

Date Received: _____

Case Number _____

MECHANICVILLE 2022 HOME PROGRAM-APPLICATION PACKET

The purpose of the HOME Program is to provide safe and affordable housing for low-income families. Regulations pertaining to the HOME Program can be complex in some instances. This summary does not capture every detail of the program, but highlights key points that property owners should be aware of. Please be as thorough as possible with applications. Incomplete applications will be demoted in priority status. Applications will be considered on a first come, first serve basis. Property owners with detailed questions or in need of assistance completing the application may contact Gina Kenyon (518) 664-9884 ext.108 for more information.

ELIGIBILITY: Properties must be located in the City of Mechanicville to be eligible for this program and be a single-family, owner-occupied residential property.

- Grants of between **\$5,000 and \$60,000** are available for rehabilitation of homes that are in need of improvements to address health and safety concerns, accessibility issues, code violations and energy efficiency. There is no match required from the homeowner. If a homeowner seeks assistance for a property that is not up to code, HOME funds must first be applied to improvements needed to bring the property into compliance before any other improvements will be financed with HOME funds.
- Applicant's making improvements to their owner-occupied unit must have an annual family income that does not exceed **80% of the Area Median Income** at the time of application. The following table shows this limit for families of varying sizes in Saratoga County in 2022. Applicants will be required to provide documentation of their anticipated family income for the 12-month period beginning at the time of application, including copies of pay stubs, bank statements, unemployment & disability checks, and other forms of income.

Saratoga County Income Limits by Household Size -2022, 80% Area Median Income

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Saratoga County	\$53,550	\$61,200	\$68,850	\$76,500	\$82,650	\$88,750

- If an assisted property is sold within five years of receiving a grant, the owner must repay a pro-rated portion of their grant.
- You may be asked to reverify your income information if construction starts more than 6 months after initial income documentation was provided. This includes taxes, mortgages, and insurance.

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received: _____

Case Number _____

**City of Mechanicville
HOME PROGRAM
APPLICATION CHECKLIST**

Required Attachments (to be checked off by Applicant)

	Attached?	
Proof of ownership	Yes _____	No _____
Proof of insurance	Yes _____	No _____
Form 101: All questions in application complete	Yes _____	No _____
Form 101a: Income Certification Form for owner-occupied Household	Yes _____	No _____
Source documentation (applicant must provide two sources) for all household income(s)	Yes _____	No _____
Form 101b: Verification of Social Security Income for owner-occupied household households (as applicable)	Yes _____	No _____
Form 101c: Verification of Employment for all owner-occupied households (as applicable)	Yes _____	No _____

Please sign below to certify that all information above and included in attachments is complete and accurate to the best of your knowledge. Signing below certifies that you (and all property owners) understand that the material you have provided will determine eligibility for funds but does not require the City to provide you grant funds (all property owners must sign). Partially completed applications will be returned without further review.

Name: _____ Signature and Date _____

Name: _____ Signature and Date _____

Name: _____ Signature and Date _____

Name: _____ Signature and Date _____

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received: _____

Case Number _____

Is the Owner up to date on all City charges? _____

Yes _____ No _____

How does the Application score on total preferences? _____

Score: _____

City of Mechanicville HOME PROGRAM APPLICATION

APPLICANT INFORMATION		Date:	Email:
Property Owner (list all):		Phone:	
Address:			
Section/Block/Lot No:	Assessment:	Number of Units:	
Address of Property to be Improved (if different):			
Name(s) on Deed for this Property (if different):			
HOUSEHOLD INFORMATION FOR OWNER-OCCUPANT			Family Size:
Please provide the following information about ethnicity and race for your household if you occupy the property to be rehabilitated. This information is required for reports to the U.S. Department of Housing and Urban Development (HUD), the federal agency providing funding for this program. It will be used only for those reports.			
Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	
Over Age 62:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Children under 12:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List the names of all adults in your household who are over the age of eighteen and provide Income Certifications for each of these people. Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Employer:	
		Employer:	
		Employer:	
List the names of all children in your household who are under the age of seven. Have any of them been diagnosed with elevated blood level (EBL) for lead? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Age:	EBL:
		Age:	EBL:
		Age:	EBL:
HOUSING EXPENSES FOR OWNER-OCCUPANT			
Mortgage Principal & Interest Payments	\$ _____ / month	\$ _____ / year	
Real Estate Taxes	\$ _____ / month	\$ _____ / year	

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received:

Case Number

Hazard Insurance Payments	\$	/ month	\$	/ year
Total Housing Expenses	\$	/ month	\$	/ year

4/2013

(Form 101, Page 1)

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received:

Case Number

PROPOSED IMPROVEMENTS		
List any problems in the property and other improvements proposed for inclusion in the project to be considered for assistance under the HOME Program: Please attached additional typed document if necessary		
PREVIOUS FEDERAL OR STATE ASSISTANCE		
During the past five years, has any work been done at this property with federal or state assistance? If the answer is YES, describe (date, work items, cost):	__ YES __ NO	
CURRENT MORTGAGE FINANCING		
Please list any current mortgage loans that are secured by this property.	Bank:	Amount:
	Bank:	Amount:
APPLICATION AND ACKNOWLEDGMENT		
This application is being submitted to establish eligibility for assistance under the HOME Program in Mechanicville. I understand that additional documentation will be required and give permission for representatives of the City to contact the employers listed above to verify this information.	Signed (all property owners):	

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received: _____

Case Number _____

CITY OF MECHANICVILLE
HOME PROGRAM
INCOME CERTIFICATION

Name:	Email:
Address:	Phone:

This form (including schedules on Page 2) must be completed by each adult (age 18 or older) in any household applying for assistance under the HOME. Source documentation to verify income must be attached.

	Income from Prior Year	Current Amounts	Projected Income for next 12 months
INCOME SUMMARY			
Salary or Wages, Tips, etc.	\$	\$(/wk/mo/yr)	\$
Social Security (incl. Medicare)	\$	\$(/wk/mo/yr)	\$
Pensions, Annuities, other Retirement Income	\$	\$(/wk/mo/yr)	\$
Unemployment Compensation	\$	\$(/wk/mo/yr)	\$
Disability Compensation	\$	\$(/wk/mo/yr)	\$
Child Support or Alimony Income	\$	\$(/wk/mo/yr)	\$
Armed Forces Income (not including student financial aid)	\$	\$(/wk/mo/yr)	\$
Welfare Assistance*	\$	\$(/wk/mo/yr)	\$
Other _____	\$	\$(/wk/mo/yr)	\$
Personal Assets	\$	\$(/wk/mo/yr)	\$
Real Estate Income	\$		\$
Business Income	\$		\$
Totals	\$		\$

CERTIFICATION

I certify that all of the information on this form and the attached documentation are complete and accurate to the best of my knowledge and belief.

Signed: _____ Date: _____

*If the welfare assistance includes an amount specifically designated for shelter and utilities, income is calculated as the welfare allowance *minus* the actual amount for shelter and utilities, *plus* the *maximum* amount that the welfare assistance agency could allow for shelter and utilities.

NOTE: U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

Date Received: _____

Case Number _____

Schedule A – Personal Assets				
	Current Value	Income from Prior Year	Current Amounts	Projected Income *
Bank Accounts & CD's	\$	\$	\$(mo/yr)	\$
Stocks/Bonds	\$	\$	\$(mo/yr)	\$
Real Estate	\$	\$	\$(mo/yr)	\$
Retirement Accounts	\$	\$	\$(mo/yr)	\$
Insurance Policies	\$	\$	\$(mo/yr)	\$
	\$	\$	\$(mo/yr)	\$
	\$	\$	\$(mo/yr)	\$

*Projected Income will be imputed at the current passbook rate for assets that generate no current income

Schedule B – Real Estate Income			
Property Address	Gross Rent	Cash Expenses	Net Income
	\$	\$/month	\$
	\$	\$/month	\$
	\$	\$/month	\$
	\$	\$/month	\$
	\$	\$/month	\$

Schedule C – Business Income		
Income from Business Activities	(Line 3, Schedule C, Form 1040)	\$
Cost of Goods Sold	(Line 4, Schedule C, Form 1040)	\$
Advert, Bad Debt, Car/Truck, Fees	(Lines 8-11 Schedule C, Form 1040)	\$
Benefits, Insurance, Interest	(Lines 14-16 Schedule C, Form 1040)	\$
Legal, Professional, Office	(Lines 17-18 Schedule C, Form 1040)	\$
Rent or Lease Expenses	(Line 20, Schedule C, Form 1040)	\$
Repair, Supplies, Taxes, Entertain.	(Lines 21-24, Schedule C, Form 1040)	\$
Utilities	(Lines 25, Schedule C, Form 1040)	\$
Wages	(Lines 26, Schedule C, Form 1040)	\$
Other Expenses	(Line 27, Schedule C, Form 1040)	\$
Total Cash Expenses related to Business Activities		\$
Net Business Income		\$
Non-cash expenses (ie: depreciation or amortization) will not be included here; and expenses that are not justified or not directly related to the business activity (eg: personal or household expenses) will be deducted from the amounts listed on the federal tax return.		

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received: _____

Case Number _____

City of Mechanicville
CITY-WIDE HOUSING IMPROVEMENT PROGRAM

Verification of Social Security Income

Name: _____

Address: _____

Date of Birth: ___/___/___

Social Security Number: ___-___-___ / ___-___-___

I do hereby authorize the Social Security Administration to furnish the City of Mechanicville City-wide Housing Improvement Program operated by Camoin Associates and the City with information regarding the type and amount of monthly payments made to me.

Signature: _____

Date: _____

.....
Please return requested information to :

City of Mechanicville City-Wide Housing Improvement Program
36 N. Main Street
Mechanicville, N.Y. 12118
ATTENTION: G. Kenyon

Date Received: _____

Case Number _____

City of Mechanicville
CITY-WIDE HOUSING IMPROVEMENT PROGRAM
REQUEST FOR VERIFICATION OF EMPLOYMENT/INCOME

• **Part I: To be completed by Applicant**

Applicant Name and Address: _____

Employer Name and Address: _____

Attention Employer-I do hereby authorize my employer to furnish the City of Mechanicville City-Wide Housing Improvement Program operated by Camoin Associates with information regarding my wages. My signature below authorizes you to provide the information requested.

Applicant Signature

Date

• **Part II: To be completed by Employer**

The above named applicant is employed with us.

Position or title: _____

Rate of pay: \$ _____ per _____ (hour/year, etc.) hours per week _____

Anticipated change in rate of pay _____

Dates of employment: From _____ to _____.

The above information is furnished in strict confidence, in response to above request.

Employer signature

date

Title

Employer, please return this form to:

City of Mechanicville City-Wide Housing Improvement Program
36 N. Main Street
Mechanicville, NY 12118
ATTENTION: G. Kenyon

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322

Date Received: _____

Case Number _____

(Form 101c, Page 1)

Return completed form to **Gina Kenyon, 36 N. Main Street, Mechanicville, NY 12118**. If you have any questions regarding this application please call Gina Kenyon at (518) 664-9884 Ext. 322