



**City of Elmira**  
 Dept. of Community  
 Development  
 317 E. Church Street  
 Elmira, NY 14901

Phone: (607) 737-5691  
 Fax: (607) 737-5696  
<http://www.cityofelmira.net>

## Housing Rehabilitation Program Application

Date: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ email: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ email: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ (home) \_\_\_\_\_ (work/cell)

**All other persons** occupying the household:

NAME	AGE	BIRTH DATE	RELATIONSHIP

**Number of dwelling units:** \_\_\_\_\_ If more than one unit, complete the following table:

	UNIT # 2	UNIT #3	UNIT #4
Amount of Monthly Rent			
Does Rent Include Utilities			
Number of Occupants in Unit			
Number of Occupants < 7 years of age			
Expiration date of lease, if applicable			

Date purchased property: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Mortgage lender: \_\_\_\_\_ Lender address: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Payments current:  Yes  No

Local insurance agency for fire & hazard insurance: \_\_\_\_\_

Flood insurance: \_\_\_\_\_

**INCOME DATA:**

**Employment Information** for all members of the household over the age of 18 years  
(21 if a full time college student)

NAME	EMPLOYER	# YRS.	ANNUAL SALARY

**Other Sources of Income:** (show all other sources of income received)

Social Security: \$ \_\_\_\_\_ per month  
 Pension: \$ \_\_\_\_\_ per month  
 Child Support: \$ \_\_\_\_\_ per month  
 Other: (list) \$ \_\_\_\_\_ per month Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ per month Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ per month Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ per month Source: \_\_\_\_\_

**Asset Information:**

Savings Account: \$ \_\_\_\_\_ with \_\_\_\_\_  
 Checking Account: \$ \_\_\_\_\_ with \_\_\_\_\_  
 Credit Union: \$ \_\_\_\_\_ with \_\_\_\_\_  
 Other Property Owned:  
 Address: \_\_\_\_\_  
 Assessed Price: \_\_\_\_\_  
 Mortgage Lender: \_\_\_\_\_  
 Mortgage Balance: \_\_\_\_\_

**Credit Information:**

Show all credit accounts which presently have a balance due and the approximate monthly payment, including car payments, car insurance., and Home Equity

CREDITOR	PAYMENT	BALANCE

Are there any unsatisfied judgments against you and /or liens on your property ?  Yes  No

If yes, explain: \_\_\_\_\_

Were you ever bankrupt?  Yes  No

If yes, where? \_\_\_\_\_ Year \_\_\_\_\_

Nearest relative or friend not living with you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Are you directly related to, or regularly conduct business with any employee or elected official of the City of Elmira?**  Yes  No

If Yes, indicate name(s): \_\_\_\_\_

Have you ever received any aid from this department before?  Yes  No

If Yes, indicate year and amount:

Loan Amount: \_\_\_\_\_ Grant Amount: \_\_\_\_\_

**FOR STATISTICAL PURPOSES ONLY:**

- Is the Head of Household 62 years of age or over?  Yes  No
- Is the Head of Household a Female?  Yes  No
- Is the Head of Household Handicapped/Disabled?  Yes  No
- Is the Head of Household a Minority?  Yes  No

- If yes,**
- Black/African American
  - Asian
  - American Indian/Alaskan Native & White
  - Black/African American & White
  - American Indian/Alaskan Native & Black/African American
  - Other Multi-Racial
  - American Indian/Alaskan Native
  - Native Hawaiian/Other Pacific Islander
  - Asian & White
  - Hispanic



**CERTIFICATIONS: IMPORTANT ...READ BEFORE SIGNING**

1. I certify that all statements made in this application are true and complete to the best of my (our) knowledge.
2. In making this application for financial assistance to have repairs made to my property, I (we) hereby acknowledge that I understand that no work is to be started until I am given written authorization in the form of a contract and proceed order from the City of Elmira, Department of Community Development.
3. I (we) authorize the City of Elmira, Department of Community Development to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application.
4. I (we) are hereby notified that a consumer report may be requested in connection with this application and I (we) hereby authorize and instruct any person or consumer reporting agency, **New York State Electric & Gas, Elmira Water Board or other utility provider** to compile and furnish to the City of Elmira, Department of Community Development any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended.
5. If I (we) request, I (we) will be informed whether or not a consumer report was requested and if such report was requested, I (we) will be informed of the name and address of the consumer reporting agency that furnished the report.
6. All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining financial assistance to make repairs to my (our) property. Any willful misrepresentation of facts for the purpose of obtaining the assistance requested could result in criminal action.
7. I authorize the City's Department of Community Development and or Inspection Services Division to enter my premises for the purpose of developing a work write up and identifying any code violations that may exist and to perform a Risk Assessment to determine the presence of Lead.

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Signature	Date
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Signature	Date
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**ALL FEDERALLY FUNDED PROJECTS MUST CONFORM WITH HUD'S LEAD-BASED PAINT REGULATIONS AS OF AUGUST 10, 2001.**

**\*\*The City of Elmira is under no obligation to approve an application or increase a committed loan or grant in the event that the applicant is required to undertake lead abatement procedures.\*\***

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS BOX

Income Verified <input type="checkbox"/>	Cost Burden: _____
Program: <input type="checkbox"/> CDBG <input type="checkbox"/> HOME <input type="checkbox"/> AHC	Program Year: _____
Family Size: <input type="checkbox"/> Small <input type="checkbox"/> Large	CT _____ BG _____ CD _____
Application expires: _____ (6 months from original date)	
Intake Date _____	Interviewer _____