

# APPLICATION FORM

## 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: \_\_\_\_\_

Years at Address: \_\_\_\_\_ # of Persons in Household: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Owner-Occupied: Y\_\_ N\_\_

Current Monthly Mortgage Payment: \_\_\_\_\_

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Overtime: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Amount in Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Veteran: Y\_\_ N\_\_ Senior: Y\_\_ N\_\_ Disabled: Y\_\_ N\_\_

## Authorization

By signing this application, I hereby authorize NHS Brooklyn to collect and verify my financial and ownership status as part of my application for any Home Repair Grants, if I am selected, and upon review of my documents.

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 (Other name(s) on deed)

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: \_\_\_\_\_

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Number of Units: \_\_\_\_\_ Owner-Occupied: Y\_\_ N\_\_

Current Monthly Mortgage Payment: \_\_\_\_\_

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NHS BROOKLYN**  
COMMUNITY DEVELOPMENT CORPORATION, INC

# HOME REPAIR GRANTS

## Round 2

Administered by  
**Neighborhood Housing Services  
of Brooklyn CDC, Inc.**  
2806 Church Avenue  
Brooklyn, New York 11226

Sponsored by  
**New York State  
Affordable Housing Corporation (AHC)**



NEW YORK  
STATE OF  
OPPORTUNITY.

Homes and  
Community Renewal

# 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.

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

## **Owner-Occupied Home Repair Grant**

NHS will provide conditional loans (grants) of up to \$20,000.00 to owners of 1-4 unit family homes, coops and condos within the borough of Brooklyn to complete home repairs. See further explanation of Conditional Grant terms in column three of this application.

## **Eligibility**

- \* Own a 1-4 unit family home, cooperative, or condominium 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 mortgage payment.
- \* Be current with 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.

## **Selection Process**

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

## **Household Size and Income Guidelines:**

<b>Family Size</b>	<b>Household Income *</b>
1-Person Household	\$65,498
2-Person Household	\$74,816
3-Person Household	\$84,134
4-Person Household	\$93,453
5-Person Household	\$100,979

*Family size and household income are based on FY2018 adjusted Area Median Income calculations established by the U.S. Department of Housing and Urban Development (HUD). \*Income cannot exceed.*

## **Eligible Repairs (or similar)**

- \* Sewer and Water Main Replacement.
- \* Electrical Repairs.
- \* Boiler Replacement/Conversion to Natural Gas.
- \* 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).

**REQUIRED DOCUMENTS:** Copies Only. Documents must be submitted for all employed persons over 18 living in the owner occupied unit.

- \* Completed, signed, dated application.
- \* 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.

- \* 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 Estimate(s).

## **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 (6<sup>th</sup>) anniversary of the closing date. Upon the sixth (6<sup>th</sup>) anniversary of the closing date, the loan will be reduced yearly by 20% (1/5<sup>th</sup>) until year ten (10).

## **HOW TO APPLY:**

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

**AHC Home Repair Grant  
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 and contact you to schedule an interview if funds are available.