

**Town of Greenwich  
Home Improvement Program  
Application & Program Guidelines**

**Applicant Information for Single-Family Homes Only**

Name of Property Owner \_\_\_\_\_

Physical Address of Property \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

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 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	
Annual Income:	\$56,000	\$64,000	\$72,000	\$80,000	\$86,400	\$92,800	\$99,200	\$105,600

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 assistance (such as Weatherization Program): YES / NO

If yes, 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 Greenwich Home Improvement Program 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 with health and safety issues or code violations. The Rehabilitation Specialist will inspect the property and create a work scope to be funded by the Program.
  - Once the homeowner(s) and Program approve the work scope, it will be sent to the Participating Contractor List for bidding. Contractors may be added to the List by the homeowner(s) if they meet insurance and lead safe work practices training requirements. Contractors may not bid on work if they are related to or are employed by a household member.
3. **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
4. 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 a single-family residential property.
2. The property must be located within the Town of Greenwich.
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.



**Please read and initial each of the following:**

\_\_\_\_\_ A declaration of interest in my property will be filed with the County Clerk for a 5-year recapture period upon completion of Program-funded work.

\_\_\_\_\_ The Program is a “declining balance deferred loan” for 5 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 5-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 5-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 Greenwich 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.

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Owner Name (printed)

Signature

Date

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Owner Name (printed)

Signature

Date

**Return Completed Application To:**

**Flatley Read – Grant Administration**  
**4 Washington Square, Greenwich, NY 12834**  
[grants@flatleyread.com](mailto:grants@flatleyread.com)    **518-531-4252**