



Near Westside Neighborhood Association, Inc.

“Friends Helping Neighbors”

353 Davis Street
Elmira, NY 14901

607-733-4924 (Phone) 607-734-1207 (Fax) nearwestside@stny.rr.com (E-mail) www.nwnainc.com (Web)

Dear Homeowner,

Thank you for inquiring about our Home Improvement Program. Enclosed you will find an application. There is a non-refundable \$200 application fee which will be applied to your portion of the repair cost, or returned to you if the application is not approved. If you choose to withdraw your application after it has been approved, the fee is non-refundable. Please return copies of all necessary papers when you return the application. I will then determine what programs you may be eligible for. Please note that all mortgage, utilities, insurance, and tax payments must be up to date. The applications are valid for a six-month period. Near Westside Neighborhood Association, Inc. will not offer special preference to any applicant for assistance other than the date of application and severity of need. Again, please complete the attached application and return it within two weeks of the above date. If you have any questions, please feel free to contact our office, Monday through Thursday between 8:00 AM. and 4:00 PM., at 733-4924.

When you are filling out the application, **you must list all people living in the house even if you are not related.** You must **also list income for everyone age 18 or over.** For Social Security, you must include the Medicare if taken out of your check. Please send a copy of the Social Security Award Letter. For wages, please send six of the most recent pay stubs. If you are self-employed, please send a copy of your general ledger. For Public Assistance, I **must** have the Budget Sheet. If you do not have one, you can call your caseworker and ask to have one sent to you. For Child Support or Alimony, please send a copy of the Divorce papers or court order showing amount.

You may drop off the application (by appointment only) or mail it along with supporting documents to: Near Westside Neighborhood Association, Inc., 353 Davis Street, Elmira NY 14901.

If you have any questions or need help filling out the application, please give me a call at 607-733-4924.

Sincerely,

Lorena Morey
Program Coordinator

PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS WHEN YOU RETURN THIS APPLICATION. WE CANNOT DETERMINE YOUR ELIGIBILITY UNTIL ALL PAPERS/ DOCUMENTS ARE ON FILE.

- ☐ **DEED - Must show recording information**
- ☐ **PROPERTY TAX – Taxes must be current**
- ☐ **Most recent mortgage statement**
- ☐ **HOMEOWNERS INSURANCE – Current Declaration Page**
- ☐ **PROOF OF ALL INCOME – Employment, Social Security, SSI, etc.**
- ☐ **Copy of 2 most recent BANK STATEMENTS**
- ☐ **Copy of 2 most recent FEDERAL INCOME TAX RETURNS (signed) with W-2's (if you are not required to file, please provide a statement indicating the last year you filed)**
- ☐ **Copy of most recent NYSEG, and water bill**
- ☐ **PROOF OF ASSETS – If applicable**

**Regarding future "Subordination of Mortgage Requests"
during the grant retention period**

Please be advised that during the period that our funding sources have a mortgage on your property (usually 2-10 years), you may not be able to get a home equity loan or refinance your home to consolidate other debts without having to pay the grant money back. Should you want to refinance your home during this period, the new finance company would call or send Near Westside Neighborhood Association, Inc. a request to subordinate the grant mortgage. In most cases, you would not be able to get the new loan unless this happens. A member of Near Westside Neighborhood Association, Inc. will review this request; however, the final decision comes from each individual funding source. Below is a list of some of the general criteria used by the various funding sources when making their decision.

In addition, all requests for subordination of mortgages that originated from Near Westside Neighborhood Association, Inc.'s Home Improvement Program must be accompanied by the settlement statement (HUD-1A) and Truth in Lending Disclosure.

Subordination **may** be granted if:

The owner is refinancing to lower the interest rate of the current existing mortgage.

Additional work is going to be done on the unit as long as the funds are held in escrow by the bank and issued directly to the contractor for partial and final payments as work is completed.

If the appraised value of the house is greater than or equal to the sum of all existing or proposed mortgages preceding and including the grant mortgage.

Subordination **may not** be granted for any of the following reasons:

The refinance or new loan is being used to consolidate credit cards and other debts.

The refinance or new loan will be giving cash back to the borrower.

The appraised value of the house is less than the sum of existing or proposed mortgages

I the undersigned (Homeowner(s) understand that the terms of the grant for home repair include liens (mortgages) filed against my property for a period of 2-10 years depending on the funding source & grant amount. I further understand that this may affect my ability to refinance or secure a home equity loan on my property for that period of time

Homeowner Signature

Date

Homeowner Signature

Date

NEAR WESTSIDE NEIGHBORHOOD ASSOCIATION, INC. (NWN) HOME IMPROVEMENT PROGRAM APPLICATION

DATE: _____

APPLICANT: _____ SS# _____

CO-APPLICANT: _____ SS# _____

ADDRESS: _____ Council District _____

TELEPHONE #: _____ (H) _____ (W) _____ (C)

NUMBER OF PERSON(S) IN HOUSEHOLD; INCLUDING APPLICANT: _____

PLEASE LIST ALL PERSONS OCCUPYING THE HOUSEHOLD:

NAME	AGE	BIRTHDATE	RELATIONSHIP

About how old is the home? _____

How many bedrooms does your home have? _____

How Long Have You Owned **and** Occupied the Property?: _____
(Applicants must own and occupy their homes for at least 12 consecutive months prior to application.)

Is there a mortgage? ☐ Yes ☐ NoIf yes, are payments current? ☐ Yes ☐ No Monthly payment: \$ _____

Name of mortgage holder: _____

Phone & Fax Numbers: _____

Insurance Agency for Fire & Hazard Insurance: _____

Phone & Fax Numbers: _____

Insurance Agency for Flood Insurance: _____

Phone & Fax Numbers: _____

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

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

HOUSEHOLD MEMBER	ASSET DESCRIPTION	CURRENT CASH VALUE	ANNUAL ASSET INCOME/INTEREST
	Checking Account Location & Acct. #		
	Savings Account Location & Acct. #		
OFFICE USE ONLY		TOTAL	

FOR OFFICE USE ONLY

IF CURRENT CASH VALUE IS GREATER THAN \$5,000, 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, age 18 or older (21 if a full-time college student – must submit copy of full-time schedule)**. Also indicate the household or family member receiving income or benefits. **You must send proof of all income.** For Social Security, you must include the Medicare if taken out of your check. Please send copies of the Social Security Award Letter. For wages, please send six of the most recent pay stubs. If you are self-employed, please send a copy of your general ledger. For Public Assistance, you **must** send the Budget Sheet. If you do not have one, you can call your caseworker and ask to have one sent to you. For Child Support or Alimony, please send a copy of the Divorce papers or court order showing amount. For Pension/Retirement, please include name, phone/fax number of payer.

Source	Amount – per wk, 2 wks, month, etc.	Recipient	OFFICE USE ONLY ANNUAL AMOUNT
Wages			
Employer Name		Employer Phone / Address	
Wages			
Employer Name		Employer Phone / Address	
Social Security/SSI			
Social Security/SSI			
Public Assistance			
Unemployment			
VA Benefits			
Pension/Retirement			
Alimony			
Child Support			
Workers Comp			
Rental Income			
Other			
Other			
Other			
TOTAL			

CREDIT INFORMATION: (Show all credit accounts which have a balance due and the monthly payment.)

CREDITOR	PAYMENT	BALANCE

Are there any unsatisfied judgments against you? ☐ Yes ☐ No

If yes, explain: _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, explain: _____

Are you directly related to or do you regularly conduct business with any employee or elected official of NWNA? ☐ Yes ☐ No

If yes, indicate name(s): _____

Have you ever received aid from NWNA before? ☐ Yes ☐ No

If Yes, indicate type, year, and amount: _____

Are you directly related to or do you regularly conduct business with any employee or elected official of the CITY OF ELMIRA? ☐ Yes ☐ No

If Yes, indicate name(s): _____

Have you ever received aid (Loan, Grant, or First Time Homebuyer assistance) from the CITY OF ELMIRA or TRI COUNTY HOUSING COUNCIL? ☐ Yes ☐ No

If Yes, indicate type, year, and amount: _____

Are you able to provide your own matching funds? ☐ Yes ☐ No

Source of match: _____

Please indicate on the lines provided below what you are seeking to improve on your home. Number each item starting with your most urgent need first.

COMPLETE THE FOLLOWING INFORMATION REQUIRED FOR STATISTICAL PURPOSES.

Is the Head of Household 62 years of age or older? ☐ Yes ☐ No

Is the Head of Household Female with dependant children? ☐ Yes ☐ No

Racial/Ethnic Group: ☐ White ☐ Black/Afro American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Asian & White ☐ Hispanic ☐ Black/Afro American & White ☐ American Indian/Alaskan Native & White ☐ American Indian/Alaskan Native & Black/Afro American ☐ Other Multi Racial

Near Westside Neighborhood Association, Inc., is committed to prohibiting discrimination because of race, color, religion, sex, handicap, family status or national origin.

FOR OFFICE USE ONLY

Date applied: _____

Funding Source(s)_____

NOTES

HOME IMPROVEMENT PROGRAM CERTIFICATIONS**Important: Read before signing**

I/We hereby certify that I/we am/are the owner(s) and / or 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. I agree to cooperate with Near Westside Neighborhood Assoc., Inc. in complying with all specified procedures.

I/we authorize the Near Westside Neighborhood Association, Inc. to make whatever inquiries it deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance on the application for the Home Improvement Program.

Furthermore, should any change in ownership or occupancy occur from this date forward, I/we agree to notify Near Westside Neighborhood Assoc., Inc. immediately. Failure to do so may result in denial, termination, or recapture of my/our grant.

I/We understand that no work is to be started until I am given written authorization in the form of a contract and proceed order from the Near Westside Neighborhood Association, Inc. 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 Near Westside Neighborhood Assoc., Inc. I/We also understand that Near Westside Neighborhood Assoc., Inc. 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 Near Westside Neighborhood Assoc., Inc. does not guarantee or warranty the work of any contractor.

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

I/We by signing this application, certify that we have read and understood the pamphlet named "Renovate Right Important Lead Hazard Information for Families, Child Care Providers and Schools" that is provided with this application.

(All occupants age 18 and over must sign. Add names as appropriate.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Return completed application and supporting documentation to:

Near Westside Neighborhood Assoc., Inc.

353 Davis Street

Elmira, NY 14901

(607) 733-4924



CERTIFICATIONS:**IMPORTANT: READ BEFORE SIGNING**

1. I certify that all statements made in this application are true and complete to the best of my (our) knowledge.
2. In making this application for financial assistance to have repairs made to my property, I (we) hereby acknowledge that I understand that no work is to be started until I am given written authorization in the form of a contract and proceed order from the City of Elmira, Department of Community Development.
3. I (we) authorize the City of Elmira, Department of Community Development to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application.
4. I (we) are hereby notified that a consumer report may be requested in connection with this application and I (we) hereby authorize and instruct any person or consumer reporting agency to compile and furnish to the City of Elmira, Department of Community Development any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended
5. If I (we) request, I (we) will be informed whether or not a consumer report was requested and if such report was requested, I (we) will be informed of the name and address of the consumer reporting agency that furnished the report.
6. All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining financial assistance to make repairs to my (our) property. Any willful misrepresentation of facts for the purpose of obtaining the assistance requested could result in criminal action.

Signature: _____

Date: _____

Signature: _____

Date: _____

CERTIFICATIONS:**IMPORTANT: READ BEFORE SIGNING**

1. I certify that all statements made in this application are true and complete to the best of my (our) knowledge.
2. In making this application for financial assistance to have repairs made to my property, I (we) hereby acknowledge that I understand that no work is to be started until I am given written authorization in the form of a contract and proceed order from Arbor Housing & Development.
3. I (we) authorize Arbor Housing & Development to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application.
4. I (we) are hereby notified that a consumer report may be requested in connection with this application and I (we) hereby authorize and instruct any person or consumer reporting agency to compile and furnish Arbor Housing & Development any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended
5. If I (we) request, I (we) will be informed whether or not a consumer report was requested and if such report was requested, I (we) will be informed of the name and address of the consumer reporting agency that furnished the report.
6. All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining financial assistance to make repairs to my (our) property. Any willful misrepresentation of facts for the purpose of obtaining the assistance requested could result in criminal action.

Signature: _____

Date: _____

Signature: _____

Date: _____