



LEWIS COUNTY RENTAL REHABILITATION PROGRAM APPLICATION

If you need more space for any questions, please include additional information on an attached sheet.
Please Type or Print in Ink

Owner Information

Owner(s) Name **Social Security #** **Date of Birth**

Spouse's Name **Social Security #** **Date of Birth**

Address: (Street, Town, Zip)

Mailing Address: (If different)

Home Phone **Cell Phone**

911 Address of Rehabilitation Structure: (Street, Town, Zip)

Brief directions to structure:

Total Number of Units in Structure: _____

	Number of Bedrooms	Total Current Rent	Tenant Contribution	Vacant? Yes/No
Unit #1				
Unit #2				
Unit #3				

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



PH: (315) 376 -2639
FAX: (315) 376- 2518
NYS RELAY SERVICE NO. TTD (800) 662-1220



Tenant Information

(Indicate complete information for all rental units)

UNIT NO.	NAME OF TENANT & TELEPHONE NUMBER	HH SIZE	SEX	RACE	60 OR OVER	DISABLED OR HANDICAPPED	SOURCE OF INCOME	MONTHLY AMOUNT
1								
2								
3								

STATISTICAL DATA: Federal and State Law prohibit discrimination on the basis of age, sex, race, national or ethnic origin, handicap or familial status. Lewis County and Snow Belt Housing Company, Inc. are committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, state, or federal official in determining an applicant's eligibility for assistance

Financial Feasibility Analysis Worksheet

Please complete the requested information in Column A.

Column B will be completed as part of the application approval process.

	A. Before Repairs	B. After Repairs
Yearly rental income:		
Annualized # unit's x rent x 12	\$ _____	\$ _____
Vacancy factor @ 5%	(_____)	(_____)
Expenses: taxes, water, sewer, etc.	(_____)	(_____)
Subtotal	\$ _____	\$ _____
Existing Debt Service	(_____)	(_____)
Subtotal	\$ _____	\$ _____
Cash Flow	\$ _____	\$ _____
Estimated rehab costs		(_____)
Available for cash flow after new debt service		\$ _____
Public Subsidy Required		\$ _____
Total yearly operating expense: \$ _____ (paid by owner(s) only)		
Total yearly operating expense is _____ % of rental income		
Past 12 months' expenditure for upkeep/maintenance: \$ _____		
Type of mortgage: _____ Mortgage holder: _____		
Original mortgage: _____ Date of closing: _____		
Mortgage paid in full: Yes ___ No ___ Principal balance: _____		
FHA Insurance: Yes ___ No ___ Homeowner's Insurance: \$ _____		
Other Outstanding Mortgage or Loans: \$ _____		

Building Assessment

FOUNDATION:

What type of foundation does your building have?

Condition? _____

GOOD

FAIR

POOR

ROOF:

What type of roof (asphalt, shingle, metal roll)?

Condition? _____

EXTERIOR:

What type of siding?

Condition? _____

DOORS AND WINDOWS:

How many doors? _____

Windows? _____

Condition? _____

PLUMBING:

Condition? _____

HEATING SYSTEM:

What type of heating system? _____

Condition? _____

ELECTRICAL:

What size electrical entrance? _____

_____ amps? _____ fuse type? _____ breakers?

Do you use many extension cords? _____

What specific building improvements do you feel are most necessary?

Certification and Authorization by Applicant(s)

The Applicant(s) certifies that all information in this application and all other data furnished in support of this application is for the general purpose of obtaining a Rental Housing Rehabilitation Grant/Loan and is true and complete to the best of the Applicant’s knowledge.

The Applicant(s) further certifies that the ownership of the property described in this application, and that all Rehabilitation Grant/Loan proceeds will only applied toward work and materials necessary to improve the substandard, health and safety and/or code requirements, as applicable to the prescribed property in this application.

The Applicant(s) agrees to sign a rent regulatory agreement in which he/she agrees that the property be rented to low- and moderately low-income tenants for a five (5) year period at rents that do not exceed the Section 8 Fair Market Rents.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides that: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly, and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

The Applicant(s) authorizes all inspections necessary in the qualification process of the housing unit(s) for a rehabilitation loan. I/We hereby further authorize Snow Belt Housing, as on behalf of Lewis County, to verify all information that I/We have provided on this application.

Date

Applicant Signature

Date

Applicant Signature

Date

Witness

SNOW BELT HOUSING COMPANY, INC.

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AUTHORIZATION FOR RELEASE OF INFORMATION FOR TENANT - OWNER OCCUPIED REHAB PROGRAM

Consent

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- * Section 221 BHIR
- * Rent Supplement
- * Section 236
- * DHCR
- * USDA
- * Rent Assistance Payments (RAP)
- * Section 8 Housing Assistance Payments Programs
- * PHFA
- * CDBG

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development in administering and enforcing program rules and policies.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself, or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- * Identity and Marital Status
- * Income and Assets
- * Medical or Child Care Allowances
- * Credit and Criminal Activity
- * Employment
- * Residences/Rental Activity
- * Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, or continued participation in, a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- * Previous Landlords (including Public Housing Agencies)
- * Post Offices
- * Schools and Colleges
- * Support and Alimony Providers
- * Past and Present Employers
- * Welfare Agencies
- * State Unemployment Agencies
- * Social Security Administration
- * Medical and Child Care Providers

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- * Veterans Administration
- * Banks and other Financial Institutions
- * Retirement Systems
- * Credit Providers and Credit Bureaus
- * Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer-matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original signed authorization is on file with the management office, and will remain in effect for thirteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household

Signature

(Print Name)

Date

Co-Head of Household

Signature

(Print Name)

Date

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.