

# Need to fix your home?

& make it safer for you?

**Sheen Housing**  
**manages Home Repair &**  
**Accessibility Modification grants**  
**in your county.**



## Basic requirements:

- You are a homeowner living in the home.
- Your homeowners insurance & property taxes are current.
- Maximum household income varies by household size.

Give us a call: **585-657-4114** Monday - Thursday, 8 to 4  
to discuss your situation and get an application.

Sheen Housing is seeking insured, qualified contractors including Minority, Women Owned Business, and Service-Disabled Veterans' Business to help address the housing repair needs of very low- to moderate-income families, seniors, veterans and persons with disabilities throughout our 13 county service area.

Please call or email us to discuss the possibilities.

## Sheen HOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

PO Box 460, Bloomfield, NY 14469  
[ProgramOffice@SheenHousing.org](mailto:ProgramOffice@SheenHousing.org)

T (585)657-4114  
TDD: 1-800-662-1220

F (585)657-4167  
[WWW.SHEENHOUSING.ORG](http://WWW.SHEENHOUSING.ORG)

Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates.



**Please call (585) 657-4114 for Home Repairs and First Time Homebuyer Closing Cost Loans.**

### **HOME Grant**

The **HOME Grant** is a grant for all ages. It involves the entire home, inside and out. There are inspections and the work is put out to bid to contractors on our approved contractors list. The process is quite lengthy but well worth the time. The homeowner rarely needs to pay anything toward this grant. The gross annual Income Limits per number of people in a single household in Steuben County at this time for the current HOME Grant are:

| People<br>In household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Household<br>Income    | \$35,040 | \$40,080 | \$45,060 | \$50,040 | \$54,060 | \$58,080 | \$62,100 | \$66,060 |

### **NYS Affordable Housing Corporation Grant (AHC) \***

The **Affordable Housing Corporation Grant** is for all ages and is a 60%/40% grant. The grant pays 60% of the cost of one major repair. The homeowner or another agency is responsible for paying the remaining 40% of the repair cost. The homeowner must own and reside in the home for at least one year to be considered.

The gross annual Income Limits per number of people in a single household in Steuben County at this time for the AHC grant are:

| People<br>In household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Household<br>Income    | \$46,700 | \$53,400 | \$60,050 | \$66,700 | \$72,050 | \$77,400 | \$82,750 | \$88,050 |

### **Healthy Homes**

**Healthy Homes** - This grant has no age restrictions and does not apply to mobile homes. The grant addresses housing-related health and safety hazards in privately owned, owner-occupied housing. At a minimum, there will be Radon testing of the home, and elevated radon levels will be addressed. The following chart shows the gross annual Income Limits per number of people in a single household in Steuben County at this time for the current Healthy Homes Grant:

| People<br>In household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Household<br>Income    | \$46,700 | \$53,400 | \$60,050 | \$66,700 | \$72,050 | \$77,400 | \$82,750 | \$88,050 |

### **Housing Preservation Grant (HPG)**

The **HPG Program** (funded by the USDA-RD533) pays 50% of the cost of repairs and Sheen Housing or another agency pays the remaining 50%. The following chart shows the gross annual Income Limits per number of people in a single household in Steuben County at this time for the USDA HPG Grant:

| People<br>In household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Household<br>Income    | \$29,200 | \$33,400 | \$37,550 | \$41,700 | \$45,050 | \$48,400 | \$51,750 | \$55,050 |

**All of our grants are for owner occupied single family homes.**

**\* We can assist people in mobile homes with a NYS Affordable Housing Grant as long as they own the property the mobile home is on and have the deed in their name.**

**All grants are distributed on a first come, first serve basis.**

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# SheenHOUSING

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*Building Hope Together*

## HOME REPAIR APPLICATION

**SPECIAL NOTE:** Any unanswered questions or lack of attachments will result in the postponement or the return of your application.

### GENERAL INFORMATION

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Street Address

City

Zip Code

3. Actual Address (if different) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Telephone Number (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

6. Second Contact: Preferably a relative, friend or neighbor who has a separate phone number. Please let this person know you have submitted his or her name.

Print Name

Phone Number (with Area Code)

Relationship

7. List below **All** household members **including yourself** (Use additional sheet if necessary.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that your eligibility for the housing rehabilitation programs is based on:

1. **All** household members income (including all non-taxable income.)
2. Condition of property
3. Grant funding available
4. Accessibility needs

### FOR OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_





## EMPLOYMENT / INCOME

(List All Income for Everyone Living in the Home. Use Additional Sheet(s) if Necessary)

A) Employed Applicant(s)

1. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

2. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

|                            | <u>Rec'd</u> | <u>Name</u> | <u>Amount \$</u> |
|----------------------------|--------------|-------------|------------------|
| B) Unemployment:           | weekly       | _____       | _____            |
| C) Retirement:             | monthly      | _____       | _____            |
| D) Social Security:        | monthly      | _____       | _____            |
| E) S.S.I.:                 | monthly      | _____       | _____            |
| F) Child Support:          | monthly      | _____       | _____            |
| G) Alimony:                | monthly      | _____       | _____            |
| H) Public Assist:          | monthly      | _____       | _____            |
| I) Other Income (specify): |              | _____       | _____            |

## ASSETS FOR EVERYONE LIVING IN THE HOME

**Assets include, but are not limited to:**

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| CD's  | savings accounts            | cash in checking accounts       |
| stocks, bonds   | treasurer bill              | money market account            |
| retirements & Keogh accounts  | retirements & pension funds | antique cars                    |
| second and other vehicles   | collections                 | motor cycles                    |
| camper  | RVs                         | 4-wheeler                       |
| personal property held as an investment                             | personal investments        | life insurances with cash value |
| rental or vacation properties (includes vacant properties, or land) |                             |                                 |

| Name of Family Member     | Asset Description | Current Cash Value | Income From Asset |
|---------------------------|-------------------|--------------------|-------------------|
|                           |                   |                    |                   |
|                           |                   |                    |                   |
|                           |                   |                    |                   |
|                           |                   |                    |                   |
|                           |                   |                    |                   |
| Total Actual Asset Income |                   |                    |                   |

## MONTHLY EXPENSE REPORT

Please complete and attach copies of receipts or bills for items requiring monthly payments.

WEEKLY

MONTHLY

|  | \$ | \$ |
|--|----|----|
| Mortgage payment                           |    |    |
| Electric                                   |    |    |
| Heat (fuel, oil, gas, wood, etc.)          |    |    |
| Telephone                                  |    |    |
| Groceries                                  |    |    |
| Insurances      Auto _____                 |    |    |
| Life _____                                 |    |    |
| Hospital _____                             |    |    |
| Homeowners _____                           |    |    |
| Taxes:            City/Town & County _____ |    |    |
| School _____                               |    |    |
| Cable TV                                   |    |    |
| Appliance Payments (TV, Stove Refig., etc) |    |    |
| Name of company paid to:                   |    |    |
|  |    |    |
|  |    |    |
| Furniture Payments                         |    |    |
| Name of Company                            |    |    |
|  |    |    |
|  |    |    |
| Transportation      Car/Gas _____          |    |    |
| Taxi _____                                 |    |    |
| Bus _____                                  |    |    |
| Laundromat                                 |    |    |
| Credit Card Payment(s)                     |    |    |
| Credit Card Payment(s)                     |    |    |
| Credit Card Payment(s)                     |    |    |
| Credit Card Payment(s)                     |    |    |
| Credit Card Payment(s)                     |    |    |
| Medical (prescriptions, Doctors, etc.)     |    |    |
| Recreation                                 |    |    |
| Other (please specify)                     |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
| <b>TOTAL EXPENSES</b>                      | \$ | \$ |

### MILITARY STATUS of Anyone in the Household

Active Military - YES \_\_\_\_\_

National Guard - YES \_\_\_\_\_

Reserve Duty - YES \_\_\_\_\_

Veteran Status \_\_\_\_\_

Did any Veteran in the Household incur a disability in time of war? YES \_\_\_\_\_

**Please answer the following:**

1. Do you have children ages 6 or under living in your home? YES \_\_\_\_ NO \_\_\_\_
2. Have the children been tested for lead? YES \_\_\_\_ NO \_\_\_\_  
(All children ages 6 & under must have lead testing and results submitted to Sheen Housing)
3. Any members of the household disabled/handicapped? YES \_\_\_\_ NO \_\_\_\_
4. Is your house located in an **HISTORIC DISTRICT**? YES \_\_\_\_ NO \_\_\_\_
5. Head of household? M \_\_\_\_ F \_\_\_\_
6. Have you ever been assisted by Sheen Housing? YES \_\_\_\_ NO \_\_\_\_  
If so, Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_  
Work Done: \_\_\_\_\_
7. Have you had grant assistance from other agencies for purchase or repair? YES \_\_\_\_ NO \_\_\_\_  
If you have, please give date assisted and organization:  

|      |              |
|------|--------------|
| Date | Organization |
|------|--------------|
8. Have you had weatherization in the past 10 years? YES \_\_\_\_ NO \_\_\_\_  
If yes, date of assistance: \_\_\_\_\_
9. Year house was built? \_\_\_\_\_ (Mobile Home Only) Year \_\_\_\_\_ Size \_\_\_\_\_
10. Has the Deed been in your name at least one year? \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_
11. Do you own property other than the property you are living in (vacation, rental, vacant land, etc.)?  
Yes \_\_\_\_ No \_\_\_\_ Type of Property \_\_\_\_\_
12. Are your property taxes paid in full? (Town, County, Village, School) YES \_\_\_\_ NO \_\_\_\_  
If no, how much do you owe? \$ \_\_\_\_\_
13. Have you filed for bankruptcy (personal or business)? YES \_\_\_\_ NO \_\_\_\_  
in the past 7 years or have a pending bankruptcy?  
If so, Date: \_\_\_\_\_
14. I/We have a relationship or association with The County, Town or Sheen Housing. YES \_\_\_\_ NO \_\_\_\_  
If yes: \_\_\_\_\_  

|      |              |
|------|--------------|
| Name | Relationship |
|------|--------------|
15. Who referred you to Sheen Housing? \_\_\_\_\_
16. Number of smoke detectors in your home: \_\_\_\_\_
17. Number of carbon monoxide detectors in your home: \_\_\_\_\_
18. Do you currently have health insurance? Yes \_\_\_\_ No \_\_\_\_
19. Are you on Medicaid? Yes \_\_\_\_ No \_\_\_\_  
**If yes, please send current Medicaid proof with this Application.**

**Please read this section carefully:**

1. I/We hereby certify that I am the owner and occupant of the property to be improved.
2. I/We certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentation.
3. I/We understand that false statements or information are grounds for termination of assistance and collection of monies previously spent on the house and property.
4. I/We agree to cooperate with Sheen Housing and Town, City or County Officials with all required procedures.
5. By signing this application for home repairs I/we agree the IF I/WE ARE AWARDED A GRANT I/we must own and occupy the property for a period of 2, 3, or 5 years depending upon the grant program.
6. I/We understand that if the property is sold, title transferred, or I/we no longer reside in the home prior to the lien(s) expiration dates, this GRANT will become payable in full.
7. I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed against my property.
8. I/We understand that by signing the application, this is a legal and binding instrument for information and term requirements as per the grants received:
  - a) HOME Grants: Five (5) years / AHC Grants: up to Five (5) years
  - b) HPG, Access to Home and RESTORE: Three (3) years
9. All Grants are under the supervision of Sheen Housing. All grant requirements must be met or the grant will be withdrawn and I/we will be financially responsible for the balance of the unpaid contract.
10. I/We understand that a SUBORDINATION for other loans or refinancing on this home will not be given to a bank or mortgage company for the term of the lien.
11. I/We understand that if I/we have received a previous grant through Sheen Housing I/we may not be eligible for other grant programs (depending on the grant) at this time.
12. I/We hereby give permission to Sheen Housing to use any photograph and/or material relating to the repairs made on my home. I also agree to local or state inspections as required.

**Sign and date below. Unsigned applications will be returned.**

|            |           |      |
|------------|-----------|------|
| <hr/>      |           |      |
| Print Name | Signature | Date |
| <hr/>      |           |      |
| <hr/>      |           |      |
| Print Name | Signature | Date |
| <hr/>      |           |      |

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting the 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 individual applicants on the basis of visual observation or surname.

**Race: (Mark one or more)**

|                        |                        |
|------------------------|------------------------|
| White _____            | Black _____            |
| Asian _____            | African American _____ |
| Native Hawaiian _____  | Alaskan Native _____   |
| Pacific Islander _____ | American Indian _____  |

**Ethnicity:**      Hispanic or Latino \_\_\_\_\_      Not Hispanic or Latino \_\_\_\_\_

**A complete application includes, but is not limited to the following:**

1. Copy of your deed with County Recording page.
2. Income verification:
  - o Social Security/SSI/Unemployment – Benefit Verification Letter or call **1-800-772-1213** to request a copy (**Must be no more than 6 months old**. Bank statements or SSA -1099 cannot be accepted as verification.
  - o Pension/Retirement - current letter or printout from company showing current gross amount paid. (Bank statements cannot be accepted as verification.)
  - o Filed Federal Tax Return- last year's tax return for everyone living in the home and the W-2 Forms from all employers.

**If you do not file income tax**, please check the box below and initial.

[    ] **I do not file yearly income tax returns:** \_\_\_\_\_

**(must be initialed)**

- o Last eight (8) current pay stubs from all employed adults (18 years of age or over) living in the home.
  - o Self-Employment- last **2** years filed **Federal** tax returns with Schedule C.
  - o Alimony/Child Support-court papers or support collection printout.
3. A copy of Social Security Card **or** Birth Certificate **or** Green Card for all household members.
  4. A copy of driver's license for all drivers in household
  5. Copy of **current** school, county, village and town tax statements showing payments made
  6. Homeowner's insurance Declaration page showing effective dates
  7. Six months of **complete** bank statements for all **checking and savings** accounts held by **all** household members.
  8. Copy of current mortgage statement showing no past due amounts.
  9. Asset verification. Submit verification for all assets.
  10. Copies of utility and monthly bills.
  11. Mobile Home Owners living in parks: submit copy of Bill of Sale or copy of the Title for mobile home, as well as the Property Tax Map ID# and SWIS code numbers. (Park manager or property owner can assist.)
  12. **Accessibility repair requests require a referral from your Doctor or Healthcare Provider**

Please list the most critical repair and accessibility needs:

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ELIGIBILITY RELEASE FORM

## Sheen Housing

PO Box 460  
Bloomfield, NY 14469  
585-657-4114

**Purpose:** Your signature on this Form, and signatures of each member of the household 18 years of age or older, authorizes Sheen Housing to obtain information from a third party regarding your eligibility.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) requires this information to determine program eligibility and the amount of funding assistance necessary. The information is used to establish eligibility; to protect the Government's financial interest; and to verify accuracy of the information provided. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility. HUD is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign an Eligibility Release Form.

| Verification Required for: | Homeowner's Initials |
|----------------------------|----------------------|
| Income (All Sources)       |                      |
| Assets (All Sources)       |                      |

**Information Covered:** Inquiries may be made about items initialed by applicant.

**Authorization:** I authorize Sheen Housing to obtain information about me and my household that is pertinent to eligibility in the Home Repair Program.

**Signatures:**

**Head of Household – Family Member HEAD:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #2**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #3**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #4**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

# CLIENT DISCLOSURE

Bishop Sheen Ecumenical Housing Foundation, Inc. (Sheen Housing) provides Housing Counseling Assistance free of charge and is informing you, our client, that you are free to choose lenders, lending products, homes, realtors, attorneys and any other party directly or indirectly connected with your housing concern regardless of the recommendations made by Sheen Housing's Counselors. Clients are not obligated to seek assistance from partnerships that have been established. While Sheen Housing strives to stay informed of the best available products and services, other unknown lending products and forms of assistance may be available elsewhere. Clients are under no obligation to utilize any of these services, but are free to make their own choices in all aspects of housing counseling.

Sheen Housing may help analyze clients' financial and/or credit situation, identify barriers to affordable housing, and develop a plan to remove barriers. The counselor may also provide assistance in debt management by helping clients prepare a monthly, manageable budget and spending plan. I will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable clients to resolve their personal financial challenges.

In providing Housing Counseling services, housing counselors may present to their clients several options in pursuing housing, which may include recommendations for some of Sheen Housing's other various programs. The housing counselor will recommend only services that are in the client's best interest.

Sheen Housing provides the following services:

Home Repair Programs including:

HOME Programs

RESTORE Programs

Access to Home Programs

Rural Development Programs

United Way Programs

Housing Counseling Programs including:

US Dept. Of HUD

Sheen Housing receives funding for housing counseling services through:

US Dept. of HUD

As the client, you have the right to choose the product or service that you feel is right for you regardless of any recommendation made by the counselor. Your decision to utilize or not utilize certain programs and products will not affect your housing counseling service.

I, the undersigned, have been given a copy of this disclosure and understand Sheen Housing's policy regarding conflict of interest as stated above.

Signature of Applicant(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date