

HAMILTON COUNTY HOME IMPROVEMENT PROGRAM

PROGRAM OUTLINE

The purpose of this program is to improve housing conditions in Hamilton County by promoting repair and rehabilitation of the local housing stock. The primary objective is to eliminate conditions that might become hazardous to the health or safety of local residents. Energy conservation improvements, historic preservation and other necessary repairs will also be encouraged whenever assistance is provided under this program.

A Program Coordinator is available to help you identify eligible improvements in your home and determine the best way to complete those activities. He will also help find qualified local contractors who can complete the work you want to do on your property. Federal regulations and local program guidelines limit eligible improvements to those work items needed to eliminate code violations and address other serious problems. Public funds are provided to support those activities; and they cannot be used for general remodeling, additions or other work that is not necessary to address problems in the property. The Program Coordinator will explain the guidelines and identify eligible improvements; but you will make all decisions about that work. Neither the county nor the Program Coordinator will be responsible or liable for the work on your property.

Financial assistance will be available to qualified applicants to pay the cost of eligible improvements that are completed under this program. In all cases, that financing will be in the form of deferred payment loans that will not be repaid as long as you comply with all program guidelines.

Assistance will be available for single-family homes in the county with owner-occupants who qualify as lower income (household income below 60% of the median); but preference will be given to those applicants who have the greatest need. You can get on the list for assistance by filing the attached Preapplication at your local town office, at the county offices in Lake Pleasant, or with Avalon Associates, Inc. which is helping Hamilton County administer the HOME Improvement Program. **You may send the Preapplication directly to Avalon at P.O. Box 746, Glens Falls, NY 12801.** The following materials must also be submitted to help us determine your eligibility:

_____	A copy of the recorded deed for the property to be rehabilitated.
_____	Proof of income for all adult members of each household occupying the property (see documentation requirements on reverse).
_____	Proof of payment of all real estate taxes and other local service charges for all properties owned by the applicant in Hamilton County (ie: water & sewer if those services are available).
_____	Proof of insurance for the property (homeowner's policy).

We may request additional information in order to determine your eligibility for assistance under this program. All of the information that you supply will remain strictly confidential.

INCOME DOCUMENTATION

Eligibility for assistance under the HOME Improvement Program is determined on the basis of household size and income. Each applicant must provide complete documentation of all income for every adult member of their household. The Program Coordinator can help answer any questions about current income limits and the information needed to document eligibility.

Following is an outline of the form of documentation that should be provided for different types and sources of income:

SALARY or WAGES - a complete copy of the latest federal tax return including all schedules and forms (W-2, 1099, etc.) and copies of current payroll stubs, statements from employers or other documentation as required to establish the current income for each adult member of the household.

SOCIAL SECURITY - a statement of benefits for the preceding year and the current year with copies of current checks to establish the gross benefit (before deductions for Medicare insurance).

PENSIONS - statements detailing the payments received during the preceding calendar year and current payments for pensions, IRA's, annuities and any other retirement benefits.

UNEMPLOYMENT or DISABILITY - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability or worker's compensation. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the current or potential household income.

PERSONAL ASSETS - details of all personal assets including documentation of current values and income generated during the previous year. Income will be projected for the current year and may be imputed for those assets that do not generate current interest or dividends.

INCOME FROM REAL ESTATE - details of all income from rental properties owned by the applicant in Hamilton County or elsewhere. The net amount of that income after deducting actual cash expenses related to each property must be included in the household income.

BUSINESS INCOME - details of all income from business activities, including documentation of revenues and expenses must be provided. Net business income will be calculated on a cash basis without deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may be made to offset personal or household expenses charged to the business.

OTHER INCOME - details of all income from any other source (eg: alimony, child support, rent supplements, education benefits, lottery payments, etc.) received by or on behalf of any adult member of the household during the preceding calendar year and projected for the current year.

The Program Coordinator will review all income documentation and make a preliminary determination of eligibility for assistance. Additional information may be requested during this review; and updated documentation may be required in order to assure that the correct household income is being used at the time a HOME financing award is considered. If there is any question about income documentation, the county's Community Development Board may request additional information or reject the application for assistance.

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PREAPPLICATION

APPLICANT INFORMATION	Date:	Case No:		
Name:	Phone:			
Address:				
PROPERTY INFORMATION				
Section/Block/Lot No:	Current Assessment:			
Equalization Rate:	Calculated Full Value:			
OWNER'S HOUSEHOLD INFORMATION				
Please provide the following information about ethnicity and race for your household. This information is required for reports to the U.S. Department of Housing and Urban Development (HUD), the federal agency providing funding for this program. It will be used only for those reports.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino </td> <td style="width: 50%; vertical-align: top;"> Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White </td> </tr> </table>			Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White			
List the names of all adults in your household who are over the age of eighteen and provide income certifications for each of these people. Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Employer:				
Employer:				
Employer:				
List the names of all children in your household who are under the age of seven. Have any of them been diagnosed with elevated blood level (EBL) for lead? ___ YES ___ NO				
Age:		EBL:		
Age:		EBL:		
Age:		EBL:		
This Preapplication is being submitted to establish eligibility for assistance under the HOME Improvement Program in Hamilton County. I understand that additional documentation will be required and give permission for representatives of the County to contact the employers listed above to verify this information.	Signed: _____			