Cattaraugus County Department of Economic Development, Planning & Tourism

Crystal J. Abers, Director

MHRI APPLICATION PACKET

Dear MHRI Applicant;

Thank you for your interest in the Mobile Home Replacement Initiative. Please find attached the application and document checklist that is required. All documents and the completed application need to be mailed or emailed **NO LATER THAN August 28th**, **2020 at 4:00pm to:**

Cattaraugus County EDPT 303 Court Streets, 2nd Floor Little Valley NY, 14755 c/o Kate O'Stricker MHRI APPLICATION kmostricker@cattco.org

Please carefully review the eligibility requirements.

- 1) You need to be a Cattaraugus County Resident.
- 2) You must own both the home and the property, with the deed in your name.
- 3) All property taxes need to be paid up to date.
- 4) There cannot be a lien or a mortgage on the property
- 6) There has to be homeowner's insurance on the property
- 5) Applicant must be income eligible (see below)

The following table describes the income levels.

# in Household	1	2	3	4	5	6	7	8
60% AMI	\$27840	\$31800	\$35760	\$39720	\$42900	\$46080	\$49260	\$52440

If you have any questions, contact Kate O'Stricker at 716-938-2320 or <u>kmostricker@cattco.org</u>. We look forward to your application!

Sincerely,

inted Mountains

Cattaraugus

Counti

Crystal Abers, Director Cattaraugus County Department of Economic Development, Planning & Tourism

Naturally Yours

303 Court St., Little Valley, NY 14755 ** Phone: (716) 938-2242 ** Fax: (716) 938-2779 ** Web Site: www.EnchantedMountains.com

Cattaraugus County

Manufactured Housing Replacement Program

Application and Document Checklist

Cattaraugus County EDPT and Cattaraugus Community Action DUE NO LATE THAN August 28, 2020 at 4:00 PM

All of the following documents are **REQUIRED** for the application and verification process.

□ Social Security Numbers for each Household Member

 \Box Copy of Deed

□ Proof of ALL income in the household-

• include a copy of the last four paystubs, SSI benefit statement, unemployment payment history, etc.

□ Most recently paid Property Tax Receipt for property, school, and Indian Lease

□ Proof of Paid Homeowners Insurance (top/front page)

□ Three Consecutive months of Bank Statements- Checking and Savings

□ Assets Form (Attached)

Applications and Documents can be Mailed or Emailed:

Cattaraugus County EDPT 303 Court Street, 2nd Floor Little Valley NY, 14755 c/o Kate O'Stricker kmostricker@cattco.org

CATTARAUGUS COUNTY MANUFACTURED HOME REPLACEMENT PROGRAM

Cattaraugus County has received a grant from the NY State Homes & Community Renewal to replace dilapidated mobile homes in Cattaraugus County. To be eligible, you need to answer **YES** to all **THREE** questions.

- 1) Are you a resident of Cattaraugus County? YES/NO
- 2) Are you the owner of both the home and the property, with the deed in your name? YES/NO
- 3) Do you meet the income eligibility(see below) YES/NO

Income eligibility is based on the Average Median Income (AMI). To income qualify for the Housing Opportunities Program; applicants/households must be at or below 60% AMI.

The following table describes the income levels.

# in Household	1	2	3	4	5	6	7	8
60% AMI	\$28260	\$32280	\$36300	\$40320	\$43560	\$46800	\$50040	\$53280

The **Application** and **Checklist** documents need to be return either by mail or email to the Cattaraugus County Department of Economic Development, Planning and Tourism **no later than August 28th, 2020 at 4PM**. The LOTTERY will be held on September 2nd, 2020

Mail:	Cattaraugus County EDPT
	303 Court Street, 2 nd Floor
	Little Valley NY, 14755
	c/o Kate O'Stricker
EMAIL:	kmostricker@cattco.org

APPLICATION

Applicant's Name:	Social Security #			
Co-Applicant's Name:	Social Security #			
Address:				
Home Phone:	Work Phone:			
Is this your primary residence?	_How long have	you owned & oc	cupied the property?	
Type: Single Family	Mobile Home _		Age of home	
Debt Information:				
Is there is a mortgage on the propert	y?		_YesNo	
Are you current with all Homeowne	rs Insurance?		_YesNo	
Household Member Informatio	n:			
Names		Date of Birth	<u>Relationship</u>	
1			Self	
2				
3				
4				
5				
6				

Family Member	Wages/salary	Benefit/Pension	Public Assistance or SSI, SSD	Other (Child Support, etc.)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

List current Household Income or Benefits

OTHER ASSETS

Other assets are cash or non-cash items that can be converted to cash: Checking Accounts, Savings Accounts, Stocks, Bonds, Real Property, and Investments.

Bank Name	
Bank Address	
Phone Number	

Household member	Asset description	Current Cash Value	Annual Asset Income/Interest
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Are you related to, engaged in business wi	<u>th, or have an</u>	<u>v ties to the</u>	following,	which may
be considered a conflict of interest:		-	_	-

• Any employee of Cattaraugus County Department of Econom Planning, and Tourism	ic Development	
• Any board member of Cattaraugus Community Action, Inc.		
Any employee of Cattaraugus Community Action, Inc.	YESN	IO
 Have you and/ or co-applicant ever applied for a Housing Gra Agency in Cattaraugus County?YESNO 	nt from any Ho	using
Have you and/ or co-applicant ever applied for a Housing Gra Agency in Cattaraugus County?YESNO	nt from any Ho	using
If yes, what agency?		
If received, when?		
What was the amount and regulatory period?		
Describe the repairs that you feel are needed your home:		
I hereby certify that all the information contained in this application is	s true:	
Client Signature:Date:		
Approved/Disapproved by:		
Cattaraugus County Employee:Date	:	
If disapproved list reason:		

STATISTICAL DATA

Federal and State Law prohibits discrimination of the basis of age, sex, race, or ethnic origin. Cattaraugus County is committed to serving the community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Housing Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only, and will not be considered by any Local, State, or Federal official in determining an applicant's eligibility for assistance. (For persons named as applicant and co-applicant only)

_____White____Black____Hispanic____Native American____Asian _____Other _____ Are you a citizen of the- United States? <u>Yes</u> <u>No</u> Are you a veteran? <u>Yes</u> <u>No</u>

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL. ALL APPLICATIONS WILL BECOME THE PROPERTY OF CATTARAUGUS COUNTY.

Understanding the conditions of the program, I (we) hereby apply for financial assistance from Cattaraugus County toward the mobile home replacement.

I (we) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant(s) will disqualify the applicant(s) from participation in the program.

I (we) hereby consent to and authorize the Cattaraugus County to obtain verification of information required for compliance with the regulations of this program, including income, expenses, employment, and other information.

<u>I (We) am (are) fully aware that if all qualifications are met, there is a regulatory period of five (10) years attached to a Note & Mortgage that will be filed in Cattaraugus County. This home must remain my primary residence for the term of the contract or the amount of the grant will be subject to a recapture schedule.</u>

Ameliaantla	Ciamotumo
Applicant's	Signature
1 ppmeanes	Signature

Date

Co-applicant's Signature

Date

Bank Assets and Income Verification

Bank:							
Name Date of Birt	th	Social Security Number					
Address	Zip Code	City		State			
	ividual named above is a verification for family inc						
	g Account:						
I	Average Monthly Balance nterest Rate Earned:	e for last 6 months :\$	%				
#	Account:						
	Current Balance: Interest Rate Earned:	\$	%				
Certifica #	ate of Deposit:						
I	Value: nterest Rate Earned:	\$					
Other: #							
	Value: nterest Rate Earned:	\$	%				
	of Authorized Official Date						
Title				Name of Bank			
Telephone				Fax Number			