Town of Corinth Grant Program Application

Administered By: Flatley Read, Inc

Dear Homeowner:

Thank you for your interest in the <u>Town of Corinth</u> Grant Programs. These programs assist owner-occupied properties of low and moderate incomes. Below are the guidelines and income limits to determine general eligibility for these programs.

Eligibility Determinations

- 1. Applicants must own, occupy, and have the deed to a single-family residential property.
- 2. The property must be located within the Town of Corinth.
- 3. The property must be used entirely for residential purposes and in compliance with local zoning regulations.
- 4. Applicants must be up to date with all property and school taxes.
- 5. If the property is mortgaged, applicants must be up to date on payments.
- 6. The property must have a current homeowners' insurance policy.
- 7. Household income must be under 80% of HUD's median income (listed in the application).
- 8. Property value cannot exceed HUD published area value limit.

Total gross household income will be collected to determine eligibility and any exclusions will be backed out per HUD qualifying guidelines. Adjustments may be made for income which has been discontinued, or any new income expected to be received. The area median income levels and property value limits are determined each year by HUD.

If you have any questions about eligibility, you are welcome to contact Flatley Read, using the information provided at the end of this application.

Sincerely,

Flatley Read Inc. On behalf of Town of Corinth

Town of Corinth Grant Program Application

Applicant Information

- 1 1								
Name of Pro	operty Ow	ner						
Physical Ad	dress of P	roperty						
Mailing Add	dress if dif	ferent from	m above:_					
Tax Parcel N	Number (fa	ound on p	roperty or	school tax	statemen	t)	<u> </u>	
Phone: Home			Work		Cell			
Email Addr	ess							
Please Circle: Mobi		bile/ Manufactured Home			Single/ Two Family Home			
Household s	size: Ad	ults	Depend	dent Child	ren			
Is anyone in	the house	ehold over	62 years o	of age: Y	ES / NO	Disable	ed: YES	/ NO
Head of Ho	usehold: N	MALE /]	FEMALE					
The following determining th					s only. Mind	ority group d	ata will not b	e considered
Applicant is	(circle on	e):						
Caucasian	African A	American	Native	American	Hispan	ic Asian	Other	
Income elig The current						edian Incor	ne and hou	sehold size.
	Total Re	sidents in	Applicant	Househol				
	1	2 Person	3 Person	4 Person	5 Person	6	7	8
	Person	S	S	S	S	Persons	Persons	Persons
Annual	\$62.950	\$71.000	\$00,000	\$90.750	\$06.050	\$104,15	\$111,30	\$118,50
Income:	\$02,830	\$71,800	\$80,800	J89,/3U	\$96,950	0	0	0

What is your total household income: \$_____

Do you own the home AND land? YES / NO

Are there any back taxes (school, Town, county, etc.) due on the property?: YES / NO

Are there any outstanding mortgages or liens against the property?: YES / NO

Have you previously received previous program assistance (such as Weatherization Program): YES / NO Source:

Application Process

- 1. Having read and understood the eligibility guidelines, the applicant must submit their application to Flatley Read, Inc, consultant for the Town of Corinth Grant Programs to be placed on the waiting list. Applications will be accepted on an ongoing basis until all grant funds have been expended.
- 2. All complete applications for properties will be reviewed based on the following criteria:
- Priority will be given to properties in need of Structural Repairs as well as Health and Safety concerns. The Rehabilitation Specialist will arrange an on-site inspection of your property to see it meets the basic eligibility requirements.

HOME IMPROVEMENT GRANT

- If, under the determination of the Rehabilitation Specialist the full amount of grant monies would not bring the structure to basic habitability standards, the grant may be denied, regardless of previous eligibility.

MANUFACTURED HOME REPLACEMENT GRANT

- The Program covers the cost of a single-wide home along with the necessary site work to bring everything up to code. If the applicant wishes to have a double-wide home, they will need to cover the difference in the cost between a single and double-wide home.
- 3. Applicants whose properties are chosen will be contacted by phone and mail.

Please list the work you would like to have performed at your house. There is no guarantee that the work listed will be eligible for grant funds. Grant amounts will vary for each household, depending on the scope of work. The scope of work is determined by the Rehabilitation Specialist in accordance with Program Guidelines.

Certification and Authorization	
Corinth will confirm the information above and approved or denied. I hereby authorize the Tow information as a condition of this application. B	ion is true and correct. I understand the Town of retain the application whether the application is on of Corinth, or its representative, to verify all y signing this application form in no way signature is only required to verify interest in this
Applicant Signature	Date
Co-Applicant Signature	Date

Return Completed Application To:

Attn: Grants Administrator Flatley Read, Inc 12 Spring Street, Suite 102 Schuylerville, NY 12871

518-577-5681