

APPLICATION PAGE - HOME REPAIR GRANT PROGRAM

Thank you for your interest in NHS Brooklyn Home Repair Grant. Please read the info below carefully before you submit your application.

Applicant

Please complete this application carefully.

Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? _____

First Name: _____

Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile #: _____ Home #: _____

Email: _____

Yrs at Address: _____ # of Pers in Household: _____

Number of Units: _____ Owner-Occupied: Y _____ N _____

Current Monthly Mortgage Payment: _____

Employer: _____ Yrs at Job: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____ Overtime: _____

Other Income: _____ Source: _____

Other Income: _____ Source: _____

Amt in Savings: _____ Checking: _____

Are you a veteran? Y _____ N _____

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: _____

Date: _____

Co-Applicant

Please complete this application carefully.

Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? _____

First Name: _____

Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile #: _____ Home#: _____

Email: _____

Yrs at Address: _____ Household Size: _____

Number of Units: _____ Owner-Occupied: Y _____ N _____

Current Monthly Mortgage Payment: _____

Employer: _____ Yrs at Job: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____ Overtime: _____

Other Income: _____ Source: _____

Other Income: _____ Source: _____

Amt in Savings: _____ Checking: _____

Are you a veteran? Y _____ N _____

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: _____

Date: _____

HOME REPAIR GRANT PROGRAM

The New York State Affordable Housing Corporation (AHC) has selected NHS Brooklyn CDC, Inc. to administer an Owner-Occupied Home Repair Grant Program. AHC will monitor the administration process.

Selection Process

Applicants will be selected on a first-come, first-served basis.

Household Size and Income Guidelines:

Family Size	112% Household Income
1-Person Household	\$74,298
2-Person Household	\$85,568
3-Person Household	\$96,208
4-Person Household	\$106,848
5-Person Household	\$115,472

Family size and household income are based on FY2021 adjusted Area Median Income calculation as established by the U.S. Department of Housing and Urban Development (HUD).

Eligibility

Qualified applicants must:

- * Own a 1- to 4-unit family home, a coop, or a condo in Brooklyn. The home must need emergency repairs as defined by the program. See Eligible Repairs in next column.
- * Occupy the property requiring repairs.
- * Meet household size and income requirements.
- * Be current on their mortgage payment.
- * Be current on property taxes and water bills.
- * Have homeowner's insurance.
- * Have under \$15,000.00 in liquid assets.
- * Submit a complete application. A complete application includes the application form and all Required Documents.
- * Other rules and regulations may apply.

Eligible Repairs (or similar)

- * Sewer and Water Main Replacement
- * Electrical Repairs
- * Boiler Replacement/Conversion
- * Roof Repair/Replacement
- * Lead-Paint Abatement
- * Damaged Walls and Ceiling Replacement
- * Handicap Accessibility (bathrooms, kitchen, entranceway, entry, and egress)
- * Sidewalk Repairs and/or Outdoor Ramps (subject to all applicable permits)
- * Plumbing Repairs (kitchen and bathroom)
- * Exterior Repairs (pointing and front stoop repairs).

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Thank you for your interest in NHS Brooklyn Home Repair Grant. Please read the info below carefully before you submit your application.

REQUIRED DOCUMENTS: Copies ONLY. No originals. Documents must be submitted for all employed persons over 18 living in the owner-occupied unit.

- * Completed, signed, dated application
- * Valid photo ID (not expired)
- * Recent mortgage statement
- * Deed
- * Most recent water bill
- * Current property tax statement
- * Most recent 2 months of paystubs
- * Most recent 2 years federal tax returns and W-2's (all pages)
- * Most recent 2 months of bank statements
- * Award letter(s): Social Security, Disability, Alimony, etc., for current year
- * Rental Lease(s). Income from rental(s) is calculated into maximum household income.
- * Homeowner's insurance
- * Contractor's estimate (limited to a maximum of \$20,000, including labor and materials)

Conditional Grant

A lien in the form of a conditional mortgage will be placed on the property for up to ten (10) years, depending on the amount awarded. Owner must continuously occupy at least one unit of the property as a primary residence during the term of this loan (10 years). No repayment is required unless the property is sold or refinanced during the term of the conditional loan. Repayment in full

(100% of the loan amount) will be required at point of sale or cash-out refinance prior to the sixth (6th) anniversary of the closing date. Upon the sixth (6th) anniversary of the closing date, the loan will be reduced yearly by 20% (1/5th) until year ten (10).

HOW TO APPLY:

- 1) Complete this application and submit with required documents by mail or in person to:

AHC Round 3
NHS Brooklyn CDC, Inc.
2806 Church Avenue
Brooklyn, NY 11226

- 2) NHS Brooklyn will contact you to inform you of the status of your application.

Additional Eligibility Requirement

Properties with Trusts, Estates and/or any property with cloud or discrepancy on title does not qualify.

Tear along perforated line and return application.

HOME REPAIR GRANT PROGRAM



Building Communities. Transforming Lives.

Affordable Housing Corporation (AHC) HOME REPAIR GRANT Round 3

Administered by
Neighborhood Housing Services
of Brooklyn CDC, Inc.

2806 Church Avenue
Brooklyn, New York 11226

www.nhsbrooklyn.org

Sponsored by New York State
Affordable Housing Corporation (AHC)

