

CITY OF CORTLAND CDBG WATER/SEWER LATERAL REPLACEMENT APPLICATION INSTRUCTIONS

1. Please fill out the attached Application Form. If you are unsure of the answer to any question, please contact us at (607) 753-1433. Please **do not** fill in spaces marked *for office use only*.
2. **In Addition to the Completed Application Form, we also need the following:**
 - a) **Copy** of the Deed for the property, including the legal description (Schedule A);
 - b) If you live in the property under a land contract or life use agreement, **copy** of the agreement and letter from owner(s) indicating they will sign a mortgage and be responsible for any assistance provided to the property under the terms of the program;
 - c) **Copy** of your Homeowner's Insurance Certificate;
 - d) **Copies** of three most recent pay stubs for all employed persons in the household;
 - e) **Complete copy** of your Federal Income Tax Return and W-2's for the past **two years** all employed persons;
 - f) If self-employed, provide **documentation** regarding business or rental income by sending a **copy** of Income Tax Returns for past **three years**;
 - g) **Documentation** of any other regular sources of income including amount of Social Security (SS), Supplemental Social Security (SSI), public assistance, unemployment, pensions, disability, child support, or aid for all persons in the household;
 - h) **Documentation** with respect to stocks/bonds, CD's, IRA's, retirement accounts, interest and/or dividends, market value of other real estate, for all persons in the household;
 - i) **Copy** of checking and savings account statements for the past **two** months.
 - j) **Copy** of paid receipts for current property taxes and school taxes;
 - k) **Copy** of most recent home mortgage statement (if applicable);
 - l) **Copy** of a photo ID for each applicant/property owner.

***NOTE: The above information must be retained in your application. These items will not be returned, so please do not send originals.**
3. A Conflict of Interest Disclosure is attached. Please read, sign and return with application.
4. Additional information may be required. If you are approved for assistance, the City must be added as Loss Payee/Mortgagee to your Homeowner's Insurance. We will explain this requirement and provide further instructions at a later date.
5. Mail (or drop off) completed application and copies of the required documentation detailed above to:

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

Thoma Development Consultants administers the housing rehabilitation program for your municipality. We will review your application and then contact you to set up an appointment to inspect your property as may be needed. We will explain the program in more detail at that time. Please contact our office at (607) 753-1433 or your local municipality if you have any questions or if you need any special assistance in completing 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.

APPLICATION FOR CDBG WATER/SEWER LATERAL REPLACEMENT ASSISTANCE

PART I – APPLICANT INFORMATION

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

Name of Applicant(s): _____

Property Address: _____

Mailing Address, if different _____

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

Email Address: _____ Number of Bedrooms _____

The home is: Single Family Multi-Family Manufactured Home

If Multi-Family, total # of living units: _____ If Manufactured Home, date manufactured: _____

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

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

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

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

YES **NO**

1. Is applicant(s) owner-occupant of property to be rehabilitated?

2. Do you reside in the home under a land contract or a life use agreement?
If **yes**, please explain below.

3. Are there any co-owners other than those listed above?
If **yes**, please explain below.

4. Are there any liens or judgments affecting the property other than the mortgage? If **yes**, please explain below.

5. Is there a Mortgage on the property?
If **yes**, are mortgage payments current? YES NO
Name of first mortgage holder _____
Name of second mortgage holder (if applicable) _____
Name of any other lien holders (if applicable) _____

6. Is there a "Reverse Mortgage" on the property?
If **yes**, please provide a copy.

7. Are property and school taxes current?
If **no**, please explain below.

8. Do you have any delinquent federal or State government loans, including Higher Education loans (i.e. IRS liens, State tax liens, etc.)?
If **yes**, please explain below.

9. Are you now, or have you ever been delinquent on a loan or grant from the City of Cortland?
Explain: _____

PART II – 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 III – INCOME DOCUMENTATION

INCOME: List all sources of income for each household member. Please note whether income is weekly or monthly. Documentation is needed for any income sources listed.

NAME OF HOUSEHOLD MEMBER	WAGES OR UNEMPLOYMENT BENEFITS	SOCIAL SECURITY/ SSI INCOME	PENSION/ DISABILITY INCOME	REAL ESTATE/ BUSINESS INCOME	CHILD SUPPORT/ ALIMONY	INTEREST/ DIVIDENDS	PUBLIC ASSISTANCE	OTHER	TOTAL
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$

ASSETS: List all assets for each household member and their current value. Documentation of the value of all assets is required.

Total currently in Savings Account(s): \$ _____ Total currently in Checking Account(s): \$ _____

Current value of Certificates of Deposit: \$ _____

Market value of Stocks/Bonds (including Savings Bonds): \$ _____

Current value of Retirement Accounts (including IRA's, 401(k)'s, etc.): \$ _____

Market value of other real estate (other than your primary home): \$ _____ Mortgage Balance on this property: \$ _____

Other assets: _____

PART IV – EQUAL OPPORTUNITY INFORMATION (OPTIONAL)

1. 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
-

2. Gender: _____
3. Are you a female head of household? YES NO
4. Is anyone in the household Hispanic? YES NO
If **yes**, number of people who are Hispanic? _____
5. Does anyone in the household have a physical disability and/or traumatic brain injury?
 YES NO If **yes**, number of people? _____
6. Is anyone in the household a veteran? YES NO
If **yes**, how many? _____

PART V – CERTIFICATIONS

1. Although this municipality or their representative may or may not have assisted you, the Applicant, in soliciting bids for the water/sewer line replacement through the Community Development Block Grant (CDBG) Program, your signature below certifies that you, the Applicant, 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 required amount, you may enter into an agreement for the performance of the work to be done with the selected contractor(s).
2. Your signature below certifies the above submitted information and attached documentation is true, understanding that falsification of any item(s) and/or failure to disclose all income, assets, or other relevant information may result in the forfeiture or reimbursement of all rehabilitation funds as well as the penalties and provisions of any applicable under State and federal laws.

Signature of Applicant(s): **X** _____ Date: _____

X _____ Date: _____

<p>FOR OFFICE USE ONLY: <input type="checkbox"/> CDBG <input type="checkbox"/> HOME <input type="checkbox"/> AHC <input type="checkbox"/> 100% Deferred <input type="checkbox"/> Non-Low/Mod <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Veteran <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____ COMMENTS: _____ _____ _____</p>

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)

APPLICATION CHECKLIST

- IS YOUR APPLICATION FORM SIGNED?
- IS A COPY OF YOUR DEED WITH LEGAL DESCRIPTION ATTACHED?
- IS A COPY OF YOUR HOMEOWNER'S CERTIFICATE OF INSURANCE ATTACHED?
- IS A COPY OF YOUR INCOME TAX RETURNS AND W-2's FOR PAST TWO YEARS ATTACHED? (If you have business, rental or self-employment income, please include copies of Tax Returns for past three years.)
- HAVE YOU PROVIDED DOCUMENTATION FOR ALL SOURCES OF INCOME?
- HAVE YOU PROVIDED DOCUMENTATION FOR ALL ASSETS?
(Savings, Stocks, Bonds, CD'S, IRA's, Retirement Accounts, other Real Estate, etc.)
- HAVE YOU PROVIDED COPIES OF CHECKING AND SAVINGS BANK ACCOUNT STATEMENTS FOR THE LAST TWO MONTHS?
- IS A COPY OF YOUR PAID RECEIPT FOR CURRENT PROPERTY AND SCHOOL TAXES ATTACHED?
- IS A COPY OF YOUR MOST RECENT HOME MORTGAGE STATEMENT ATTACHED? (If applicable)
- IS A COPY OF A PHOTO ID ATTACHED FOR EACH APPLICANT/PROPERTY OWNER?
- HAVE YOU COMPLETED AND SIGNED THE CONFLICT OF INTEREST DISCLOSURE FORM?

**DEPENDING UPON WHICH PROGRAM YOU ARE SELECTED FOR,
ADDITIONAL INFORMATION MAY BE REQUIRED.**

**PLEASE CONTACT US AT (607) 753-1433 IF YOU HAVE ANY QUESTIONS OR
NEED ANY ASSISTANCE IN COMPLETING YOUR APPLICATION.**

THANK YOU