

## Resilient & Ready Home Repair Program Application

**Form Description:** This application shall be used by the applicant to apply for assistance under the Resilient & Ready Home Repair Program. The program addresses the damages sustained to homes due to three storm events that occurred between July 10<sup>th</sup> – August 19<sup>th</sup>, 2024, in select counties of New York State. Homeowners can apply for reimbursement of costs incurred to their primary home, which were not covered by the homeowner’s insurance, or, they can apply to get work done for damages incurred. Documents such as 1) Proof of Ownership of the Damaged Property and 2) Proof of Income will need to be furnished by the homeowner in order to receive assistance.

### I. Applicant Information

Applicant Name			
Applicant Telephone Number	Cell		Home
Applicant Email Address			
Applicant Mailing Address			
Street			
City			
Zip Code			
Municipality (Town/City/Village where you pay taxes)			
County			

### II. Home & Homeowner Information

List all owners (Names on Deed) Supporting documentation will be required to verify ownership.		
Damaged Property Address (if different from above)		
Street		
City		
Zip Code		
County		
Year Home was built		
When did you purchase home?		
Is there a mortgage on property?		
Are you behind on mortgage payments?		
Do you have homeowners’ insurance? (please list the carrier, if applicable)		
Do you have flood insurance?		
Have you filed an insurance claim for flood damage repairs (exclude claims for personal property loss).	<i>No</i>	
You must show proof that your claim was denied.	<i>Yes, waiting on response</i>	
	<i>Yes, claim was denied</i>	
	<i>Yes, insurance covered claim.</i>	
	<i>Amount covered?</i>	\$
<b>Is this application for reimbursement of costs?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If “YES” how much is being requested for reimbursement?</b> ( <i>Refer to the program guide to see which eligible activities are allowed to be reimbursed. Link: <a href="#">Program Guide</a></i> )		

### Household Income

Provide the household income information below. Include all members of the household, even those who do not make an income, such as children. Supporting documentation will be required to verify income eligibility for program assistance.

<b>Enter # of People in Household:</b> _____					
Name of Person in Household	Age	Relation	Source of Income (wages, 1099 etc.)	Amount	Frequency of Payment (annual, bi-weekly)
1.					
2.					
3.					
4.					
5.					
6. (List all others)					
Total Household Income (Annual Gross)					

**III. Storm Damage**

Describe the specific and critical home repairs needed following storm damage. What will a contractor need to do?

- Basement flooded
- Replace sump pump that died when basement flooded.
- Repair siding that fell off after windstorm.

**IV. Estimated Cost of Repairs**

Repair needed	Estimated cost	Do you have an estimate from a contractor? Or has work already been completed?

### Applicant Certification

Check and initial each item and sign this form, to certify that I (we) have reviewed the Program Guidelines agree to the following statements:

	I (we) hereby apply for home repair assistance for damage from recent severe storms.
	I (we) hereby certify the funds will be used to address direct disaster caused damage to the primary residence, which is not covered by any other federal, state, local recovery program funds and said damage is not covered by any third-party insurers.
	I (we) hereby that I (we) are the legal and lawful owners.
	I (we) hereby certify that the statements and information provided in this application are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant will disqualify the applicant from participation in the program and may be subject to prosecution.
	I (we) hereby certify that we intend to remain in the home as a primary resident for at least the next 24 months and I (we) understand that we will be required to complete an attestation confirming this.
	<p>I (we) hereby consent and authorize the <b>Community Progress, Inc.</b> to:</p> <ul style="list-style-type: none"> <li>• obtain verification of information required for compliance within the regulations of this program, including identity, ownership, income, insurance, property tax/utility payments, property condition, contractor estimates.</li> <li>• upon giving reasonable notice, to enter the applicant's property for the purpose of determining what improvements are needed and to inspect completed work.</li> <li>• I (we) hereby give <b>Community Progress, Inc.</b> permission to discuss share this application and/or project information with NYS Homes &amp; Community Renewal.</li> </ul>
	I (we) understand that <b>Community Progress inc.</b> is the sole arbiter in interpreting the intent and implementation of the Program and Program Guidelines, determining eligibility for program assistance and determining amount of funding awarded as such <b>Community Progress, Inc.</b> decision is final.

<b>Homeowner(s)</b>			
Printed Name		Date	
Signature			
Printed Name		Date	
Signature			
Printed Name		Date	
Signature			

You must provide homeowners Insurance denial letter with this application

**YOU MUST INCLUDE COPIES OF THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

(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 (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- 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:**

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

- Bank Statements for checking AND Savings Accounts** Last Three (3) months for all working household members
- Mortgage Statement** from lender showing mortgage payment is current
- Pay Stubs- Six (6) weeks 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)

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 gives CPI permission to release and share your information with other Housing Rehabilitation Agencies to be able to secure and leverage funding if needed.**

X \_\_\_\_\_  
Applicant Signature Date

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

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

