CDBG INCOME PROPERTY REHABILITATION APPLICATION INSTRUCTIONS

In Addition to returning the attached Completed Application Form, we also need the following supporting documentation:

Included

- **Copy** of the **Deed** for the property, including the legal description (Schedule A); ☐
- **Copy** of your **Homeowner's Insurance Certificate**; ☐
- **Copy** of **current executed leases for all units**; ☐
- **Tenant Information Form(s)** - Please have your tenant(s) complete the Tenant Information Form. ☐
  ***Attached to this application. This form must be completed for each of your apartments**, therefore, feel free to make additional copies as necessary or call our office for additional copies; and the household;
- **Copy** of **Paid receipts for current property taxes and school taxes**; ☐
- **Copy** of most recent **home mortgage statement** (if applicable); ☐
- **Copy** of a **photo ID** for applicant/property owner. ☐

***NOTE: The above information must be retained with your application.**
These items will not be returned, so please do not send originals.

1. **A Conflict of Interest Disclosure is attached. Please read, sign and return with application.**
2. **Please make sure you have signed and dated your application.**
3. **Mail or email completed application with copies of the required documentation detailed above to:**

To Send by Mail: Thoma Development Consultants
34 Tompkins Street
Cortland, NY 13045

To Send by Email: kimberly@thomadevelopment.com

Thoma Development Consultants has been hired to administer the housing rehabilitation program for your municipality. We will review your application and then contact you to set up an appointment to inspect your property. We will explain the program in more detail at that time. Please contact our office at (607) 753-1433 or your local municipality if you have any questions or if you need any special assistance in completing your application. **APPROVAL WILL BE DELAYED ON APPLICATIONS THAT DO NOT PROVIDE ALL THE REQUESTED DOCUMENTATION. FUNDING WILL NOT BE HELD FOR YOUR PROJECT UNTIL WE CAN VERIFY YOUR ELIGIBILITY BY REVIEWING ALL THE INFORMATION REQUIRED.**

NOTICE TO APPLICANTS: As required by the Right to Financial Privacy Act of 1978, please be advised that certain government agencies have a right of access to certain financial records held by the municipality in connection with the provision or administration of assistance to you under this application. Financial records related to the transaction considered hereunder will be available to the U.S. Inspector General, the U.S. Department of Housing and Urban Development, the General Accounting Office, the New York State Housing Trust Fund Corporation, and the New York State Office for Community Renewal without further notice or authorization. Financial records will NOT be disclosed or released by the municipality to other government agencies without your consent except as required by law.

VILLAGE OF WATERVILLE
APPLICATION FOR INCOME PROPERTY REHABILITATION ASSISTANCE

PART I – APPLICANT INFORMATION Date: _____

Name of Applicant(s): _____

Business Name (If property is owned under a Corp., Inc., or LLC):

_____

Applicant/Business Address: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email Address: _____

Income Property Address: _____

Number of Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4

		YES	NO
1.	Are there any co-owners other than those listed above?	☐	☐
2.	Are there any liens or judgments affecting the property other than the mortgage?	☐	☐
3.	Is there a Mortgage on the property? If **yes**, are mortgage payments current? ☐ YES ☐ NO	☐	☐
4.	Are there any commercial uses of the property?	☐	☐
5.	Are property and school taxes current? If **no**, please explain below.	☐	☐
6.	Are all apartments located in one structure?	☐	☐
7.	Have you ever received any other assistance from the Village of Waterville for any other purpose?	☐	☐
8.	Do you have any delinquent federal or State government loans, including Higher Education loans (i.e. IRS liens, State tax liens, etc.)?	☐	☐

Please provide explanation for questions above as applicable: _____

_____

_____

_____

PART II – APARTMENT INFORMATION:

(Please provide the following information for each apartment.)

Apartment #	Number of Bedrooms	Current Rent	Who Pays:	
		$	Owner	Tenant
Heat	Gas ☐ Electric ☐ Oil ☐		☐	☐
Electric			☐	☐
Hot Water	Gas ☐ Electric ☐		☐	☐
Stove	Gas ☐ Electric ☐		☐	☐
Water/Sewer	Municipal ☐ Septic/Well ☐		☐	☐
Garbage disposal	*If applicable		☐	☐
Other: i.e. A.C.			☐	☐

Apartment #	Number of Bedrooms	Current Rent	Who Pays:	
		$	Owner	Tenant
Heat	Gas ☐ Electric ☐ Oil ☐		☐	☐
Electric			☐	☐
Hot Water	Gas ☐ Electric ☐		☐	☐
Stove	Gas ☐ Electric ☐		☐	☐
Water/Sewer	Municipal ☐ Septic/Well ☐		☐	☐
Garbage disposal	*If applicable		☐	☐
Other: i.e. A.C.			☐	☐

Apartment #	Number of Bedrooms	Current Rent	Who Pays:	
		$	Owner	Tenant
Heat	Gas ☐ Electric ☐ Oil ☐		☐	☐
Electric			☐	☐
Hot Water	Gas ☐ Electric ☐		☐	☐
Stove	Gas ☐ Electric ☐		☐	☐
Water/Sewer	Municipal ☐ Septic/Well ☐		☐	☐
Garbage disposal	*If applicable		☐	☐
Other: i.e. A.C.			☐	☐

Apartment #	Number of Bedrooms	Current Rent	Who Pays:	
		$	Owner	Tenant
Heat	Gas ☐ Electric ☐ Oil ☐		☐	☐
Electric			☐	☐
Hot Water	Gas ☐ Electric ☐		☐	☐
Stove	Gas ☐ Electric ☐		☐	☐
Water/Sewer	Municipal ☐ Septic/Well ☐		☐	☐
Garbage disposal	*If applicable		☐	☐
Other: i.e. A.C.			☐	☐