



# TOWN OF RIVERHEAD HOUSING PRESERVATION HOME IMPROVEMENT PROGRAM APPLICATION

TOWN OF RIVERHEAD COMMUNITY DEVELOPMENT DEPARTMENT

200 Howell Avenue, Riverhead, NY 11901

Tel. (631)727-3200 Ext. 238 · Fax (631) 727-5772 · TDD (631) 727-4500

Dear Riverhead Homeowner:

Attached is the Town of Riverhead USDA Housing Preservation Program application and guidelines. Home improvement assistance under the program is **ONLY** available to **OWNER OCCUPIED HOUSES OR MOBILE HOMES**. If the New York State Affordable Housing Corporation ("**AHC**") contributes any funding, administration of the project must comply with all AHC regulations as well.

To be considered for the program, please complete and submit the attached application to the Community Development Dept. along with *copies* of the following **REQUIRED DOCUMENTS**:

1. **Verification of total household income for all individuals living at the address:** acceptable proofs of income: Most recent Federal Income tax return with W-2's and 1 month of pay stubs, Social Security Statement(s), Social Services Benefit Statement(s), Food Stamps, Rental Income documentation
2. **Deed to land OR title to mobile home.**
3. **Current paid Town tax bill** (please specify if paid by monthly mortgage).
4. **Current home owner's insurance policy declaration/premium page.**
5. **Most recent bank statements; both checking and savings**
6. **If over 60 yrs. of age:** you may be eligible for other funding, please provide proof of age AND complete pages 5 and 6.

Once we receive the completed application and all required paperwork, we will review your application to determine eligibility and contacted you as to your status. **Assistance under this program is based on income eligibility, necessity of work to be done, and the availability of funds.** If funding for the Home Improvement Program is not available to our office at the time of submission of your application, you will be placed on a waiting list until funding is available.

Please contact this office at the numbers listed above should you have any questions about the program, its requirements or procedures.

This is an equal opportunity program. Discrimination is prohibited by Federal Law. Persons with disabilities who require alternative means for communication of program information or assistance with filling out this application should contact our office by telephone (631)727-3200 ext. 238, fax (631) 727-5772 or TDD (631) 727-4500 .



**ASSETS:**

Total amount in checking \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_

Money Market \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Value of stocks/bonds/mutual funds \$ \_\_\_\_\_

Value of real estate/property other than primary residence \$ \_\_\_\_\_

Value of other assets (boats, etc.) \$ \_\_\_\_\_

Any outstanding judgments against you? \_\_\_\_\_ If yes, how much \$ \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ If yes, when (date) \_\_\_\_\_

**4. PRESENT MONTHLY EXPENSES:**

Mortgage Payment (incl. taxes & ins.) \$ \_\_\_\_\_

Second Mortgage (if applicable) \$ \_\_\_\_\_

Property Taxes (if not included in mortgage) \$ \_\_\_\_\_

Monthly Lot Rent (Mobile Home Parks) \$ \_\_\_\_\_

Homeowners Insurance \$ \_\_\_\_\_

Utilities (heat, cable, electric, phone, etc.) \$ \_\_\_\_\_

Other Expenses (car, credit cards, loans, etc.) \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

**5. HOUSING INFORMATION**

Date of Purchase \_\_\_\_\_ Age of Home \_\_\_\_\_

**6. RACE/ETHNICITY/GENDER INFORMATION:** Answers to the following questions are provided on a voluntary basis to enable the monitoring and compliance with Federal laws prohibiting discrimination. You are not required to furnish this information and it will not be used to evaluate this application. If you choose not to furnish it, we are required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname.

Insert number of occupants for each and note any individual within more than one category:

**RACE**

- 1) White \_\_\_\_\_
- 2) Black/African American \_\_\_\_\_
- 3) Hawaiian/Pacific Islander \_\_\_\_\_
- 4) American Indian or Alaskan Native \_\_\_\_\_
- 5) Asian \_\_\_\_\_

**GENDER**

- Male \_\_\_\_\_
- Female \_\_\_\_\_

**ETHNICITY**

- Hispanic \_\_\_\_\_
- Non-Hispanic \_\_\_\_\_

The Riverhead Home Improvement Program is designed to correct basic housing problems, especially conditions considered dangerous to health and safety. Priority improvements include the following: heating system, plumbing, electrical system, structural repairs, roofing (leaks), alterations for handicapped persons, and winterization.

a) Describe work needed to eliminate health and safety hazards:

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b) Other necessary work:

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**7. CERTIFICATE OF INSURANCE AND LIEN AGREEMENT**

I/We agree to have the Town of Riverhead named as an additionally insured party (lien holder) on my Homeowners Certificate of Insurance and to have my insurance company provide the Community Development Department with a copy of the new Certificate of Insurance upon completion of work. I/We also agree to have a lien placed on the premises for the total amount of the cost of the rehab work that will be filed with the County of Suffolk or State of New York.

I am aware that the Riverhead Home Improvement Program is for residential homeowners in the Town of Riverhead and is based on established income limits and funding available through the Home Improvement Program. Therefore, I/We declare that the above submitted information is true to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

**HOME IMPROVEMENT PROGRAM AFFIDAVIT**

Applicant Name(s): \_\_\_\_\_

I/We affirm under penalties of law that all statements made in this application are complete and to the best of my/our knowledge are true and correct for the sole purpose of receiving a Riverhead Home Improvement Loan or Grant. In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true, has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor (Penal Law Section 210.45). The above named applicant(s) also state that:

1. I/We am/are the sole owner(s) of the property to be improved and that ownership will not be transferred or sold for the term of the loan or grant. If ownership is transferred or sold, the Town of Riverhead Community Development Department must be notified immediately.
2. If the property is involved in a Life Estate, the income of the heir(s) may not exceed 80 % of the Suffolk County median income.
3. This property is owner occupied and is my/our primary residence and that all persons currently living in the home are correctly reported.
4. All income information is listed correctly and from all persons living in the home.
5. Homeowners insurance will remain in effect for the term of the loan and/or grant.
6. All property taxes must remain current for the term of the loan and/or grant.

**~To be signed in front of a Notary Public~**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

**RESIDENTIAL EMERGENCY SERVICE TO OFFER HOME REPAIRS FOR THE ELDERLY**

**RESIDENT AFFIDAVIT**

**STATE OF NEW YORK)  
COUNTY OF SUFFOLK)**

\_\_\_\_\_, being duly sworn, deposes and says; that he (she, they) fully intends to continue existing ownership and occupation of property located at:

\_\_\_\_\_,  
for a minimum of three (3) years following final disbursement of any Community Development/RESTORE grant funds to which he (she, they) may be entitled for the explicit purpose of rehabilitating the subject property; that the rehabilitation work is of an emergency nature which poses a threat to his (her, their) health, life or safety; that he (she, they) will notify the Town of Riverhead in advance of any now-unforeseen and unexpected transaction(s) which would result in the transfer and/or loss of his (her, their) title to subject property prior to the expiration of the minimum three (3) year continued ownership period; and such transaction(s) if they are to occur, shall be of the nature of inevitable and justifiable necessity; and that he (she, they) understand that transfer and/or loss of title may result in the required repayment of grant funds.

I/we further agree to have the Town of Riverhead named as an additionally insured party (lien holder) on my Homeowner's Certificate of Insurance and to have my insurance company provide the Community Development Department with a copy of the new Certificate of Insurance upon completion of work. I/we understand and agree that a lien may be placed on the premises for the total amount of the cost of the rehab work that will be filed with the County of Suffolk in the State of New York.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to me this \_\_\_\_ day  
of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
Notary Public

**R.E.S.T.O.R.E. GRANT**  
**HOMEOWNER AGREEMENT**

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

Homeowner/s: \_\_\_\_\_

Telephone: \_\_\_\_\_

The above named homeowner(s) hereby apply to the Town of Riverhead RESTORE Program for emergency home repairs. In consideration of this request, I/we agree to the following:

1) I/we own the property for which emergency repairs are requested. No other individuals have an ownership interest in the property.

2) My/our reported income is accurate/verifiable. Income not yet been reported shall be documented as soon as possible and no later than 48 hours after the completion of the repairs. I/we certify the household income for the property meets the RESTORE income guidelines: 80% of the Area Median Income as published annually by HUD. RESTORE/Town of Riverhead reserves the right to recapture funds spent on property repairs for under reported household income.

4) I/we agree to allow the Community Development representative and contractor to access my home by appointment to estimate the actual repair work needed. RESTORE/Town of Riverhead has the right to determine the appropriate contractor for the approved repairs. I/we acknowledge that only the work specified by the Town of Riverhead will be performed by the contractor under the RESTORE grant.

5) I/we agree to cooperate to facilitate the contractor's performance of the work, including permitting the contractor to use, at no cost, existing utilities to complete the work (i.e., light, heat, power, water). All materials/equipment removed/replaced as part of the work shall belong to the contractor unless otherwise stated in the specifications. The contractor is solely responsible to remove, and properly dispose of, all construction waste, demolition material or any other excess material arising from contractor's actions.

I/we agree to contact the Community Development representative immediately regarding any unsatisfactory work performed and to allow the Community Development representative to access my home by appointment to inspect and approve contractor's work.

Printed name \_\_\_\_\_ Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_