



Community Progress Inc. Housing Rehab Application

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

Online

County: _____

Applicant Information

Veteran? Yes _____ No _____

Name: _____ Age: _____

Address: _____

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, 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-Applicants 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) 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: _____

Mobile Home Owners only: (Must own land)

Year built 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: _____

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.

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)

- 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)
- 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

***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 Signature

X _____ Date
CPI Representative

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

