

**Town of Corinth
Manufactured and Mobile Home Replacement Program
Application & Program Guidelines**

Applicant Information for Manufactured and Mobile Homes Only

Name of Property Owner _____

Address of Property _____

Mailing Address (if different) _____

Tax Parcel Number (found on property or school tax statement) _____ - _____ - _____

Phone: Home _____ Cell _____

Email Address _____

Household size: # of Adults _____ # of Dependent Children _____

Is anyone in the household:

Over 62 years of age: YES / NO Disabled: YES / NO Veteran: YES / NO

Head of Household: MALE / FEMALE

The following information is obtained for statistical purposes only. Minority group data will not be considered in determining the applicant's eligibility for assistance.

Applicant is (circle one): Caucasian African American Native American Hispanic Asian Other

Income eligibility guidelines are based on 80% of the Area Median Income and household size. The current HUD 2025 income limits are as follows:

Total Residents in Applicant Household		1	2	3	4	5	6	7	8
		Person	Persons	Persons	Persons	Persons	Persons	Persons	Persons
Annual	Income:	\$65,050	\$74,350	\$83,650	\$92,900	\$100,350	\$107,800	\$115,200	\$122,650

Your total **household** income: \$ _____ Age of the Mobile or Manufactured Home: _____

How long have you: Owned the property _____ Resided at this address _____

Do you own the land? YES ____ NO ____ Number of structures on the property: _____

Age of the Mobile or Manufactured Home: _____

Sewage Disposal: SEPTIC _____ Public Sewer _____ Water Supply: WELL _____ Public Water _____

Are sewer and water to your home adequate? 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

MONTHLY PAYMENT: _____ PAID TO WHOM: _____

Have you previously received any state or federal home improvement assistance (such as Weatherization Program): YES _____ NO _____

If yes, source: _____

Conflicts of Interest; Are you related to (check any that apply):

_____ Any staff or board member of the Town of Corinth

_____ A municipal official in the locality where your home is located

_____ An employee, volunteer, immediate family member or staff person to a state or elected local official

1. Having read and understood the eligibility guidelines, the applicant must submit their application to Flatley Read, Inc, consultant for the Town of Corinth Mobile and Manufactured Home Replacement Program to be placed on the waiting list. Applications will be accepted on an ongoing basis until all grant funds have been expended.

2. **Required** Income Qualification Documents:

• Proof of income **for all household members:**

- Copy of most recent Federal Income Tax Form
- Copy of most recent W-2 statement from all employers
- Two months' worth of bank statements
- Year-end statements for all interest income
- Copy of most recent annual statement for Social Security, Disability, Workers Compensation, VA or retirement pension, Unemployment Benefits, if applicable

3. Additional **Required** Qualification Documents:

- Deed / proof of ownership or life estate
- Proof of up-to-date taxes (local, school, county, etc.)
- Proof of up-to-date mortgage payments **OR** proof of mortgage satisfaction
- Proof of up-to-date homeowners' insurance

Eligibility Determinations

1. Applicants must own, occupy, and have the deed to the 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.

Please read and initial each of the following:

_____ A Note & Mortgage will be filed with the County Clerk for a 10-year recapture period upon completion of Program-funded work.

_____ The Program is a "declining balance deferred loan" for 10 years, at which time the assistance provided becomes a grant.

_____ If the property is to be sold during the regulatory period, some funds may need to be repaid.

_____ My property taxes are current and will be kept current during the 10-year regulatory period.

_____ I will immediately notify the Town if I am experiencing financial hardship that may result in late payment of taxes, mortgages, or other property expenses.

_____ I will have a homeowner's insurance policy on my property during the 10-year regulatory period.

_____ My property may be reassessed as a result of program participation.

_____ I intend to be the principal resident during the term of the regulatory period.

_____ I agree to maintain the interior and exterior of the home in good working order.

_____ **The Town and Flatley Read, Inc. have a zero-tolerance policy for verbal, written, or physical harassment of any employees, consultants, or third-party technicians associated with the Home Improvement Program.**

Certification and Authorization

I hereby certify that I have read and understand the program guidelines. All the information I have given in this application is true and correct. I understand the Town of Corinth will confirm the information above and retain the application whether the application is approved or denied. I hereby authorize the Town or its consultant, Flatley Read, Inc. to verify all information as a condition of this application. Signing this application form in no way obligates me to participate in this program and not guarantee participation in this program.

Owner Name (printed)	Signature	Date
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Owner Name (printed)	Signature	Date
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Return Completed Application To:
Flatley Read – Grant Administration
4 Washington Square, Greenwich, NY 12834
grants@flatleyread.com 518-531-4252