



MONROE COUNTY HOME IMPROVEMENT PROGRAM (HIP) APPLICATION

Town/Village _____

Name of Applicant: _____ Date of Birth: _____
Mr. Mrs. Ms.

Other Owner(s): _____ Date of Birth: _____
Mr. Mrs. Ms.

Property Address: _____, _____, NY _____
(Street) (Town/Village) (Zip Code)

Phone Numbers: (home) _____ (work) _____ (mobile) _____

Email Address (if applicable): _____

Please list relationship, name and phone number of an alternate contact person: Relationship: _____

Name: _____ Phone Number: _____

Number of years you have owned this home: _____ Approximate year home was built: _____

Do you have homeowner's insurance? Yes No *(Provide proof with the application)*

Employer: _____, _____
(Name) (Address)

List below all persons, including yourself, who reside in the home.

	Full Name	Relationship	Date of Birth	Age	Describe Any Disabilities
1					
2					
3					
4					
5					
6					
7					

Total Family Size: _____

Describe the repairs and/or improvements you are requesting: _____

Home is a: One Family Two Family Mobile Home Number of Bedrooms _____

Are property taxes paid? Yes No

Is any portion of the structure used for non-residential purposes? Yes No

If yes, describe: _____

Is there a mortgage on the property? Yes No *(Attach copy of deed and proof that mortgage is current)*

Lender: _____ Mortgage Balance: _____ Maturity Date: _____

Have you received assistance through Monroe County's Home Improvement Program? Yes No Date: _____

Indicate the amount of income, by source, for all members of your household. Attach all required documentation. Applications that are not complete or are submitted without proper documentation will be returned, which will delay the approval.

\$ _____ **WAGES AND SALARIES:** Please submit a copy of your most current Federal Income Tax Return, including all schedules, W-2 forms and six (6) current pay stubs for each wage earner in the household. If self-employed, submit a current financial statement, Schedule "C" Profit/Loss Statement from most recent Federal Tax Return and any supporting documentation. Also submit 2 current, consecutive bank statements for ALL bank accounts held by household members.

\$ _____ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits. Please submit the statement for the current year listing the gross monthly benefits.

\$ _____ **RETIREMENT/PENSION:** Please submit a letter or statement showing your monthly benefit.

\$ _____ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other income includes alimony, child support, public assistance, disability or veterans' benefits, trusts, unemployment, workers' compensation, etc.

\$ _____ **INCOME FROM ASSETS:** Submit copies of bank statements, rent receipts or other available documentation of all income earned as assets (savings, stocks, certificates of deposit, rents, royalties, retirement accounts, etc.)

\$ _____ **TOTAL GROSS INCOME**

Do you have liquid assets (cash, savings, certificates of deposit, stocks, bonds, etc.) totaling fifty thousand dollars (\$50,000) or more in cash value? Yes No Approximate cash value of liquid assets: _____

ATTACH PROPER DOCUMENTATION. Please submit copies of two (2) current, consecutive checking and/or savings bank statements for all accounts, along with any other documentation of assets (rents, stocks, bonds, etc.) in order to verify household income. All applicants are also required to provide proof of Homeowner's Insurance coverage.

Do you have ownership interest in a business? Yes No If yes, describe the business and your interest in it. If there is not enough room here, you may attach a separate page: _____

I (We) hereby certify that I (we) am (are) the owner(s) and occupants of this property, and that to the best of my (our) knowledge, all information herein is true and correct. The Town/Village of _____ and Monroe County are hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to approval and following the completion of work. I (We) understand that payment of financial assistance is subject to satisfactory completion of approved work.

Signed (Applicant) _____ **Date:** _____

Signed (Co-Applicant) _____ **Date:** _____

NOTE: Upon approval, participants are required to sign a Note and Mortgage to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant funds.

Information in this section is for statistical purposes only and will not affect your eligibility. Please check one of the following in regard to the race or ethnic origin of the applicant(s).

White (non-Hispanic) Black (non-Hispanic) Native American Asian/Pacific Islander Hispanic (all races) Other _____

