

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



Manufactured Mobile Home Replacement Program (MMHRP)

Applicant's Name Social Security Number Date of birth

Co-Applicant's Name Social Security Number Date of birth

Dependents (Name, Age, Relationship)

Other Adult Members of Household (Non-Dependent) (Name, Age, and Relationship)

911 Address: (Street, Township, City, and Zip Code) Home Telephone Number

Mailing Address (if different than above) Cell Number

Email address

How long at the above address? _____

Earned Income (Include employment and self-employment income for all household members for the last tax year):

Name	Employer	Annual Gross Wages	Date

Current Income - List all income (year-to-date earnings) for current fiscal year:

Other Income Sources (Veterans, SSI, Pension, Rental Income, Interest, Child Support, Alimony, etc.):

	\$	Per
	\$	Per

Bank Accounts:

Name/Address of Bank(s)

___ Yes ___ No Checking \$ _____

___ Yes ___ No Savings \$ _____

Other Assets - Please list your assets and estimate the value of: home, car(s), other real property, mutual funds, stocks, bonds, etc.

_____ \$	_____ \$
_____ \$	_____ \$

Debts - Please list your debts and the amounts: mortgage installment accounts, auto and other loans.

DEBTOR	PURPOSE	DATE INCURRED	AMOUNT	BALANCE	PAYMENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you owned and occupied your residence for one year or longer? Yes No

Number of Rooms

Number of Bedrooms

Number of Baths

Type of Home: single wide doublewide

Year/Model: _____ Do you have a mortgage? Yes No

Electrical service to home? Yes No

Type of water supply to home? (i.e., well, municipal system) _____

Type of sewer supply to home? (i.e., septic tank, municipal system) _____

Directions to the Home: _____

Name of Title/Deed Holder(s): _____

What is your current property tax assessment? _____

CONFLICT OF INTEREST – Are you related to:

Any Board Member of Snow Belt Housing Company, Inc.? Yes ___ No ___

Any employee of Snow Belt Housing Company, Inc.? Yes ___ No ___

Any Public Official of the Municipality in which you live? Yes ___ No ___

Have you ever applied for a housing grant from another agency in Lewis County? Yes ___ No ___

If YES, to what agency? _____

If applied to another agency and not approved, why was it denied? _____

HOME ASSESSMENT

Foundation:

GOOD

FAIR

POOR

What type of foundation does your house have?
(i.e., concrete block, basement, sitting on dirt)

_____ Condition?

Roof:

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

_____ Condition?

Exterior:

What type of siding (i.e., metal, vinyl, wood)?

_____ Condition?

Doors and Windows:

How many doors? _____ Condition?

Windows? _____ Condition?

Plumbing:

Type of plumbing? _____ Condition?

Electrical:

What size electrical entrance? _____ Amps

_____ Fuse Type? _____ Breakers? Do you use many extension cords? _____

Heating System:

What type of heating system? _____

How old is the heating system? _____ Years

Please explain any other issues with the manufactured home, not listed above:

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1. Check applicable box:

- White Black/African American Asian Asian & White American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian/Pacific Islander
 Black/African American & White American Indian/Alaskan Native & Black/African American Other Multi-Racial

2. Check applicable box:

- Hispanic or Latino** **Not Hispanic or Latino**

Snow Belt Housing Company, Inc. is committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. The following data is for statistical purposes only and will not be used by any local, state or federal agency in making decisions regarding assistance.

Sex of Head of Household: Male Female

Age of Head of Household: _____ years of age

Is any member of household handicapped? Yes No

Is any member of household disabled? Yes No

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

Complaints of discrimination may be filed by contacting:

U.S. Department of Housing and Urban Development (HUD)
Mail: 26 Federal Plaza, Room 3532, New York, New York 10278-0068
Call: 800 669 9777 (TTY: 800 927 9275)

OR

USDA, Director, Office of Civil Rights
Mail: 1400 Independence Ave S.W., Washington DC 20250 9410
Call: (800) 795 3272 (TDO: 202 720 6382)

Online: http://www.ascr.usda.gov/complaint_filing_cust.html

Email: program.intake@usda.gov

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.
THEN SIGN AT THE BOTTOM.
ALL ADULT HOUSEHOLD MEMBERS MUST SIGN.**

- i. I (we) hereby apply for financial assistance from Snow Belt Housing Company, Inc. for funds toward the cost to replace our mobile or manufactured home, which I (we) certify is my (our) legal, full-time, primary residence.
- ii. I (we) agree to sign a "10-year affordability/residency requirement agreement" for the amount of the cost of the replacement of my (our) home.
- iii. I (we) hereby certify that the above statements 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.**
- iv. I (we) hereby consent and authorize Snow Belt Housing Company, Inc. to:
 - (a) obtain verification of information required for compliance within the regulations of this program, including expenses, employment, property appraisal, contractor estimates, and credit report;
 - (b) upon giving reasonable notice, to enter the applicant's property for the purpose of determining what improvements are needed and to inspect completed work.
- v. I (we) hereby give Snow Belt Housing Company, Inc. permission to discuss this application and/or project with the following people (family members, partners, case workers, etc.) [check one box and fill in a, b, or c as necessary]:

As listed below or **With no one**

<p>a) _____ Name & Telephone number</p> <p>b) _____ Name & Telephone number</p> <p>c) _____ Name & Telephone number</p>	<p>_____ Relationship</p> <p>_____ Relationship</p> <p>_____ Relationship</p>
<p>Applicant's Signature _____ Date _____</p>	<p>Co-Applicant's Signature _____ Date _____</p>
<p>Household Member Signature #3 (adult) _____ Date _____</p>	<p>Print Name of Household Member #3 _____ Date _____</p>
<p>Household Member Signature #4 (adult) _____ Date _____</p>	<p>Print Name of Household Member #4 _____ Date _____</p>

"What is the best way to reach you during business hours (Monday – Friday 9:00 am – 4:00 pm) (please provide contact information)"