



WESTFIELD VILLAGE REHAB PROGRAM

Application to Participate - for Homeowners

The information in this application will be held strictly confidential.
It will be used only to determine the applicant's eligibility to participate in the
Westfield Village Rehab Program administered by
Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC)

INSTRUCTIONS:

1. Fill out the entire application. Do not leave any of the questions blank.
2. At the end of this application is an **Affidavit of Income and Ownership**. Please be aware that by signing, you are attesting that all information that you have provided is accurate and correct. The Westfield CDBG funds are provided by the US Department of Housing and Urban Development (HUD) It is a felony to knowingly and willingly make false or fraudulent statements to any department of the U.S. government.
3. **The last page of the application is a document checklist. You will need to send in copies of all of the required documentation of ownership and income. Please do not send originals. Your application will not be considered complete until all the required documents are received.**
4. The Westfield Village Rehab Program will provide assistance to **seven (7) homeowners**. We expect to receive more than **seven (7) applications** for assistance. Program guidelines require that we give priority to applicants with lower incomes first. Therefore, **we will review all complete applications and rank them in order by verified income and available assets, low to high. Assistance will be provided to the seven (7) applicants with the greatest financial need whose homes can be repaired with the funds available.** Incomplete applications will not be considered.
5. Health and safety issues, code violations, and lead-paint hazards must be addressed first. Other work cannot be done if these issues are not addressed. Please be aware that, in some cases, your housing rehab needs may be too extensive to be addressed with the funds that are available. If this is the case, your project will be denied.
6. **You can drop your completed application off at the Westfield Village Hall during regular business hours or preferably mail the entire application along with the required documentation to:**

**C.H.R.I.C.
2 Academy St.
Mayville, NY 14757**

**If you have any questions at all about the application,
please do not hesitate to call JOSHUA FREIFELD at CHRIC at 716-753-4650**

TELL US ABOUT YOURSELF:

1. Your Name: _____
(LAST) (FIRST) (M.I.)
2. Your Home Address: _____

3. Your Mailing Address: _____
(if different) _____
4. Home Phone _____ Cell Phone _____
Work Phone _____ Is it OK to call you at work? ☐ Yes ☐ No
Email address: _____
5. Is the Head of Household Female? ☐ Yes ☐ No
6. Is anyone in the Household ☐ Over age 62 ☐ Disabled
7. (Optional) Are you
☐ White ☐ Black/African-American ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native and White ☐ Asian and White
☐ Black/African-American and White
☐ American Indian/Alaskan Native and Black/African-American
☐ Other Multi-Racial
8. Are you ☐ Hispanic ☐ Not Hispanic
9. Are you a veteran of the US military? ☐ Yes ☐ No

TELL US ABOUT YOUR PROPERTY:

7. Please list the names that appear as owners (not the bank or mortgage holder) on the deed for this property and the relationship of that person to you. *(Please note that total household income includes the income of anyone whose name is on the deed to the property):*

Name 1: _____
(yourself. If your name is not on the deed, please explain the reason)

Name 2: _____

8. How long have you owned this property? _____

9. How many bedrooms are in the home? _____

10. Is this a mobile/manufactured home? Yes ☐ No ☐

11. Do you live in this home year round? Yes ☐ No ☐

12. Are all taxes on this property paid to date? Yes ☐ No ☐

13. Are all municipal fees, such as sewer and water, if any, paid to date? Yes ☐ No ☐

14. Are you current with all of your mortgage payments on your home? Yes ☐ No ☐

15. Do you have insurance on this property? Yes ☐ No ☐

16. Does this property contain any commercial space? Yes ☐ No ☐

If yes, please explain _____

17. Do you have any open citations against your property from Westfield? Yes ☐ No ☐

If yes, please describe the violation: _____

Please note, if the violation/citation requires building repairs, we will include corrections in the scope of work. If the violation/citation is for an issue other than building repairs (lawn maintenance, garbage/debris, etc.), you will have to correct the violation before we can approve your application. We will verify the status with the Village.

18. Please *briefly* describe any work you feel the property needs. Also, please remember that we may not be able to do just the work that you want done - we must address health and safety issues, code violations, and lead-paint hazards according to program regulations.

TELL US ABOUT THE PEOPLE WHO LIVE IN YOUR HOUSE:

19. How many people live in your household all together? _____

20. Household Member Information (please include yourself):
(attach an additional sheet if necessary)

Last Name	First	MI	Age	Birth date	Sex
a) _____	_____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____	_____
f) _____	_____	_____	_____	_____	_____
g) _____	_____	_____	_____	_____	_____
h) _____	_____	_____	_____	_____	_____

Please note, if there is a child under six living in the house, you will receive a form that will allow us to check with the Chautauqua County Health Department to make sure that your

doctor has performed a blood lead screening as required by State Law.

21. Is there a rental unit in the building? Yes ☐ No ☐

22. If there is a rental unit, is it currently occupied? Yes ☐ No ☐

23. If yes, please state the name of the person to whom you rent and whether or not your tenants have a child six years of age or younger:

NAME OF TENANT _____

IS THERE A CHILD 6 OR YOUNGER? Yes ☐ No ☐

24. Have you ever received assistance from CHRIC in the past? Yes ☐ No ☐

25. Have you received assistance with home repairs from any other agency? Yes ☐ No ☐

If yes, what agency and when?: _____

26. Are you related to any CHRIC employee or a member of the Board of Directors?

Yes ☐ No ☐

If yes, who and how?: _____

27. Are you related to any public official? Yes ☐ No ☐

28. If yes, who and how?: _____

TELL US ABOUT YOUR INCOME:

Check all of the boxes below from which you or any other income-earning member of the household receives income:

- | | |
|---|--|
| <input type="checkbox"/> Working | <input type="checkbox"/> Insurance benefits |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Public Assistance (cash benefits) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Pension Benefits |
| <input type="checkbox"/> Social Security/SSI/SSD | <input type="checkbox"/> Alimony/Child support |
| <input type="checkbox"/> Interest income | <input type="checkbox"/> Income from assets |
| <input type="checkbox"/> Income from business/self-employment | |
| <input type="checkbox"/> I DON'T RECEIVE ANY INCOME FROM ANY OF THESE SOURCES | |

Remember that when completing the rest of this section, any income from any of the sources listed above must be included. This includes your own income, income for anyone who lives in the house (including minors), and income for anyone whose name appears on the deed as an owner of the property. **If your work is seasonal, please make a note of that fact.**

29. HOUSEHOLD INCOME. Your total household income includes the gross income of ALL people over the age of 18 who live in your household who earn money from any source, including adult children and non-relations, even if they do not contribute to the household. Household income is the **TOTAL GROSS INCOME before any deductions.**
[attach additional sheet if necessary]

<u>NAME</u>	<u>TYPE OF INCOME</u> (refer to the list of types of income above)	<u>HOW MUCH?</u>	<u>HOW OFTEN?</u> (weekly, bi-weekly, monthly or annual)

30. Have you filed for bankruptcy in the past seven years? ☐ Yes ☐ No

If yes, when? _____

31. Have you ever been more than 60 days late on your mortgage? ☐ Yes ☐ No

32. Do you own any other property (besides the house for which you are requesting assistance)? ☐ Yes ☐ No

If yes, please list the address: _____

33. Please provide the following information on your monthly OR annual expenses for your home/household:

Are your property insurance and taxes escrowed into your mortgage payment?

☐ Yes ☐ No (if yes, leave the lines for insurance and tax amounts blank)

	How Much	How Often
Mortgage	_____	_____
Homeowners Insurance	_____	_____
School Taxes	_____	_____
City/Village Taxes	_____	_____
Town and County Taxes	_____	_____
Water Bill	_____	_____
Sewer Bill	_____	_____
Electric Bill	_____	_____
Heating Bill	_____	_____
Home Improvement Loans	_____	_____
TOTAL	_____	_____

34. Certain rehab assistance that is available through CHRIC requires applicants to meet HUD Section 8 Income Limits, which includes an asset evaluation. The value of the assets is "imputed", which means we will follow a prescribed formula to determine the value of the assets. In order to determine the imputed value of your assets, we need you to check all boxes below that apply and write the current cash value in the space provided.

ASSET	AMOUNT
<input type="checkbox"/> Checking accounts	\$ _____
<input type="checkbox"/> Savings accounts	\$ _____
<input type="checkbox"/> Stocks, bonds, T-Bills, Money Markets, CD's	\$ _____
<input type="checkbox"/> Cash value of other real estate	\$ _____
<input type="checkbox"/> Cash value of other property, investments, insurance	\$ _____
<input type="checkbox"/> Trust funds available to any household member	\$ _____
<input type="checkbox"/> Retirement accounts (IRAs)	\$ _____
<input type="checkbox"/> Lump sum receipts, inheritance, lottery winnings, capital gains, insurance, or other claims	\$ _____
<input type="checkbox"/> Personal property registered as an investment (stamps, coins, gems, jewelry, antiques, etc.)	\$ _____
<input type="checkbox"/> Other	\$ _____

REQUEST FOR AN INSPECTION

I (we) hereby request that my home at the following address, _____

_____, be inspected by CHRIC for the **Westfield Village Rehab Program**. This request constitutes permission to make inspections of the entire residence as needed. I (we) recognize that the inspection does not guarantee that I (we) will receive assistance, but it is required before the property can be considered eligible for assistance.

Homeowner's Signature

Co-owner's Signature

AFFIDAVIT OF ANNUAL INCOME AND OWNERSHIP

I (we), _____ (name/s),
owner(s) of _____ (address)

hereby certify that:

- 1) I (we) am (are) the legal owner(s) of record, reside at this property, and it is my (our) principle place of residence.
- 2) I (We) understand that if it is found that I (we) have made any false statement concerning ownership and residency of the above mentioned property or my (our) gross household income, or have omitted any income from the gross annual income statement, I (we) shall be responsible to pay back any and all monies granted to me by the Village of Westfield or its representatives or by Chautauqua Home Rehabilitation and Improvement Corporation or its representatives, together with any costs and expenses incurred in recovering these monies.
- 3) I (we) am (are) making this representation with the understanding that it is being relied upon by the Village of Westfield, Chautauqua Home Rehabilitation and Improvement Corporation and/or the funding source(s) to determine my (our) eligibility to participate in the Program.
- 4) I (we) understand that receipt of benefits is contingent on availability of funds. I (we) also understand that I (we) may not be eligible for Westfield Village Rehab Program funds.
- 5) I (we) also understand that, as a condition to receive any funds through any source in connection with the Westfield Village Rehab Program, the Village of Westfield requires a five-year declining lien be placed on the property.

Owner's Signature

(date)

Owner's Signature

(date)

<p>WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.</p>
--



Chautauqua Home Rehabilitation and Improvement Corporation

2 Academy St, Mayville, NY 14757

phone – (716)753-4650 fax – (716)753-4508 TDD – (800)662-1220

website – www.chric.org

e-mail – chric@cecomet.net

Improving Chautauqua County's Housing Since 1978

Authorization For Release of Information

I/We hereby authorize Chautauqua Home Rehabilitation & Improvement Corporation, CHRIC, to make inquiries of any and all parties in regard to my financial and housing situation. I/We understand that in order to meet guidelines of housing grant funding sources, CHRIC may need to verify information for the file related to my/our household. I/We further understand that in some situations in order to assist me/us in resolving a housing or financial difficulty I/we am/are having, CHRIC staff may need to speak directly with representative of lending institutions, taxing authorities, creditors, credit bureaus, and others in helping me/us find a solution. I/We understand inquiries may be made for the specific CHRIC program I/we are seeking help from, and may include information related to my/our assets, debt-to-income, or unpaid obligations.

By my/our signature(s) below, I/we authorize and direct lending institutions, credit bureaus, creditors, taxing authorities, and other entities to release any documentation requested by Chautauqua Home Rehabilitation & Improvement Corporation. Documentation may include my/our credit reports, bank account information, loan documents child support records, tax information, and/or other information deemed necessary by CHRIC staff. I also authorize and direct representatives of credit bureaus, lending institutions, and government and non-profits to speak to persons at CHRIC and provide them with direct information related to my/our housing or financial situation.

I/We understand that CHRIC will treat all information received by them as confidential, and that they will not share that information with others without my/or permission.

Printed Name

Printed Name

Signature

Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date

Date

ADDRESS: _____



PROPERTY OWNER DOCUMENT CHECKLIST

YOUR APPLICATION CANNOT BE CONSIDERED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ Copy of the **DEED** for your property. The Deed must include the **LEGAL DESCRIPTION** of the property. The legal description is a paragraph that starts with the phrase, "All that tract or parcel of land..." and goes on to describe the boundaries of your property.
- ☐ Copy of **DEATH CERTIFICATE** if another name appears on the Deed and that person is deceased.
- ☐ If there is a person's name on the deed who does not live in the home, please provide documentation of another legal address for that person (a driver's license, pay stubs, utility bill, etc.)
- ☐ Proof of current **HOMEOWNER'S INSURANCE**. A photocopy of the Declarations Page, showing the dates of coverage is needed. A copy of a check, bill or receipt for payment is **NOT** acceptable.
- ☐ Proof of **PAID PROPERTY TAX (County/Town and Village)**
- ☐ **IF** you have a mortgage on your home, **A PRINTOUT SHOWING a 6-MONTH MORTGAGE PAYMENT HISTORY**. Contact your bank/lender to request this statement. A photocopy of your current bill or payment receipt is not acceptable. The statement must show a 6-month payment history.
- ☐ **IF YOU FILE TAX RETURNS**, copies of your complete **2022 and 2023 IRS FORM 1040** (your federal income tax return forms) ***INCLUDING ALL W-2's, Schedules and Attachments***. If your income is from your own business, we will need three years of IRS 1040's. We *do not* need copies of your New York State tax returns.
- ☐ Proof of your **MOST RECENT FOUR WEEKS INCOME**. Depending on your source of income this may include:
 - ☐ Copies of four most current **pay stubs** for every member of the household over 18
 - ☐ **2024** Benefit statements from **Social Security, Department of Social Services, Veterans Administration, Unemployment, Worker's Compensation**, etc. Do not send the statement showing the total earned in 2023. We need a **2024** statement of what you will be earning this year
 - ☐ **Court order** showing that amount of **Alimony/Child Support** that is due to you. *Copies of checks/bank statements are not acceptable. We need the actual Court Document showing the amount that is due and how often it is due*
- ☐ Form 1099 from banks, credit unions, pension funds, brokers, etc., if applicable.
- ☐ Bank statements indicating year-to-date interest amount
- ☐ Any other third party source showing current income, if applicable

**RETURN THE COMPLETED APPLICATION
ALONG WITH COPIES OF ALL REQUIRED DOCUMENTS TO:**

**CHRIC
2 ACADEMY ST.
MAYVILLE, NY 14757**