



# Community Progress Inc. Housing Rehab Application

147 E Second St. - Corning - NY - 14830 - 607-962-3506 - Fax- 607-962-8328

AHC

DATE: \_\_\_\_\_

Applicant Information      **Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ County \_\_\_\_\_

CPI cannot assist homeowners that reside within the city limits of Elmira.

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E mail: \_\_\_\_\_ Social Security # \_\_\_\_\_

Income Source 1: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Income Source 2: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Other: \_\_\_\_\_ Liquid Assets: \$ \_\_\_\_\_

**Liquid Assets may not exceed \$15,000.00 (Stocks, Bonds, CD's, Savings Account's, Certain IRA's & Trusts...)**

Gross Income = before deductions/taxes

### Co-Applicant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (If different): \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E mail: \_\_\_\_\_ Social Security # \_\_\_\_\_

Income Source 1: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Income Source 2: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Is Co-Applicant's name on Deed? Yes \_\_\_\_\_ No \_\_\_\_\_ Liquid Assets: \$ \_\_\_\_\_

### Other Household Members:

If other household members are over the age of 18 and not a full time student, ALL income sources must be provided

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income Source: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Full time Student? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income Source: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Full time Student? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Income Source: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Full time Student? \_\_\_\_\_

Submit additional information on other paper, as needed.

## Property Information

Applicants must own and occupy the home for at least one (1) year prior to application date.

Property must be deeded in the applicant's name.

NO Land Contracts!

Deed must be recorded in the County Clerk's Office.

Is this a Mobile Home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, skip this next section and go to Mobile Home section below:

Mobile homes in parks are NOT eligible. You must own the land for mobile homes to be considered program eligible.

### Property Information: (Fill out completely)

Number of years at this address: \_\_\_\_\_ Total number of occupants: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Year Built: \_\_\_\_\_ Tax ID# \_\_\_\_\_ Assessed value\$ \_\_\_\_\_

Do you plan on moving in the next five (5-10) years \_\_\_\_\_

Do you have a Mortgage on the home? \_\_\_\_\_ Mortgage Company: \_\_\_\_\_

Do you have a Home Equity on the home? \_\_\_\_\_ Financial Institution: \_\_\_\_\_

Are there any other liens attached to this property? \_\_\_\_\_ Explain: \_\_\_\_\_

Are there any detached buildings on property? \_\_\_\_\_

Repairs Requested: \_\_\_\_\_

### Eligible Mobile Home owners only: (Must own land- NO land contracts)

Age of mobile home: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Total number of occupants: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Assessed value of mobile home \$ \_\_\_\_\_ Is the home on permanent foundation? \_\_\_\_\_

Do you own the land the home is placed on? \_\_\_\_\_ Do you have a title to the home? \_\_\_\_\_

Do you have a Mortgage on the home? \_\_\_\_\_ Mortgage Company: \_\_\_\_\_

Do you have a Home Equity on the home? \_\_\_\_\_ Financial Institution: \_\_\_\_\_

Are there any other liens attached to this property? \_\_\_\_\_ Explain: \_\_\_\_\_

Repairs Requested: \_\_\_\_\_

**YOU MUST INCLUDE COPIES OF THE FOLLOWING ITEMS:**

(Please be sure to submit ALL required applicable documentation with your application or it will delay the process.)

**Applicant/s ID:**

- Photo ID &  Birth Certificate (to prove citizenship) You must provide BOTH sources of ID.

**Property Ownership:**

- Deed- Provide a copy of your recorded deed. No land contracts. (You can get your deed from your County Clerk's Office.)
 Death Certificate- If deceased spouse's name is on deed, provide a copy of the certificate.
 Homeowner's Insurance- Current declaration page showing policy # and expiration date.
 Property taxes: Last 2 years PAID receipts of all applicable- Town & County, Village, City
 School taxes: Last 2 years of PAID receipts

DO NOT SEND TAX BILL UNLESS IT IS STAMPED or PRINTED "PAID"

**Income Verification: Send all that is applicable to your household**

(Provide income verification for ALL income received from ALL household members over the age of 18)

- Tax Returns- Two (2) most recent years (if applicable) (Include a copy of your entire, signed, return)
 Bank Statements for checking AND Savings Accounts Last Three (3) months for all household members
 Mortgage Statement from lender showing one year of on-time, current, payments or
 Satisfaction of Mortgage (if applicable)
 Pay Stubs- Eight (8) weeks or (2 months) consecutive current Pay Stubs
 Social Security Benefit Statement (Award Letter) for the current year-Online or (SS Office 1-800-772-1213)
 Child Support Order or Award Letter (if applicable)
 Include all income received from Social Services - food stamps, income subsidies, heap, etc....
 Retirement/Pension, Workers Comp, Unemployment (Benefit Award Letters)
 Assets - Savings \$\_\_\_\_\_ 401K/ IRA \$\_\_\_\_\_ Stocks/Bonds \$\_\_\_\_\_ Other \$\_\_\_\_\_

HAVE YOU EVER BEEN SERVED BY COMMUNITY PROGRESS, INC. OR A SIMILAR ORGANIZATION?
YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, NAME OF ORGANIZATION/s and dates served

Have you or anyone in your household been convicted a felony? \_\_\_\_\_ Explain \_\_\_\_\_

\*Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_
You must certify that you are a US citizen.

I hereby certify that to the best of my knowledge and belief the information provided herein is true and correct, and that I am an owner-occupant of the property for which rehabilitation is proposed. All household income has been included and disclosed.

WARNING - Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. CPI will prosecute to the full extent of the law for anyone misrepresenting misinformation. Signing this application also allows CPI to release and share your information with other Housing Rehabilitation Agencies for possible collaboration of funding that you may need to complete your project.

X \_\_\_\_\_ Date
Applicant/s Signature

X \_\_\_\_\_ Date
CPI Representative

Contact a CPI Staff Member with any Questions 607/962-3506

