

**CITY OF KINGSTON
COMMUNITY DEVELOPMENT BLOCK GRANT
RESIDENTIAL REHABILITATION PROGRAM**

City Hall
420 Broadway
Kingston, NY 12401
(845) 334-3928

Dear Applicant:

Thank you for your interest in the City of Kingston's Residential Rehabilitation Program. Enclosed are the following documents:

- Copy of EPA document entitled "Protect Your Family from Lead in Your Home" (If you are downloading this application from our website, you may view and print the EPA publication by clicking on the link found on the Residential Rehabilitation Program page in our site)
- Lead Hazards Advisory Acknowledgement form
- Owner-Occupied Housing Rehabilitation Application
- General Release of Information

The EPA publication regarding lead is for your information, and should be kept by you. Please return the following required documents to me:

- Signed Lead Hazards Advisory Acknowledgement Form
- Completed and signed Owner-Occupied Housing Rehabilitation Application
- Signed Agreement
- Signed General Release of Information (one for each household member 18 or older)
- Signed and dated copy of the most recent federal income tax return for each household member 18 or older. Include any and all schedules.
- Copies of the last 3 months' worth of paycheck stubs for each employed household member 18 or older
- Copy or proof of your homeowner's insurance
- Copy of the most recent property and school tax bills. Taxes must be paid current.
- Copy of the most recent water bill. Water bill must be paid current.
- Copy of the deed to the property
- Copy of the last 3 months bank statements for all accounts
- Copy of social security cards for all household members
- Most recent mortgage statement showing balance remaining and mortgage is paid current
- Copy of your satisfaction of mortgage letter if mortgage has been paid off
- Last 2 gas and electric bills

The following additional documents must be submitted if applicable

- **Social Security Verification** a copy of your most recent benefits award letter
- **Veterans Verification** a copy of your most recent award letter
- **Public Assistance** a copy of your most recent awards letter
- **Pension** a copy of your last 3 pension checks
- **Business Owner/Self Employment** Latest balance sheet/operating statement
- **Rental Income** latest tax return showing profit/loss and current leases or rental statements
- **Alimony and or Child Support** copy of court order or signed and dated agreement
- **Assets** most recent bank statements for all accounts, cash value life insurance policies, money market accounts, trust funds, IRA`s, other real estate

If you have any questions, please call me at 845-334-3928

Sincerely,
Stephan Knox
Housing Rehabilitation Specialist

EMPLOYMENT AND INCOME VERIFICATION

List all employed household residents over 18 years of age. PROVIDE COMPLETE INFORMATION REGARDING EMPLOYER NAME AND ADDRESS.

<u>Name</u>	<u>Employer Name and Address</u>	<u>Gross Monthly Wages</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

OTHER INCOME SOURCES

List all additional monthly income from household members including applicant and co-applicant, and each additional person who is sharing your household that may not have been included on your most recent income tax return.

Name of Person Receiving Income: _____

Source of Income:

Social Security []	Per Month \$ _____	Public Assistance []	Per Month \$ _____
Disability []	Per Month \$ _____	Unemployment []	Per Month \$ _____
Child Support []	Per Month \$ _____	Alimony []	Per Month \$ _____
Maintenance []	Per Month \$ _____	Workman`s Comp []	Per Month \$ _____

Pension [] Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends [] Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income [] Per Month \$ _____

Name of Tenant: _____

Address: _____

Other [] Per Month \$ _____

Description: _____

Name of Person Receiving Income: _____

Source of Income:

Social Security [] Per Month \$ _____ Public Assistance [] Per Month \$ _____
Disability [] Per Month \$ _____ Unemployment [] Per Month \$ _____
Child Support [] Per Month \$ _____ Alimony [] Per Month \$ _____
Maintenance [] Per Month \$ _____ Workman`s Comp [] Per Month \$ _____

Pension [] Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends [] Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income [] Per Month \$ _____

Name of Tenant: _____

Address: _____

Other [] Per Month \$ _____

Description: _____

Name of Person Receiving Income: _____

Source of Income:

Social Security [] Per Month \$ _____ Public Assistance [] Per Month \$ _____
Disability [] Per Month \$ _____ Unemployment [] Per Month \$ _____
Child Support [] Per Month \$ _____ Alimony [] Per Month \$ _____
Maintenance [] Per Month \$ _____ Workman`s Comp [] Per Month \$ _____

Pension [] Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends [] Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income [] Per Month \$ _____

Name of Tenant: _____

Address: _____

Other [] Per Month \$ _____

Description: _____

ASSETS

Account/s/Stocks/Bonds/Real Estate (Other than owner occupied residence)

<u>Name/s on Account</u>	<u>Account #</u>	<u>Type of Account</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Stocks/Bonds</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

<u>Real Estate Address</u>	<u>Estimated Value</u>
_____	_____
_____	_____

HOMEOWNERS INSURANCE

Name of Insurance Company/Agent: _____
Address: _____
Phone: _____
Policy Number: _____ Expiration Date: _____
Do you have flood insurance: Yes ___ No ___

IMPROVEMENTS NEEDED (check all that apply)

- | | |
|---------------------------------|--------------------------------------|
| _____ Roof | _____ Insulation |
| _____ Exterior siding/painting | _____ Interior walls/ceilings/floors |
| _____ Furnace/Boiler | _____ Foundation |
| _____ Water Heater | _____ Windows - storms/permanent |
| _____ Plumbing | _____ Doors - storms/exterior |
| _____ Wiring/Electrical Service | _____ Chimney |
| _____ Other Describe: _____ | |
| _____ | |
| _____ | |

Number of bedrooms in home _____ Heating and cooking fuel type _____

HOUSEHOLD EXPENSES

Mortgage Payment	per month \$ _____
Homeowner`s Insurance	per month \$ _____
Property Taxes	per month \$ _____
School Taxes	per month \$ _____
Utility Costs (heat, water, gas, electric)	per month \$ _____
Phones/Cell Phones	per month \$ _____
Cable/Internet	per month \$ _____

Auto Loan/s: Creditor	Balance	
_____	_____	per month \$ _____
_____	_____	per month \$ _____
_____	_____	per month \$ _____

Credit Card Debt: Creditor	Balance	
_____	_____	per month \$ _____
_____	_____	per month \$ _____
_____	_____	per month \$ _____
_____	_____	per month \$ _____

Other Debt: Creditor	Balance	
_____	_____	per month \$ _____
_____	_____	per month \$ _____
_____	_____	per month \$ _____

Are property and school taxes included in the monthly mortgage payment? Yes ____ No ____

Is the homeowner`s insurance included in the mortgage payment? Yes ____ No ____

OPTIONAL INFORMATION

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information. If you choose not to answer the following questions, the City may note the race and sex on the basis of observation or surname. If you choose not to answer them, please check this box: []

Sex of Applicant: Male [] Female []

Age of Applicant: _____

Marital Status of Applicant: _____

Ethnic Background of Applicant (check one):

White (not Hispanic) [] African American (not Hispanic) []
Native American [] Latino/Hispanic []
Asian [] Other []

CONFLICT OF INTEREST

Check all that apply:

_____ **I AM** related to a staff member of the City of Kingston Office of Community Development

_____ **I AM NOT** related to a staff member of the City of Kingston Office of Community Development

List staff member and relationship _____

I/We, the property owner/s of the property at _____
In the City of Kingston, New York and for which I/We have applied for and received assistance under the City of Kingston`s Residential Rehabilitation Program hereby state that no employee, agent, consultant, officer, or appointed official of the City of Kingston shall have benefit, personal or financial interest, or have any interest in any contracts or sub-contracts or agreements with regard to the rehabilitation of my/our property. This shall include the individual as well as those with whom they have family or business ties. This shall continue during their term of office or employment and for a period of one year thereafter.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Applicant

SIGNATURES

I/we, the undersigned, owners of the above-described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge. I/we understand that if I/we willfully falsify or make false, fictitious or fraudulent statements or representations, I/we shall be compelled to repay to the City of Kingston all loan or grant monies from the Community Development Block Grant funds. I/we fully understand that it is a federal, state and local crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the facts in this application. I/we hereby authorize the City of Kingston Office of Community Development, Residential Rehabilitation Program staff to obtain verification of any information contained in this application from any source whatsoever.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Applicant

**Return application and documentation to:
Office of Community Development
Stephan Knox
Housing Rehabilitation Specialist
420 Broadway
Kingston, NY 12401
(845) 334-3928**

DO NOT COMPLETE - FOR OFFICE USE ONLY

ACTION TAKEN:

Date _____ Approved _____

Date _____ Not Approved _____

Reason for denying approval _____

Print Name

Signature

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**LEAD HAZARDS ADVISORY
ACKNOWLEDGEMENT FORM**

Housing built prior to 1978 has a high probability of containing components with- lead based paint. Lead from paint chips and dust may pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. A lead risk assessment may be required if your property was built prior to 1978.

A copy of the EPA pamphlet “Protect Your Family from Lead in Your Home” has been included in this application package. If you obtained the Residential Rehabilitation Program application from our web site, a link to the pamphlet is provided. The pamphlet may be read online or may be printed.

I/we have received a copy of the EPA publication entitled “Protect Your Family from Lead in Your Home”, or viewed a copy online. I/we also consent to having a lead risk assessment performed on our property if one is deemed necessary by the Office of Community Development staff.

Signature of Applicant

Date: _____

Signature of Applicant

Date: _____

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GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/we hereby authorize you to release to the City of Kingston the following information:

1. Previous and past employment history, including employer, period employed, title of position, income and hours worked.
2. Income from all sources, including, but not limited to, wages, unemployment benefits, pension benefits, interest income, income from rental properties, social security, disability, child support, alimony, public assistance, and any other source.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of the City of Kingston in determining my/our eligibility for a loan from the City's CDBG, Residential Rehabilitation Program, or to confirm information that I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed General Release of Information form will be kept on file with the City of Kingston.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Address

Address

City, State, Zip

City, State, Zip

Signature Date

Signature Date

- *All household members 18 years of age or older must sign this release form*

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- *All household members 18 years of age or older must sign this release form*