



Community Progress Inc. Housing Rehab Application

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

MOBILE HOME

County: _____

Applicant Information

Veteran? Yes No

Name: _____ Age: _____

Address: _____

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 \$25,000 for HOME (Stocks, Bonds, CD's, Savings Account's, IRA's, Trusts...)

Gross Income = before deductions/taxes

Co-Applicant or Spouse 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-Applicants name on the 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.

You must own the land that your Mobile Home is on.

Homes must be mortgage free- no liens.

Credit score must be 630 or above.

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 to move in the next ten (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 the property? _____

Please initial:

Homeowners are required to pay sales tax up front and in full on the new unit and may be responsible for any relocation fees. Are you able to pay for these obligations? _____ **Initial** _____

I am aware that my property taxes may increase. **Initial** _____

HAVE YOU EVER BEEN SERVED BY COMMUNITY PROGRESS, INC. OR A SIMILAR ORGANIZATION?

YES _____ NO _____

IF SO, NAME OF ORGANIZATION/s and Funding Sources known and dates.

Have you ever been convicted of a felony? NO _____ YES _____

Explain _____

A background check will be completed for all Mobile Home Replacement applicants. Anyone with a prior felony or gets convicted of a felony during the process will be eliminated from the program and will not be eligible to receive a new home. _____ **Initial**

Submit additional information on other paper, as needed.

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.

Credit Reports: All parties listed on the deed must provide a full report

- Credit Reports-** You must include a full report clearly stating credit score (630) or higher

Property Ownership:

- Deed-** Provide a copy of your recorded deed (Land contracts are not acceptable)
- Death Certificate-** If deceased spouse's name is on deed, provide a copy of certificate
- Homeowner's Insurance-** Current declaration page showing policy # and expiration date
- Property taxes: 2018 & 2019 PAID receipts of all applicable** (Town & County, Village, City)
- School taxes: 2017/2018 & 2018/2019 PAID receipts**

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

Income Verification:

(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 working 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 (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)
- Self-Employment-** Current ledger of amount earned to date.
- Assets - Savings \$** _____ **401K/ IRA \$** _____ **Stocks/Bonds \$** _____ **Other \$** _____

***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 _____
Applicant Signature Date

X _____
CPI Representative Date

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

