

SOUTHTOWNS RURAL PRESERVATION CO., INC.

P.O. Box 153, 9441 Boston State Road, Boston, New York 14025-0153

716-941-5787, FAX 716-941-5788 E-MAIL: southtownsrpc@aol.com WEBSITE: southtownsrpc.com

RE: Southtowns Affordable Home Repair Program

Dear Homeowner:

Please review the enclosed information about our home repair program, and complete the enclosed application forms. If you have any questions, please contact our office at 941-5787 or <a href="mailto:southtownsrpc@aol.com">southtownsrpc@aol.com</a>.

Return the completed application and required documentation to our office at:

Southtowns RPC

PO Box 153

Boston, NY 14025

Thank you for your cooperation.

Sincerely

Jason M. Heatley

**Executive Director** 

Southtowns RPC

The Southtowns Rural Preservation Company is a locally based organization established as a 501(c) (3) non-profit corporation on April 22, 1986. The SRPC was created to serve as a catalyst for community development in the rural southern portion of Erie County.

<u>Home Repair Program</u> - Since 1990, the Southtowns RPC has been providing financial assistance to eligible homeowners within the service area for needed home repairs. Successive grant awards from NYS Affordable Housing Corporation in conjunction with funds from Erie County CDBG and Rural Development and private monies have been used to make substantial repairs to homes throughout the rural southtowns.

<u>General Eligibility Requirements</u> - To be eligible to participate in our home repair program the property to be repaired must be within the SRPC service area, be owner occupied, county taxes must be paid to date, and the homeowner must meet the income guidelines. Be prepared to provide verification of these items. Additionally, the homeowner must meet the Asset Test: Excluding the value of the home, assets may not exceed \$15,000.

NYS Affordable Housing Corporation requires a lien be placed on the property being repaired. If a property which received assistance under the SRPC home repair program is sold or transferred **prior** to lien release, the **entire grant amount** is to be repaid in full. The term of the lien is based upon the amount of the grant: up to \$5,000 is a 2-year lien; \$5,001 to \$10,000 is a 5-year lien; \$10,001 or more is a 10-year lien.

<u>Income Guidelines</u> - Eligibility for the program will be determined from total gross household income. The amount and type of assistance provided to a household will depend on the income of the household. The low and very low-income limits are included below.

Maximum assistance through the Southtowns RPC will not exceed \$20,000 per residence. No repayment is required unless the house is sold within the period of the lien, or the home is no longer occupied by the homeowner.

Household Size	Very Low-Income	Low-Income
1	\$30,700	\$49,100
2	\$35,100	\$56,200
3	\$39,500	\$63,200
4	\$43,900	\$70,200
5	\$47,400	\$75,800
6	\$50,900	\$81,400
7	\$54,400	\$87,700
8	\$57,900	\$92,600

Guidelines are periodically revised by the US Department of Housing and Urban Development, usually on an annual basis. As new income guidelines are received, this will be updated.

<u>Eligible Improvements</u> - The improvements listed will be given priority under the SRPC home repair program. It is important to note that the purpose of the SRPC is to make essential home repairs and correct basic deficiencies that present health and safety hazards to residents. The program does not provide funds for remodeling costs.

## Priority will be given to the following items:

-roof repairs/replacement

-wall, ceiling, and floor repairs

-furnace repairs/replacement

-stairway repairs

-plumbing repair/replacement

-Porch and step repairs/replacement

-electrical repairs/replacement

-insulation and weatherization

-accessibility modifications

-gutter and downspout repairs/replacement

-window/door replacement

# **Program Procedures:**

- Applications will be reviewed for eligibility based on household income and property location.
- Homeowners must provide verification of income, such as tax returns, pay stubs, or benefit statements or other appropriate documentation.
- An inspector will schedule a time to conduct an inspection of the property to identify the improvements needed and will prepare a work write-up and specifications which will be used to secure estimates.
- An adequate number of bids must be obtained from qualified contractors for the work.
- Bids will be reviewed by the inspector for completeness. Bid selection will be based in part on the bid amount and contractor qualifications and experience as well as homeowner preference.
- Homeowners must sign a Note and Mortgage as well as an Owner-Contractor Agreement prior to the work being started.
- The SRPC must have a copy of the contractor's insurance certificate prior to start.
- Periodic inspections of the property will be made by the SRPC inspector while work is in progress. Upon
  completion, a final inspection of the improvements will be made by the SRPC inspector to insure
  conformity with the specifications. The determination of satisfactory completion of the rehabilitation
  work is the responsibility of the inspector.
- Following the final inspection, the owners will certify completion/satisfaction of the project.
- Upon completion the contractor is to turn all warranties over to the homeowner.
- Annually the SRPC will monitor the home to be sure the residency requirement is fulfilled.



SOUTHTOWNS RURAL PRESERVATION CO., INC.

P.O. Box 153, 9441 Boston State Road, Boston, New York 14025-0153

716-941-5787, FAX 716-941-5788 E-MAIL: southtownsrpc@aol.com WEBSITE: southtownsrpc.com

## Dear Homeowner:

To be eligible to participate in our home repair program, we need you to provide the following documents:

- 1) Copy of the deed to the property
- 2) Copy of the federal tax form **and** W-2s for all adult household members (if applicable)
- Copies of the four most recent pay stubs, monthly benefits statement from Social Security, VA, Disability, Unemployment, Investments, etc...for all adult household members
- 4) Copy of most recent paid county/town tax bill
- 5) Evidence of homeowner's insurance
- 6) Mortgage statement
- 7) Copies of the three most recent bank statements for each adult household member

We have a large number of households on our wait list; therefore, we ask that you respond to this notice as soon as possible. If you have any questions, please contact our office at 716-941-5787 or southtownsrpc@aol.com.

Thank you for your cooperation.

Sincerely,

Jason M. Heatley
Executive Director

Southtowns RPC

# <u>Application</u> <u>Southtowns Affordable Home Repair Program</u>

Owner's Name:			
Owner's Name:			
Telephone Number: Home	Work		
Email:			
Address of Property:			
Number of Bedrooms: Age of Dwelli	ng:		
Repairs Needed:			
Are there any other owners listed on the current of	deed? Yes	No	
If Yes, list additional owners.			
Name:			
Address:	The same and the s		
Name:			
Address:			

(Please submit a copy of your deed with your application.)

Property Information:
Mortgage? If so, are payments current?
Name of company that holds the mortgage:
Are there any other liens on the property? If Yes, describe:
Household Members:
Total members in the household including applicant:
Number of Adults (18 and over): Number of Children:
Ages of Children:,,,,,,
Are any household members disabled? (for statistical purposes only)  Y  N

List ALL people in household and supply requested information for each person.

Name	Relationship		bled		Time lent?	Empl	oyed?
	Head of Household	Υ	N	Υ	N	Υ	N
		Y	N	Y	N	Υ	N
		Y	N	Υ	N	Υ	N
		Y	N	Υ	N	Υ	N
		Y	N	Υ	N	Υ	N
		Y	N	Υ	N	Υ	N
		Y	N	Y	N	Υ	N
		Y	N	Y	N	Y	N
		Y	N	Υ	N	Y	N

Do you expect any chan	ges in your family s	ize? Y	N	If Yes, when	n:	
Type of change:		<del>Strati</del> gates in the strategy of the strategy	_			
* All requested informa	ntion is <i>confidential</i>	and used	for program	purposes on	ly.	
Please provide em	nlovment info	rmation	for all ho	usahald m	embers 17 and	
older.	pioyment imoi	mation	ioi ali ilo	aseriola III	ellibers 17 and	
Name:	Company:					
Address:						
Job Title:			Trempose, and processor and pr	The state of the s	-	
Name:	Company: _					
Address:						
Job Title:		Phone: _			-	
Name:	Company: _					
Address:						
Job Title:		Phone: _	ar president a la company de la company		-	
Name:	Company: _					
Address:						
Job Title:		Phone: _			<del>-</del>	
Complete for all hous	sehold members a	and list Al	LL sources	of income.		
Income/Benefits					Recipient	
Employment (before deductions)				,		
Employment (before deductions)						-:
Social Security/SSI						_
Veterans Benefits			Collection bridges and a second			-

Retirement Pensions			
Social			
Workers			
Child			
Support	and the second s		
Spousal Support			
Self Employment			
Asset/ Income	Amount	Frequency	Recipient
Checking Acct			
Checking			
Savings Acct			
Savings			
CD Acct		//	
Stock/Bond/IRA Dividends			
Other			
Real Estate			
Contact person for th	nis section: Name:	Phon	e:

# Certification

# Southtowns Affordable Home Repair Program

I hereby certify that I own the property to be improved, and that I currently reside on the premises. A COPY OF THE DEED TO THE PROPERTY IS ENCLOSED WITH THIS APPLICATION. Furthermore, should any change in ownership occur from this date forward, I agree to notify Southtowns Rural Preservation Company. Failure to do so will result in denial, or termination from program participation.

To the best of my knowledge, all the information provided is correct, and all household income has been reported. I understand that any willful misstatement of information will be grounds for disqualification and could result in a fine. Southtowns Rural Preservation Company is hereby granted permission to verify any of the above information in any appropriate manner, and to inspect the property prior to grant approval, during rehabilitation, and upon work completion.

I have received a written description (Fact Sheet) of the Southtowns Home Repair Program. I agree to follow all procedures in the Fact Sheet and to comply with all program requirements.

I understand that any contract for rehabilitation work paid for, at all, by a grant from this program will be between the contractor and myself. I will not sign any contract, for work under this program, until authorized to do so, in writing, by Southtowns Rural Preservation Company. I understand that the grant is subject to satisfactory completion of the <u>approved</u> work. I also understand that Southtowns Rural Preservation Company is not responsible, or liable for any breach of contract, faulty workmanship, accidents, liability, or damage which might arise my relationship with the contractor.

I also understand that if the residence is sold, transferred, or no longer occupied by the current owners, or program participants within the term of the Note and Mortgage, the **entire** amount of the home repair grant must be repaid.

Printed Name:	Date:	
Signature:		
Printed Name:	Date:	110
Signature:		
Printed Name:	Date:	
Signature:		

<u>Note:</u> The following pages contain information about lead paint. *All* owners must read the certification *carefully* and sign it.

To: Owners of Housing Constructed before 1978

From: US Department of Housing and Urban Development Office of Community Planning and Development

Re: Notification- Watch out for Lead-Based Paint Poisoning

(Copy included in Southtowns Home Repair Application)

# Sign page 3 and return this entire notice with your application

If a property was constructed before 1978, there is a possibility it contains lead-based paint on the walls, ceilings, windowsills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes, and lamp posts. When paint chips, flake or peel off, there may be a real danger for babies and young children. Children may eat paint chips, or chew on painted railings, windowsills, or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips, or dust particles containing lead, they may get these particles on their hands, put their hands in their mouths, and ingest a dangerous amount of lead.

## **Hazards of Lead-Based Paint**

Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

#### **Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Is he or she eating normally?

Does your child have stomach aches or vomiting?

Does he or she complain about headaches?

Is your child unwilling to play?

These may be signs of lead poisoning. Many times, though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

#### Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint, or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor for help, or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated lead level, you should notify the Community Development Offices, so the necessary steps can be taken to test your home for lead-based paint hazards. If your home does have lead-based paint, you may be eligible for assistance to abate that hazard.

## Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventative maintenance. Look at your walls, ceilings, door frames and window sills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

- 1) Cover all furniture and appliances.
- Dust containing lead can be a health hazard. DO NOT vacuum loose paint. Sweep and damp mop.
- 3) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM**.
- 4) Do not leave paint chips on the floor or in window wells. Damp mop floors and windows sills, in and around the work area, to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
- 5) Do not allow loose paint to remain within your child's reach since children may pick loose paint off the lower part of the walls.

#### Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping, or brushing the loose paint from the surface,

then repainted with two coats of nonleaded paint. Instead of scraping and repainting, the surface may be covered with other materials such as wallboard, gypsum or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing or swallowing it. The use of heat or paint removers can create a vapor of fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over the defective lead-based paint surfaces does not eliminate the hazard. Remember that you, as an adult, play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

#### Certification

I/We have received a copy of this three page "Notice" entitled "Watch Out for Lead-Based Paint Poisoning" for my/our records.

Printed Name	Printed Name
Signature	Signature
 Date	 Date