



ASSOCIATION FOR NEIGHBORHOOD REHABILITATION, INC.
110 Ogden Street, Ogdensburg, New York 13669
Phone (315) 393-4610 Fax (315) 394-1815

Web Site www.anrinc.org

Serving the community since 1977

HANDBOOK FOR HOUSING REHABILITATION



Table of contents

A. The programs purpose 3

B. Qualifying for the Program 4

C. Reasons for Denial 4

D. Financing 5

E. What if –Questions & Answers 6

F. Repairs that qualify 7

G. Repairs that are ineligible 8

H. How the program works 9

I. Documents needed to process your application 9

J. What will happen next 10

K. Hiring a contractor 11

Application 12 - 20

A. PROGRAM OVERVIEW

WHY WE HAVE A HOME IMPROVEMENT PROGRAM

We created a Home Improvement Program as a result of a neighborhood study conducted by Our Program. This field inspection identified a very real threat in the form of urban decay, housing deterioration, and community disintegration in various neighborhoods.

Throughout our target neighborhood, the preservation of housing stock has become one of the primary objectives of citizens, elected officials and staff professionals who believe that the quality of housing is a primary source of neighborhood stability. The decline of our housing stock can be attributed to three factors: strict loan underwriting standards leading to deferred maintenance, the minimum extra income of recent purchasers, and the increasing age of the housing stock, particularly in the inner ring suburbs.

The cost of new home construction is prohibitive to most low and middle-income families. Our Program helps to preserve the existing housing stock. Our effort will insure more adequate housing to more low and moderate-income families because it will help to preserve and stabilize existing communities.

The Programs Purpose: The towns designated below in Section B may be awarded a grant from The New York State Division of Housing and Community Renewal for the rehabilitation of owner-occupied residences. The ANR is administering the program. The Program is designed to help low to moderate-income households improve the health; safety conditions and energy efficiency of their homes by providing grant money.

This handbook was written to explain what the program is and how it works, as well as to help interested homeowners decide if they are eligible for the program. This handbook is meant to be a guide for the homeowner, **not a definitive presentation of the Program's policies**. Questions concerning the program should be directed to the:

Association for Neighborhood Rehabilitation, Inc.
110 Ogden Street
Ogdensburg, New York 13669
(315) 393-4610

Periodically the "Handbook for Homeowners" and application is reviewed, modified and reprinted; ANR is not responsible for, nor has any control over information that may have been previously circulated. In order to insure that your application is up-to-date it is the applicant's responsibility to verify that information contained here within has not been modified.

B. WHO CAN QUALIFY?

Homeowners who meet all of the following criteria:

1. The Association for Neighborhood Rehabilitation, Inc.'s service area includes the Towns of Lisbon, Oswegatchie, Madrid, Morristown, Waddington or Heuvelton (may vary depending upon target area of grants).
2. Owner Occupied
3. Have your property taxes paid in full.
4. Have your homeowners insurance paid in full
5. Have your mortgage payments paid up to date.
6. Live in a house where construction has been completed at some time in the past. The program is not designed to finish building a new house.
7. Your gross income for determining eligibility includes:
 - A) Your potential income from wages and salaries, including but not limited to business income
 - B) Income from assets. In addition, if your assets are more than \$5,000 then your income will include either the actual income from the assets or 10% of the value of the assets, whichever is higher. The house being worked on is not included as an asset.
 - C) The share of educational benefits (G.I. bill & Pell grants), which pay for more than the cost of the education itself, is included as income.
 - D) Other regular payments (actually received) such as social security, Worker's Compensation, child support, or unemployment benefits.
8. Your gross income must be below the limits shown in the income eligibility chart.

C. REASONS FOR DENIAL OF APPLICATION!

Homeowners can be denied for but not limited to the following criteria:

1. Insufficient or incomplete applications (applicants are given ample opportunity to submit documentation required to further process their application);
2. No property insurance (if insurance is secured then further processing of an application is then conducted);
3. Income to debt ratio (see note below);
4. Self-employed business operating at a loss (see note below);
5. Actual work required for completion of housing rehabilitation as outlined in the work write-up, developed by the Housing Rehabilitation Specialist, is above and beyond the capability of our funding. This is determined during the feasibility of the project by the Project Review Committee.
 - ❖ In accordance with ANR's Administrative Plan submitted and approved by the Division of Housing and Community Renewal (DHCR) as well as the New York State Affordable Housing Corporation (AHC) multiple liens are required to secure the investment of funding sources for any housing rehabilitation applicant.

The housing rehabilitation program presently being administered by ANR is subject to the following lien duration periods (subject to change); New York State Home Program, as administered by the Housing Trust Fund Corporation, is 6 years and New York State Affordable Housing Corporation has a 2 - 10 year minimum regulatory period dependent upon total grant award.

When an applicant(s) income is such that they are financially at-risk of becoming unable to retain property ownership for the duration of the lien agreement, then the application is denied.

D. FINANCING

1. Determining the income category of your household. The following chart gives the gross income limit for each income category in relationship to the number of people in your household.
2. Income eligibility chart (may vary depending upon target area).

Effective 2/19/08

Median Income - \$47,400

	Persons in Household							
	1	2	3	4	5	6	7	8
50% Median Income	\$ 18,450	\$ 21,100	\$ 23,700	\$ 26,350	\$ 28,450	\$ 30,550	\$ 32,650	\$ 34,800

3. It is the homeowner’s responsibility to verify income guidelines, due to multiple funding sources.
4. Grants are for rehabilitation of your home and do not have to be paid back as long as you maintain ownership. Grant awards are determined by the grant committee following specific program guidelines. Depending on the funding sources, mobile homes may not be eligible.
5. If you receive a grant, a lien will be placed on the house for 6-10 years, depending upon the requirements of the funding source. If you sell the house during the lien year period (6-10 years), the total grant funds would have to be repaid in full. Upon fulfillment of the lien period (6-10 years), a discharge letter will be sent by ANR, it is the homeowner’s responsibility to bring this along with the appropriate fee to the County Clerk’s office to have the lien removed from their property.
6. If the homeowner finds it necessary to refinance their home while the lien is active, they may or may not be billed for subordination services by either ANR’s Lawyer or ANR. All subordinations must be reviewed by the funding source; they will make final approval or denial. Subordinations must be used to repay all or a portion of the outstanding balance of the HOME loan, in addition to the primary loan, but cannot be used to pay consumer or other non-housing debts

E. WHAT IF? – QUESTIONS & ANSWERS

6. What If I Pass Away?

All liens become due when the homeowner passes away; it is the responsibility of the estate to repay any and all liens placed upon the property pertaining to the funding sources.

If funding was utilized through the Division of Housing and Community Renewal the total amount of that particular lien becomes due.

If funding through the New York State Affordable Housing Corporation is utilized the total of that particular lien is amortized. The agency providing the funding has this information; also all homeowners receive a copy of the mortgage agreement which includes the amortization table at the time of contract signing.

The exception to the above as is follows; if a family member wishes to retain possession of the property and is deemed income eligible as per the funding source guidelines the lien or liens may be transferred to the new owner.

7. Can I Sell My Home?

Yes; any homeowner can sell their home at any time.

When rehabilitation of the home was agreed upon the homeowner authorizes a lien to be placed upon the property. Upon the sale of the home the lien or liens become due. There could be multiple lien agreements signed at that time to which all homeowners are given a copy of.

If funding was utilized through the Division of Housing and Community Renewal then the total amount of the lien becomes due.

If funding through the New York State Affordable Housing Corporation is utilized the total of the lien is amortized (contact the housing agency for additional information).

The exception to the above as is follows; if a buyer agrees to accept the property with the existing lien and is deemed income eligible as per the funding source guidelines the lien or liens may be transferred to the new owner.

8. Can I Refinance My Home?

Yes; any homeowner can refinance their home at anytime providing their attorney contacts the housing rehabilitation office prior to completing all paperwork. Refinancing will only be approved if it is to obtain a lower interest rate or to perform additional work on your home. All subordinations must be reviewed by the funding source; they will make final approval or denial. Subordinations must be used to repay all or a portion of the outstanding balance of the HOME loan, in addition to the primary loan, but cannot be used to pay consumer or other non-housing debts.

F. REPAIRS THAT QUALIFY

The main purpose of this program is to improve the health, safety and energy efficiency of your home. Grant money will not be used for improvements that only makes your house look nicer or that make it more convenient.

The following is a priority list of repairs for which HOME funds are available. If you do qualify for grant money, a rehab specialist will give you more details on each of the improvements.

First priority

- | | | |
|--------------------------|------------------------|-------------------------------|
| 1. Roof | 8. Chimneys | 14. Handicap access |
| 2. Electrical service | 9. Insulation | 15. Hardwired smoke detectors |
| 3. Electrical wiring | 10. Broken Glass | 16. Carbon Monoxide Detectors |
| 4. Heating equipment | 11. Plumbing fixtures | |
| 5. Foundations | 12. Structural repairs | |
| 6. Water lines & service | 13. Stairs | |

**Reduction of all lead paint hazards in the interior and exterior as required by the HUD Lead-Based Paint Regulation;*

Secondary priority - exterior

- | | | |
|------------------------|--------------|-------------|
| 1. Windows | 4. Siding | 7. Painting |
| 2. Doors | 5. Porches | |
| 3. Fascias and Soffits | 6. Sidewalks | |

Secondary priority - interior

- | | | |
|--|-------------------------|----------------|
| 1. Additional electrical outlet's & switches | 4. Additional heat runs | 7. Wall repair |
| 2. Light fixtures | 5. Interior doors | 8. Painting |
| 3. Rodent/vermin removal | 6. Ceiling Repairs | |

G. INELIGIBLE

(Items include, but are not limited to, the following)

1. Reimbursement for an Owner's Personal Labor
2. Room Additions and extensions (Unless Family size demands)
3. Appliances (except built-in stove, cook-top and garbage disposal when the existing is deteriorated, hazardous and beyond repair)
4. Purchase, installation or repair of furnishings
5. Demolition that does not improve the existing structure
6. Free standing concrete block walls
7. Interior wood paneling
8. Bookcases
9. Wrought iron security bars
10. Barbecue pits/outdoor fireplaces
11. Bath houses, swimming pools, saunas and hot tubs
12. Burglar alarms
13. Dumbwaiters
14. Flower boxes - greenhouses - greenhouse windows
15. Kennels
16. Photo murals
17. Steam cleaning of exterior
18. TV antennas
19. Tennis courts
20. Valances, cornice boards and drapes; and
21. Materials, fixtures or equipment of a type or quality exceeding that customarily used on properties of the same general type as the property to be rehabilitated.

H. HOW THE PROGRAM WORKS

Fill out an application and send or deliver it to the ANR. (There is an application attached to the back of this booklet.)

Unless directed by a staff member of ANR do not mail financial documents, simply return the completed application.

Your name will go on a list and as soon as grant money is available you will be contacted to submit your financial information and possibly to complete a new application; if more than 6 months have passed.

Completing this application does not imply that you will receive a housing rehabilitation grant.

The Association For Neighborhood Rehabilitation, Inc. must have the following paperwork in order to process your application. Please contact ANR prior to submitting these documents to verify that there is a program operating within your area. It is important that you locate the correct documents to process your application.

I. DOCUMENTS NEEDED TO PROCESS YOUR APPLICATION

1. Payroll stubs for the past 4-6 weeks.
 2. Proof of other income (social security, SSI, pensions, veterans' benefits, educational benefits, child support, PA etc.)
 3. Bank books or latest bank statements for checking and savings accounts (copy)
 4. Self employed * (see below)
 5. Latest federal tax return (signed)
 6. The deed to the property (copy)
 7. Latest receipt for property taxes & school taxes (must include actual payment information)
 8. Mortgage statement
 9. Proof of homeowners' insurance (proof that the insurance has been paid) (receipt)
- Self Employed – Last two years of business records required - The state mandates that we review your accounts to determine what deductions are applicable as per state regulations. A certified copy of your 1040 form (certified by the IRS) merely submitting a copy of your Income Tax is not enough, we need to review all deductions to determine if these deductions are allowed under the HOME program.

Your eligibility can only be determined if ANR has these documents that pertain to you.

Make sure ANR has a description of how to reach your home.

If you move, please forward an updated address and contact number.

J. WHAT WILL HAPPEN NEXT? INSPECTION AND TO-DO LIST

1. **Work Write-Up.** A Rehab Specialist and an EPA Certified Lead Based Paint Risk Assessor will inspect your property and prepare a write-up of the work to be done. This write-up will address any code violations, energy requirements and exterior blight. You will approve the final list of work before asking contractor to bid on the job. This visit should take 1-4 hours depending on the size and condition of your house. The homeowner should retain a copy of the work write up to refer back to later when work begins.
2. **Three Bids.** ANR will solicit qualified contractors for the purpose of acquiring competitive bids. Bids will be secured from a minimum of three contractors on the contractors list. In the event that contractors are not within a 10% range of the in-house estimate or no contractor submits a bid, ANR may choose to re-bid the project. The contractors will submit all bids to ANR for review by the grant committee.
3. **Grant Approval.** Selection of the contractor is based upon low-bid, providing the contractor can satisfactorily complete the work specified in a timely fashion. The rehab specialist will notify you of the grant amount award. As a homeowner you have the right to request another contractor, however, it will be your responsibility to pay the difference (if any) if the contractor you select has submitted a higher bid price.

After review by the grant committee the rehab specialist will notify you of the name of the contractor selected to complete the rehabilitation work.
4. With approval of the committee the rehab specialist will be in contact with you to set up a date for you and the contractor to sign the Rehabilitation Agreement, and work can begin.
5. **Construction Contract and Renovation.** After a portion of the work has been completed and an invoice is received and approved by the homeowner, the Rehab Specialist will inspect for ANR. If satisfactory, payment will be ordered. A check will be issued in the name of the contractor.
6. Whenever major repairs are made in the home, there is bound to be a change in the daily routine. It is easier to avoid problems if you and the contractor can agree on a schedule. It will also be helpful if you can get the general work area ready: Remove your possessions from the area making sure that they are not in the way of the workers and not in a place where they may be broken. You must keep children and pets out of the work area.
7. While work is being done on your home the rehab specialist will make a visit or visits. However, do not completely rely upon the rehab specialist noticing something that you do not think is correct. He or she will visit your home a few times and cannot see everything that you can since you live in the house. Contact the contractor immediately if you think the work is not being done correctly, and keep the ANR informed of any difficulties you encounter.
8. Final inspection of the job will occur when the contractor has said that he or she is finished. The rehab specialist will do a final inspection and if the work is done according to the contract then he or she will sign the papers for the payment of the contractor. You too must sign the same papers for the contractor to be paid. **Signing the papers indicates that you are satisfied with the work, so do a final inspection yourself, before you sign.**

In the event that there is a dispute; where as the local code enforcement officer is satisfied with the completed work; ANR reserves the right to process the final payment on the contractor's behalf. This occurs only when ANR staffing is convinced that the dispute cannot be settled and the work completed is as per contract.

K. HIRING A CONTRACTOR

The ANR has a list of qualified contractors who have been involved with other rehab work. You may already know some of the local contractors and know what kind of work they do. If you know a contractor who is not on the ANR list, he or she can work on your home if they can show proof of having liability insurance, and can provide the ANR with references so that the rehab specialist can see the quality of his or her work.

ANR will contact all contractors on the list (unless we are directed not to do so) notifying these contractors of the availability of work write-ups. A minimum of three contractors must submit bids to this office by the deadline set by ANR. ANR reserves the right to reject all bids and ask for a re-bid in the event bids submitted are not within in-house estimates.

Review the work write-up prior to the contractor(s) visit. The contractor will have a copy of the same work write-up that you have been given a copy of. Please do not ask the contractor to bid on other items not listed on the write-up, they have been directed not to submit additional items. In addition there are no side contracts allowed between the contractor and the homeowner. Any contractor and/or homeowner with such arrangements may be subject to the cancellation of the Rehabilitation Agreement.

When the contractor visits to examine the house, go over the work write up with him. Answer, as best you can, any questions that the contractor may have about the work write-up on your house. The more information the contractor has the better he or she will be able to perform the work as expected. It is important that you and the contractor have the same understanding as to what is expected of each other.

Selection of the contractor will be based upon several factors including but not limited to low bid, contractor availability, and contractor's experience. The most important thing to remember is that you are the one that will live with the contractor's work. The contract for doing the work is between you and the contractor, and the contractor is responsible for repairs (only the work he/she has performed) for one year from completion of the work. **The ANR will assist you in improving your home, but ultimately you are responsible for the improvements to your home.**

APPLICATION FOR HOME IMPROVEMENT

If you think you qualify for this program complete this application and return to:

The Association for Neighborhood Rehabilitation, Inc.
110 Ogden Street
Ogdensburg, New York 13669

If you have any questions regarding this application feel free to call ANR at (315) 393-4610 Monday through Friday 8:00 a.m. to 4:30 p.m.

APPLICANT DATA AND PROPERTY CHARACTERISTICS

Applicants' Name: (Last, First, MI)

Spouses Name: (Last, First, MI)

Mailing (911) address

City, State, Zip

Home Phone Work Phone

Applicants age SS# / /

Spouses age SS# / /

Total # of persons in household

Total # of dependents'

Name - Age - M/F - Amount & Source of Income

Multiple horizontal lines for providing detailed income information.

Property (Address) to be rehabilitated
House Mobile Home Double Wide Modular

Single Family Two Family Other
Wood Frame Brick Other

Do you own the property?

Land Contract Mortgage Life Lease
(Due to funding source restrictions we are unable to perform rehabilitation on homes under LAND CONTRACT or LIFE LEASE)

Do you own the land the building is on?

Yes No

Number of Rooms in use

Age of Structure

Length of Ownership

Town home is located in

Where taxes are paid

* Household Race (Optional)

- 9 White
9 Black or African American
9 Asian
9 American Indian or Alaska Native
9 Native Hawaiian or Other Pacific Islander
9 American Indian or Alaska Native & White
9 Asian & White
9 Black or African American & White
9 American Indian or Alaska Native & Black or African American
9 Other Multi-Racial

Household Type

- 9 Single, non-elderly
9 Elderly
9 Single Parent
9 Two Parent
9 Other

APPLICANT'S INFORMATION
INCOME AND ASSETS DATA

Present Monthly Income (gross per month)

Applicant's Total Earnings \$ _____
 Spouses Total Earnings \$ _____
 Dividends & Interest \$ _____
 Other Earnings \$ _____

Additional Income

Social Security, SSI \$ _____

 SSI \$ _____
 Pensions/Annuities \$ _____
 Disability/Compensation \$ _____
 Unemployment Insurance \$ _____
 VA/Military \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Public Assistance \$ _____
 Rental Income \$ _____
 Other (Explain) \$ _____
 _____ \$ _____
 _____ \$ _____
 Total Monthly Income \$ _____

Total Yearly Income (Month x 12) \$ _____

Monthly Housing Expenses

Mortgage Payment (P&I) \$ _____
 Property Taxes \$ _____
 Heat & Utilities \$ _____
 Insurance \$ _____
 Maintenance \$ _____

Assets

Cash Accounts
 Savings (list all banks)
 _____ \$ _____
 _____ \$ _____

Checking (list all banks)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Credit Union
 _____ \$ _____

Stocks \$ _____
 Bonds \$ _____
 US Savings Bonds \$ _____

Other real estate (list location & value)
 _____ \$ _____

Life Insurance - Face Value \$ _____
 Cash value \$ _____
 Total assets \$ _____

LIABILITIES AND CREDIT REFERENCES

List all organizations that you owe money to, i.e., mortgage, car loan, Master Card/Visa account, installment account, student loan, medical bills, etc. (If more space is needed please put on the back)

Name of Creditor	Reason For Loan	Account Number	Monthly Payment	Unpaid Balance

MORTGAGE INFORMATION

BANK NAME & ADDRESS & PHONE NO.	DATE OF MORTGAGE	DATE RECORDED AT COUNTY CLERK	LIBER & PAGE NO OR INSTRUMENT NO.

Have any of the children been tested for elevated blood levels of lead? ___ Yes ___ No

Are there any children under 7 years of age in dwelling? ___ Yes ___ No

Has this housing unit been tested for lead-based paint? ___ Yes ___ No

Are there any known lead-based paint surfaces in the dwelling? ___ Yes ___ No

Are there any known chewable lead-paint surfaces? ___ Yes ___ No

Are there smoke alarms in the dwelling? ___ Yes ___ No

If yes, where are they located? ___ Cellar ___ 1st Floor ___ 2nd Floor ___ Other

Are there Carbon Monoxide Detectors in the dwelling? ___ Yes ___ No

If yes, where are they located? ___ Cellar ___ 1st Floor ___ 2nd Floor ___ Other

PREVIOUS FORECLOSURE RECORD

Have you ever been obligated on a loan, or a home improvement loan, which resulted in a foreclosure or judgment?
 _____ Yes _____ No

If yes, please list property address: _____

Have you ever had a grant through _____ ANR _____ St. Lawrence County
 Housing Council _____ SLC Community Development Weatherization or the _____
 City of Ogdensburg? If yes list the work that was completed and when _____

HOUSING ASSESSMENT

<p>Foundation: What type of foundation does your home have? ___Block ___Stone ___Poured Cement Condition ___Good ___Fair ___Poor</p> <p>Roof: What type of roof (Asphalt, Shingle, Metal, Roll)? _____ Condition: ___Good ___Fair ___Poor</p> <p>Exterior: What type of Siding? _____ Condition: ___Good ___Fair ___Poor</p> <p>Water Source: What kind of water source do you have? ___Municipal ___Private Well (homeowners responsibility to have tested) Condition: ___Good ___Fair ___Poor</p>	<p>Plumbing: Hot & Cold Running Water ___Yes ___No Water lines freeze? ___Yes ___No Septic System? ___Yes ___No If yes-how long since pumped _____ Do you notice sewer smells inside or outside? ___Yes ___No</p> <p>Electrical: What size electrical entrance _____amps? Fuse Type? _____Breakers? _____</p> <p>Heating: What type of heating system? ___Furnace ___Boiler ___Electric How old _____ Condition: ___Good ___Fair ___Poor</p> <p>Interior: Condition: _____</p> <p>Walls: ___Good ___Fair ___Poor Kitchen: ___Good ___Fair ___Poor Bathroom: ___Good ___Fair ___Poor</p>
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PLEASE LIST THE ITEMS THAT YOU THINK YOUR HOME NEEDS

**EMPLOYMENT
STATUS**

APPLICANT

Present Employer: _____

Address: _____

Position: _____ Length of Employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Monthly _____ Annually _____

Previous Employer: _____

Address: _____

Position: _____ Length of Employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____

SPOUSE

Present Employer: _____

Address: _____

Position: _____ Length of Employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Monthly _____ Annually _____

Previous Employer: _____

Address: _____

Position: _____ Length of Employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____

OTHER CONTRIBUTING FAMILY MEMBER

Present Employer: _____

Address: _____

Position: _____ Length of Employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Monthly _____ Annually _____

Previous Employer: _____

Address: _____

Position: _____ Length of employment: ____ yrs From _____ to _____

Income: _____ Weekly _____ Bi-Weekly _____ Monthly _____ Annually _____

**HOUSING REHABILITATION
Eligibility Release Form**

Association for Neighborhood Rehabilitation (ANR), Inc.
110 Ogden Street, Ogdensburg, NY 13669
(315) 393-4610
Date: March 28, 2005

Information Covered: Inquires may be made about items initialed by applicant/tenant.

Purpose: Your signature on this AHC/HOME Program Eligibility Release Form, and the signatures of each member of your household who is 19 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the :

AHC/HOME First-Time Homeowners Program
AHC/HOME Rental Rehabilitation Program
AHC/HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in an AHC/HOME Program and the amount of assistance necessary using AHC/HOME funds. This information will be used to establish level of benefit on the AHC/HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and the prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a AHC/HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Addition signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 19 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense (if applicable)		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Federal Preferences		
Other Preferences		
Other (list)		
Dependent Deduction ___ Full-Time Student ___ Handicap/Disabled Family ___ Minor Children		

Authorization: I authorize ANR, INC. and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the AHC/HOME Program

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate
4. All adult household members will sign this form and cooperate with the owner in the process.

Head of Household-Signature, Printed Name, and Date:
Family Member HEAD

X

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #3

X

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #2

X

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #3

X

CERTIFICATION AND AUTHORIZATION

I hereby certify that the foregoing is a true and correct statement of my affairs, given for the one purpose of obtaining financial assistance from the Association for Neighborhood Rehabilitation, Inc. I hereby authorize the Association for Neighborhood Rehabilitation, Inc. to make a complete investigation of me and my affairs pursuant to the application and to furnish such information as may be obtained to various other departments that may be participating in the HOME Rehabilitation Program. I also authorize the Association for Neighborhood Rehabilitation, Inc. to obtain verification of any and all information from any source. In consideration of the Association for Neighborhood Rehabilitation, Inc. undertaking to make such investigation, I authorize any business, organization, or anyone else to give full information and records about me and I release the Association for Neighborhood Rehabilitation, Inc., its' employees, agents, elected and appointed officials, and informants from all liability, if any, arising from this investigation or the reports resulting therein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

Whoever knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry for the purpose of obtaining municipal or federal financial assistance, shall be subject to penalties under the law and may be fined, or imprisoned

Signature of Applicant

Date

Signature of Co-Applicant

Date