

CATSKILL MOUNTAIN HOUSING DEVELOPMENT CORP.

P.O. BOX 473 * 448 MAIN ST. * CATSKILL, NY 12414 * (518) 943-6700 * FAX (518)-943-0113

TRAILER REPLACEMENT PROGRAM

Program Overview

Catskill Mountain Housing has received grants from the New York State Housing Trust Fund and the Affordable Housing Corporation to make grants available to Greene County residents for replacement of deteriorated or damaged modular or mobile homes.

Applicants must be income eligible and the home must be their primary residence. You must hold title to the land under your unit.

Replacement will only be considered if the unit is severely deteriorated and threaten the health and safety of the occupants. The grants will cover all costs including purchase of the unit, proper installation, connection to all utilities and assurance of compliance with local codes.

In order to qualify the applicant must reside in the county and provide the following documentation with the application.

1. Proof of ownership (deed, land contract)
2. Proof of income (paystubs for 30days, Social Security award letter)
3. Proof taxes are paid up to date (town and school)
4. Proof of Fire Insurance (or that insurance can be obtained with replacement)
5. Proof that mortgage is paid up to date
6. Three months recent bank statements for checking and saving

A ten year grant enforcement note & mortgage will be placed on the home. If you remain in the home no monthly payments are required. If the applicant should move or sell the property within term, he or she will be required to repay grant funds, interest free for the remaining term of the grant at closing.

Assistance will be provided on a first come first served basis. GROSS income of ALL occupants of the household age 18 or older will be included.

INCOME ELIGIBILITY GUIDE

1 Person \$37,800	2 Person \$43,200	3 Person \$48,600
4 Person \$54,000	5 Person \$58,350	6 Person \$62,250

HOME MUST BE PRIMARY RESIDENCE. Financial assistance will not be provided for work performed previous to grant award.

Contact person for this grant is Al Creazzo – 518-943-6700 X11

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GREENE COUNTY TRAILER REPLACEMENT PROGRAM
APPLICATION

Name(s) of property owner(s) shown on deed

Owner's mailing address

Street address of property to be rehabilitated

Did you ever receive help from Catskill Mountain Housing in the past?

() Home Telephone

() Work Telephone

\$ Monthly mortgage amt.

Name of Mortgage Co. or Bank

Account #

Check all that apply: () home is insured () taxes are paid () mortgage up to date () received Weatherization from Greene Cty. Community Action Agency on (mo/yr)

Describe the condition of your unit with specific details as possible

Estimated Age of Unit

Does it have an existing electricity hook up? Yes No

Does it have public water or an on site well? Public Well

Is it on a public sewer line? Yes No

If it is a on site septic system is it a septic tank, cesspool or other type system?

Septic Tank and Leach Field

Cesspool

Other/Unknown

Does the unit have a foundation or pad? Yes No

If yes, approximate size in feet by

Best time for us to call you?

Is a member of your immediate family (mother, father, brother, sister, son or daughter) a member of Catskill Mountain Housing's Board or Staff or a local or state official?

YES NO

IF YES Please explain

PLEASE LIST All Household Members

Name	Age	Name	Age
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____

Have children under 7 years of age been tested for lead? Yes () No ()
 Have tests shown elevated levels of lead in the blood? Yes () No ()

INCOME VERIFICATION

Please list all sources of income and how paid (Gross income before taxes). This includes income for all members of the household over 18 years of age (anticipated/projected income) - Wages or salary, Social Security, tips, interest, dividends, alimony, child support, public assistance benefits, business income, pensions & annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, disability, any income from assets.

Source	Amount	Weekly	Biweekly	Monthly	Yearly
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
_____	\$ _____	()	()	()	()
TOTAL GROSS INCOME				\$ _____ / year	

ASSET VERIFICATION

Please list all assets, cash or noncash items that can be converted to cash - Savings accounts, stocks, bonds, certificates of deposits, money market funds, real property other than your principle place of residents, IRA's, jewelry, coin collections, antique cars, cash value of insurance policies. Please include any assets disposed of during 2 years preceding the date of this application. Please attach additional sheets if necessary.

Asset	Bank	Acct. #	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. False statements made by the applicant will result in rejection of the grant application. I understand that Catskill Mountain Housing Development Corporation (CMH) will verify all information and hereby authorize all agencies, individuals, employee and financial sources to release all information requested by CMH.

Signature head of household

date

"The following information is required by the Federal Government 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 the individual applicants on the basis of visual observation or surname."

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 ____

Gender: Male ____ Female ____

OFFICE USE ONLY

Applicable Income Source
() Projected 12 mo. income

Amount Household Size
\$ _____

Very Low Household Yes No

Program Manager