

Clayton Improvement Association, LTD.

PO Box 99 Clayton, NY 13624
E-mail: cia@gisco.net

Phone 315.686.3212~ Fax 315.686.2503

HOMEOWNER REHABILITATION PROGRAM

APPLICANT (First, Middle Initial, Last) DATE OF BIRTH SOC. SEC. #

CO-APPLICANT (First, Middle Initial, Last) DATE OF BIRTH SOC. SEC. #

CURRENT MAILING ADDRESS:

Street and/or PO Box No. _____

Village or Town, and Zip Code _____

PHONE NUMBER: _____

DEPENDENT'S NAMES:

1. _____ AGE: _____ RELATIONSHIP: _____

2. _____ AGE: _____ RELATIONSHIP: _____

3. _____ AGE: _____ RELATIONSHIP: _____

4. _____ AGE: _____ RELATIONSHIP: _____

EARNED INCOME: Include all employment and self-employment income for adult household members. For self employment – show Net Business Income.

NAME	EMPLOYER NAME/ADDRESS	AMOUNT
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

OTHER HOUSEHOLD INCOME FOR LAST YEAR and OTHER HOUSEHOLD PROJECTED INCOME FOR CURRENT YEAR: (for example: Veteran's, SSI, SSD, Pension, Interest, Dividends, Alimony, Child Support)

_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

OTHER ASSETS: (For example: Savings Accounts, Real Property, Investments, I.R.A.'s, Certificate of Deposit, etc.)

_____	\$ _____ (cash value)
_____	\$ _____ (cash value)
_____	\$ _____ (cash value)

CONFLICT OF INTEREST – Are you related to:

Any Board Member of Clayton Improvement Association, LTD.? Yes _____ No _____
Any employee of Clayton Improvement Association, LTD.? Yes _____ No _____
Any Public Official of the Municipality in which you live? Yes _____ No _____

Have you ever applied for a housing grant from a housing agency in Jefferson County?

Yes _____ No _____

If YES, to what agency? _____ How much was the Grant for? \$ _____ . If applied for and not provided, why was it denied? _____

STATISTICAL DATA:

Federal and State Law prohibit discrimination on the basis of age, sex, race, national or ethnic origin, handicap or familial status. The Snow Belt Housing Company, Inc. and the County of Jefferson is committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. The data is for statistical purposes and will not be considered by any local, State, or Federal official in determining an applicant's eligibility for assistance.

Sex of Head of Household: _____ Male _____ Female
Age of Head of Household: _____ years of age
Is any member of household handicapped? _____ Yes _____ No
Is any member of household disabled? _____ Yes _____ No
Are you a citizen of the United States? _____ Yes _____ No
Are you a Veteran? _____ No _____ Yes Dates: _____ to _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

1. Check applicable box:

___ White ___ Black/African American ___ Asian ___ Asian & White ___ American Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native & White ___ Asian/Pacific Islander
___ Black/African American & White ___ American Indian/Alaskan Native ___ Other Multi-Racial

2. Check applicable box:

___ Hispanic or Latino ___ Not Hispanic or Latino

All information provided will be kept confidential.



**Clayton
Improvement
Association, LTD.**



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ACKNOWLEDGEMENT AND CONSENT:

I (we) understand the terms and conditions of the Note and Mortgage. I (we) must sign for receipt of the Grant/Deferred Loan funds and that the term of the Note and Mortgage will be for a period between **FIVE** to **TEN**-year period.

I (we) hereby certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant or co-applicant will disqualify the applicant from participation in this Program and may be subject to prosecution.

I (we) hereby consent to and authorize the Clayton Improvement Association, LTD. to:

- (a) obtain verification of information required for compliance within the regulations of this program, including income, expenses, employment, and contractor estimates;
- (b) upon giving reasonable notice, to enter the applicant's property for the purpose of inspecting work in progress or to inspect completed work;

Understanding the conditions of this Program, I (we) hereby apply for Homeowner Assistance from the Clayton Improvement Association, LTD. for Grant for the purpose of the rehabilitation of my (our) primary residence.

Applicant

Co-Applicant

Date _____

Date _____