Council, or someone that works in the Department of Public Works/Highway Department, etc.) If so, please indicate to whom you are related and the relationship below:

YES NO 3. Do you have a business connection to any of the people listed above in #1? If so, please note the relationship below:

I/we, the undersigned, certify that the above information is true to the best of my/our knowledge:

Signed: _____ Date: _____

Signed: _____ Date: _____

For office use only

_____ There is no conflict of interest
_____ A potential conflict of interest is disclosed (attach determination)

TENANT INFORMATION FORM

This form should be provided to tenants in each apartment for completion.

Name of Tenant(s): _____

Address: _____ Apartment Number: _____

Telephone: (Home) _____ (Work) _____

No. of people living in apartment: _____

List names and ages of all household members, including self, below:

Name: _____ Age: _____, Name: _____ Age: _____

Name: _____ Age: _____, Name: _____ Age: _____

Name: _____ Age: _____, Name: _____ Age: _____

For any children under the age of 7 listed above, have they been tested for Lead? _____
If yes, please indicate their Lead Blood Level (LBL) below, if known:

Name: _____ LBL: _____, Name: _____ LBL: _____

Rent Paid Monthly \$ _____ No. of Bedrooms: _____

Who pays heat? _____; Electric? _____; Water/sewer? _____; Hot water? _____

Is anyone in the household over age 62? YES NO If yes, number of people over age 62? _____

Is anyone in the household frail elderly? YES NO If yes, number of people frail elderly? _____

Does anyone in the household have a physical disability and/or a traumatic brain injury?
 YES NO If yes, number of people? _____

Is anyone in the household a college student? YES NO
If yes, is student(s) emancipated*? YES NO (*i.e. (1) student files his/her own tax return,
(2) student is not claimed as a dependent on anyone else's tax return and (3) student financially
supports his or herself)

No person or persons shall be denied participation in the program based on race, color, religion, sex, national origin, handicap, or familial status. For reporting purposes ONLY, please indicate which racial category best describes your household:

- White Black/African American Black/African American and White
- Asian Asian and White Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native American Indian/Alaskan Native and White
- American Indian/Alaskan Native and Black/African American Other Multi-Racial

Is anyone in the household Hispanic? YES NO If yes, no. of people who are Hispanic? _____

(Continued on next page)

			yearly	monthly
1.	Income from Employment; Tenant #1	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Income from Employment; Tenant #2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Social Security/S.S.I. Benefits; Tenant #1	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Social Security/S.S.I. Benefits; Tenant #2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Pension/Disability Payments (All persons)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Income of Non Full-Time Student Over 18	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Net Real Estate/Business Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Child Support/Alimony Payments	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Interest and/or Dividends	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Public Assistance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Any Other Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		\$ _____		

The signature below certifies the above submitted information is true, understanding that falsification of any item(s) may result in the forfeiture or reimbursement of all rehabilitation funds as well as the penalties and provisions of any applicable State and federal laws.

Signature of Tenant(s): **X** _____ DATE: _____
X _____ DATE: _____

FOR OFFICE USE ONLY						
<input type="checkbox"/> Low/Mod (___%)	<input type="checkbox"/> Elderly	<input type="checkbox"/> Frail Elderly	<input type="checkbox"/> Female	<input type="checkbox"/> Minority	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled

Complete and return to:

Thoma Development Consultants
34 Tompkins Street
Cortland, NY 13045
(607 753-1433)