



# C.O.D.E. INC.

JAMESTOWN'S NEIGHBORHOOD PRESERVATION COMPANY

## Housing Rehabilitation Application

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Property Address: \_\_\_\_\_

City/Village/Town: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate person & phone who we may contact if we cannot contact you: \_\_\_\_\_

Number of person(s) in household; including applicant: \_\_\_\_\_

Name	Age	Relationship
		Self

Is this your primary residences?  Yes  No How long have you lived here? \_\_\_\_\_

Do you own or rent your home?  Own  Rent  Land Contract  Life use  Other: \_\_\_\_\_

What type of housing:  Single Family House  Multi-Family  Mobile Home  Other: \_\_\_\_\_

CITIZENS OPPORTUNITY FOR DEVELOPMENT AND EQUALITY, INC.

411 WINSOR STREET • P.O. BOX 3311 • JAMESTOWN, NY 14702-3311 • 716-664-2044 • FAX 716-664-0597



Social Security Number: \_\_\_\_\_

How old is your house or what year was it built? \_\_\_\_\_

Do you own or rent any other house(s)?  Yes  No

Are your property taxes paid and up-to-date?  Yes  No

If no, please explain: \_\_\_\_\_

Do you have a mortgage?  Yes  No If yes, is your mortgage up-to-date?  Yes  No

If no, please explain \_\_\_\_\_

Name of 1<sup>st</sup> Mortgage holder \_\_\_\_\_

Name of 2<sup>nd</sup> Mortgage Holder \_\_\_\_\_

Is any member of the household a veteran with an honorable discharge?  Yes  No

Is any member of the household disabled?  Yes  No

If yes, is the disabled household member on Medicaid?  Yes  No

If there is a disabled household member, do you need assistance with accessibility?  Yes  No

Have you had children under age 6 tested for lead?  Yes  No  No children under 6

If yes, was blood level high? \_\_\_\_ If so, Please send Doctor's copy of lead level report / statement.

Are you related to any public official in Chautauqua County or any officer or employee of CODE  Yes

No If YES, please explain: \_\_\_\_\_

Have you received repair services from CODE or another agency such as Weatherization, City of

Jamestown, etc. in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you file Federal Income Taxes?  Yes  No If no, initial \_\_\_\_\_

Please provide a description of the work you need, including handicap accessibility items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ASSETS

**ASSETS ARE CASH OR NON-CASH ITEMS THAT CAN BE CONVERTED TO CASH.**

List all items such as checking accounts, savings accounts, stocks, bonds, life insurance with a cash value, equity in real properties (rental properties), IRAs, Pensions that can be withdrawn before retirement, lump sum receipts (such as capital gains, lottery winnings, insurance settlements) and personal property held as an investment (gems, antique cars, jewelry, coin collections, etc.) List any income from these assets in the income section.

**NOT INCLUDED IN ASSETS ARE: YOUR PRIMARY RESIDENCE, ACTIVE FARMING OPERATION, AND NECESSARY PERSONAL PROPERTY.**

PLEASE SUBMIT PROOF (COPIES) OF ALL ITEMS YOU LIST AS ASSETS.

HOUSEHOLD MEMBER	ASSET DESCRIPTION	CURRENT CASH VALUE	ANNUAL ASSET INCOME/INTEREST
	CHECKING ACCOUNT		
	SAVINGS ACCOUNT		
Office Use Only		TOTAL	

**FOR OFFICE USE ONLY**

IF CURRENT CASH VALUE IS GREATER THAN \$5,000.00, MULTIPLY BY \_\_\_\_\_ (PASSBOOK RATE) AND ENTER RESULT HERE, OTHERWISE LEAVE BLANK.

\$ \_\_\_\_\_

## HOUSEHOLD INCOME

List current household income from; **ALL sources and all persons living in the household.**  
 Also indicate the household or family member receiving income or benefits.

Source	Amount – Per wk., 2 wks, month, etc.	Recipient	Office Use Only Annual Amount
Wages			
Wages			
Social Security/SSI			
Social Security/SSI			
Public Assistance			
Unemployment			
VA Benefits			
Pension/Retirement			
Alimony			
Child Support			
Workers Comp.			
Rental Income			
Other:			
Other:			
Other:			
		<b>TOTAL</b>	

FOR OFFICE USE ONLY		
Total from Asset Income (the greater of actual or calculated from previous page)	Total Annual Household Income from Above	TOTAL Annual Income from all Sources
	# in Household	% of AMI

## Certification

I/We hereby certify that I/we are the occupant(s) of the property to be improved and that this is my (our) primary residence. I/we certify that the information provided in this application is true and correct to the best of my/our knowledge and contains no willful misrepresentations. If I have willfully provided false information, I/we will repay to CODE any grant funds expended. I agree to cooperate with CODE in complying with all specified procedures. Furthermore, should any change in ownership occur from this date forward, I/we agree to notify CODE immediately? Failure to do so may result in denial, termination, or recapture of my/our grant.

I/we understand that any contract for rehabilitation work financed in whole, or in part by this program, will be between the contractor and me. I/we also understand that I/we should not sign and/or contract for rehabilitation work to be accomplished under this program until I am authorized to do so by CODE. I also understand that CODE will not be responsible or liable for any breach of contract, faulty workmanship, product and material defects, accidents, or damage which may arise from my relationship with any contractor and CODE does not guarantee or warranty the work of any contractor.

I/We also understand that at the time of contract, the owner will be required to sign a Property Maintenance Declaration (temporary lien) or Note & Mortgage stating that I/we will continue to live in the home and the owner will not sell or transfer it for a period of 2-10 years depending on the amount and funding source. If the residence is sold or transferred or is no longer used as my/our primary residence, some or all of the grant award must be repaid to CODE.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_



### Mail completed application to:

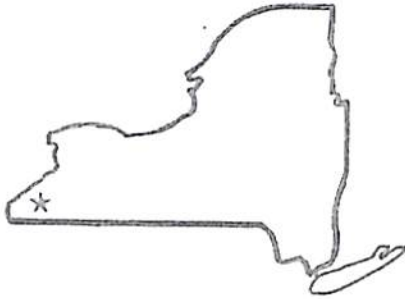
CODE, Inc. Attn: Chris Jock

PO Box 3311

Jamestown, NY 14702-3311

Phone: (716) 664-2044

TDD NY Relay# 711



# C.O.D.E. INC.

JAMESTOWN'S NEIGHBORHOOD PRESERVATION COMPANY

## Required Documents

Failure to complete all questions on the application form and submit all requested documents will result in the postponement or the return of your application. **A complete application includes, but is not limited to the following:**

- Property Deed** – Copy of Property Deed detailing a land description, filing date, liber, and page number
- If a deceased person is listed on the deed**, – Copy of the Death Certificate.
- If in an apartment or mobile home park** – A completed Apartment/Mobile Home package. We recommend checking with the owner before submitting an application. Have owner contact us with any questions.
- Property Taxes** - Current **paid** School, County, Village and Town tax records
- Homeowners Insurance** – Copy of current homeowners insurance face sheet noting coverage amounts, deductible, and coverage periods

### **Income Verification:**

- Social Security/SSI/Unemployment/ VA Benefits/Public Assistance** - Benefit Social Security Letter (bank statements cannot be accepted as verification)
- NYS Portion of SSI/Disability** – You must include the New York portion of SSI
- Medicaid benefit sheet**
- Pension/Retirement** - current letter or printout from company (bank statements cannot be accepted as verification.)
- Public Assistance Budget sheets** - must be provided
- Filed income Tax Return** - Full copy of last year's filed income tax return for everyone living in the home who files income taxes. **Include all W-2 forms**

If you do not file income tax, please check the box below and initial:

- I do not file yearly income tax returns: \_\_\_\_\_ (must be initialed)
- Paycheck Stub** - Last four (4) consecutive paystubs from everyone living in the home and who works.
- Self-Employment** - last 3 years filed income tax returns & Schedule C
- Alimony/Child Support** - court papers or support collection printout only
- Bank Statements** - Copy of **2 most recent bank statements** from Checking and Savings accounts
- Asset verification** - Submit copies of verification for all assets

### Disability Information if you are applying for accessibility modifications such as shower & ramps

- You must include a statement from your doctor or another service agency stating that the requested modification is needed.
- Proof of Medicaid if applying for Accessibility Grant**

CITIZENS OPPORTUNITY FOR DEVELOPMENT AND EQUALITY, INC.

411 WINSOR STREET • P.O. BOX 3311 • JAMESTOWN, NY 14702-3311 • 716-664-2044 • FAX 716-664-0597

