

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 28<sup>th</sup>, 2020 at 4:00pm to:**

Cattaraugus County EDPT
303 Court Streets, 2<sup>nd</sup> 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
5) Applicant must be income eligible (see below)

The following table describes the income levels.

Table with 9 columns: # in Household, 1, 2, 3, 4, 5, 6, 7, 8. Row 1: 60% AMI, \$27840, \$31800, \$35760, \$39720, \$42900, \$46080, \$49260, \$52440

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

Sincerely,

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



Naturally Yours

# Cattaraugus County

## Manufactured Housing Replacement Program

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### 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
- 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, 2<sup>nd</sup> Floor  
Little Valley NY, 14755  
c/o Kate O'Stricker  
kmostricker@cattco.org



APPLICATION

Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Street

\_\_\_\_\_ Township: \_\_\_\_\_

City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ How long have you owned & occupied the property? \_\_\_\_\_

Type: Single Family \_\_\_\_\_ Mobile Home \_\_\_\_\_ Age of home \_\_\_\_\_

**Debt Information:**

Is there is a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you current with all Homeowners Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Household Member Information:**

<u>Names</u>	<u>Date of Birth</u>	<u>Relationship</u>
1 _____	_____	Self _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

List current Household Income or Benefits

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

**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 \_\_\_\_\_

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

**Are you related to, engaged in business with, or have any ties to the following, which may be considered a conflict of interest:**

- Any employee of Cattaraugus County Department of Economic Development, Planning, and Tourism \_\_\_\_\_ YES \_\_\_\_\_ NO
- Any board member of Cattaraugus Community Action, Inc. \_\_\_\_\_ YES \_\_\_\_\_ NO
- Any employee of Cattaraugus Community Action, Inc. \_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you and/ or co-applicant ever applied for a Housing Grant from **any** Housing Agency in Cattaraugus County? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you and/ or co-applicant ever applied for a Housing Grant from **any** Housing Agency in Cattaraugus County? \_\_\_\_\_ YES \_\_\_\_\_ NO

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 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 \_\_\_\_\_



# Bank Assets and Income Verification

Bank: \_\_\_\_\_

\_\_\_\_\_  
Name Social Security Number  
Date of Birth

\_\_\_\_\_  
Address City State  
Zip Code

The individual named above is an applicant for Mobile Home Replacement, which requires annual verification for family income and other information related to eligibility.

Checking Account:

# \_\_\_\_\_

Average Monthly Balance for **last 6 months**: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Savings Account:

# \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Certificate of Deposit:

# \_\_\_\_\_

Value: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Other:

# \_\_\_\_\_

Value: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

\_\_\_\_\_  
Signature of Authorized Official  
Date

\_\_\_\_\_  
Title Name of Bank

\_\_\_\_\_  
Telephone Fax Number