ONONDAGA COUNTY COMMUNITY DEVELOPMENT
SAFE HOUSING ASSISTANCE PROJECT
SHAPE-UP PROGRAM
FACT SHEET

1. **WHAT IS THE SHAPE-UP FOR VETERANS PROGRAM?**
   SHAPE-UP for Veterans is a home repair program administered by Onondaga County Community Development. Eligible homeowners can receive a grant of up to $15,000 to cover the costs of necessary home repairs.

2. **WHO IS ELIGIBLE - Homeowners:**
   - Honorable Discharged individuals who served in the US Military;
   - Own and occupied the property at least one year;
   - Up-to date on property taxes at the time of the application;
   - Must have Homeowners Insurance on the property;
   - Meeting the guidelines below for household size and annual gross income:

FAMILY SIZE	MAXIMUM INCOME
1	$49,800
2	$56,900
3	$64,000
4	$71,100

3. **HOW MUCH WORK CAN BE DONE ON MY HOME IF I QUALIFY?**
   Community Development will arrange to pay for the actual cost of necessary home repairs, up to a maximum of $15,000. This does *not* mean that each grant recipient is automatically entitled to the maximum grant.

4. **WHAT KIND OF WORK CAN THE GRANT PAY FOR?**
   Repairs to mechanical systems, such as water supply, plumbing, heating, and electrical. Repairs to the structure, such as roofs, foundations, porches, and stairs. Installation of safety and energy related items, such as deadbolt locks, smoke detectors, grab bars, storm windows, and insulation. Lead Hazard reduction as required by HUD Lead-Based Paint Regulations. ***If a child under six lives in the home or visits often and lead hazards are found, a grant of up to an additional $10,000 may be available.*

5. **WILL THERE BE A LIEN PLACED ON MY PROPERTY? --- *YES***
   Assistance is in the form of a deferred-loan. You must agree to repay the full amount of the grant if you do not own and occupy the property as your principle residence for Five (5) years following completion of the work.

6. **I THINK I'M ELIGIBLE, HOW DO I FIND OUT MORE?**
   For more information contact Kristen McGriff or Paula Miller at:

ONONDAGA COUNTY COMMUNITY DEVELOPMENT DIVISION

1100 JOHN H. MULROY CIVIC CENTER
SYRACUSE, NEW YORK 13202
(315) 435-3558

Fair Housing Laws prohibit discrimination in the sale or rental of housing based upon race, color, religion, sex, age, marital status, handicapped or familial status, or national origin.
4/22

Shape Up for Veterans Program

(Safe Housing Assistance Project for Veterans)

Criteria for Eligibility

- Household income must be below HUD guidelines, based on the # of people living in home. Ex; Family of 2, < $50,900.
- Property taxes and Mortgage must be current
- Must have current Homeowners Insurance Policy. Flood Insurance if located in flood plain

Key Points

- Grant amount up to a max of $15,000.
- Approval does not automatically entitle grant recipient the maximum grant. Determined by Community Development Inspector
- Eligible repairs; roofs, porches, foundations, stairs, mechanical systems etc. Not designed for cosmetic updates (ex; granite countertops)
- 5 year lien placed on home. Must repay if home is sold prior to satisfaction of lien
- Work performed by Community Development approved contractors and Lead certified by the EPA
- Community Development inspectors assigned to case for duration of job.

Onondaga County
Community Development Division

SHAPE-UP VETERANS APPLICATION

Town/City/Village of: _____

Complete and return to:
Onondaga County Community Development
421 Montgomery St., 11th Fl.
Syracuse, NY 13202

Fill in all spaces or write N/A (not applicable). Incomplete applications will be returned.

Remember to include copies of all applicable documents listed in the attached checklist.

Questions? Call (315) 435-3558

Name _____

_____

Address _____

_____

Home Phone _____ Other Phone _____

Also Contact _____

OWNERSHIP: (Tenants, please provide owner name, address & phone number)

Owner's Name _____

Owner's Address / Phone _____

Do you have a mortgage? Y / N **Name of Lender:** _____

Do you have homeowner's insurance? Y / N
Name of Insurance Provider: _____

OCCUPANTS: List each person living in the residence, including yourself.

Name	Relationship	Date of Birth	Sex	Medi-caid?	Full-time Student?
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N
			M / F	Y / N	Y / N

-OVER-

Is there a child under the age of 6 living in the residence? Y / N
If Yes, provide the results of his / her blood lead level test. (Results must be within 3 months of application.)

Does a child under the age of 6 spend a significant amount of time visiting? Y / N How many? #_
If Yes to either question, please complete the attached "Residing / Visiting Child Verification Form".

Is any household member pregnant? Y / N How did you hear about our program?_____

Do you file Income Tax? Y / N If Yes, provide a copy of your Federal income tax return.

Do you have a checking account? Y / N Do you have a savings account? Y / N

INCOME: List all income for each person living in the residence.

Name	Name & Address of Income Source	Rate	Annual Amt

TOTAL: _____

Assets (Include all sources such as bank accounts/interest/dividends etc.)

Family Member	Description	Annual Amount

TOTAL: _____

Onondaga County Community Development
Grant Application Certification Page

Applicant _____

Applicant Address _____

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Community Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Community Development funds.

Applicant's Signature _____ Date_____

Applicant's Signature _____ Date_____

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.

Gender: Male_____ Female_____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino ____

Race: (Mark one or more)
White _____ Black or African American_____
American Indian/Alaska Native_____ Asian_____
Native Hawaiian or Other Pacific Islander _____

12/2012

EQUAL HOUSING OPPORTUNITY

ONONDAGA COUNTY COMMUNITY DEVELOPMENT

SHAPE-UP for Veterans PROGRAM

APPLICANT'S CHECKLIST

Thank you for your interest in the SHAPE-UP Program. The following documents are required in order to complete your application. **Please provide photocopies.**

***Proof of Ownership** - deed or abstract.

***Proof of Household Income** - Copies of last two months of check or pay stubs for full or part-time employment (eight if paid weekly, four if paid bi-weekly), Social Security, SSI, pension, etc. (If your Social Security funds are direct deposited, please provide your current year benefit/COLA letter or contact Social Security (1-800-772-1213) or go to www.socialsecurity.gov for a Proof of Income letter.) Also provide Community Development with proof of any interest income, stock dividends, rental income, public assistance, unemployment, alimony, room & board, and business income.

***Proof of assets** - Copy of current bank statements for any checking and/or savings accounts, IRA/401k statements, stock dividends, other real estate, etc.

***Income Tax Forms** - Copy of most recent 1040 Federal Income Tax Form. (*If you no longer need to file-disregard this requirement.)*

***Proof of Homeowner's Insurance-** Copy of insurance policy covering residence. Be sure to include policy numbers, limits of coverage, and the expiration date of the policy.

***Mortgage-** *if applicable*, Name and Address of Mortgage Company along with proof that the mortgage is current/up to date, i.e. most recent monthly statement or letter from bank.

***Proof of Service** - Copy of DD214

If you have any questions please feel free to contact our office at 435-3558.