



Dear Applicant(s):

Please return the following documentation, as applicable, with your completed application to be considered for Tioga Opportunities, Inc. Home Improvement Programs:

- 1) **Copy of Valid Photo ID(s)**-for applicant and, if applicable, co-applicant.
- 2) **Proof of Ownership** –copy of your recorded deed/indenture (not abstract), including Schedule A, with the county record number on it.
- 3) **Tax Returns** – Copies for two (2) years of your most recent IRS 1040 forms & the relevant W-2 forms.
- 4) **I do not file yearly income tax returns:** \_\_\_\_\_ **(must be initialed)**
- 5) **Wages** – Copies of your two (2) most recent pay stubs.
- 6) **Self-Employment Income**- Copy of Schedule C from most recent tax return.
- 7) **Social Security/SSI/Disability Benefits** – Copy of your benefit letter.
- 8) **Unemployment** – Copy of your benefit letter.
- 9) **Pension/Retirement** – Copy of your current pension letter or letter from your previous employer.
- 10) **Alimony/Child Support** – Copies of court papers and/or support collection printouts.
- 11) **Public Assistance** – Copy of current Public Assistance Budget.
- 12) **Property Taxes** – Copies of your current PAID tax receipts for School, County, Village/Town.
- 13) **Bank Statements** – Copies of your two (2) most recent bank statements (Checking & Savings accounts).
- 14) **Proof of Insurance** – Copy of your homeowner’s insurance declaration page. If you live in a floodplain, you must also provide a copy of your flood insurance.
- 15) **Proof of Current Paid Mortgage** (if applicable)
- 16) **Proof of Qualifying Disability or Need for Modification (ACCESS Only)** – Documentation from a professional evaluation, (ex. Letter from your physician)
- 17) **Assets** – Copies of verification for all assets including but not limited to Bank Accounts, Stocks, Mutual Funds, IRA, Keogh, Certificates of Deposit, Time Certificates, Treasury Bills, Money Market Accounts, Savings Bonds, 401K, etc.
- 18) **Any other monies regularly received by household members.**

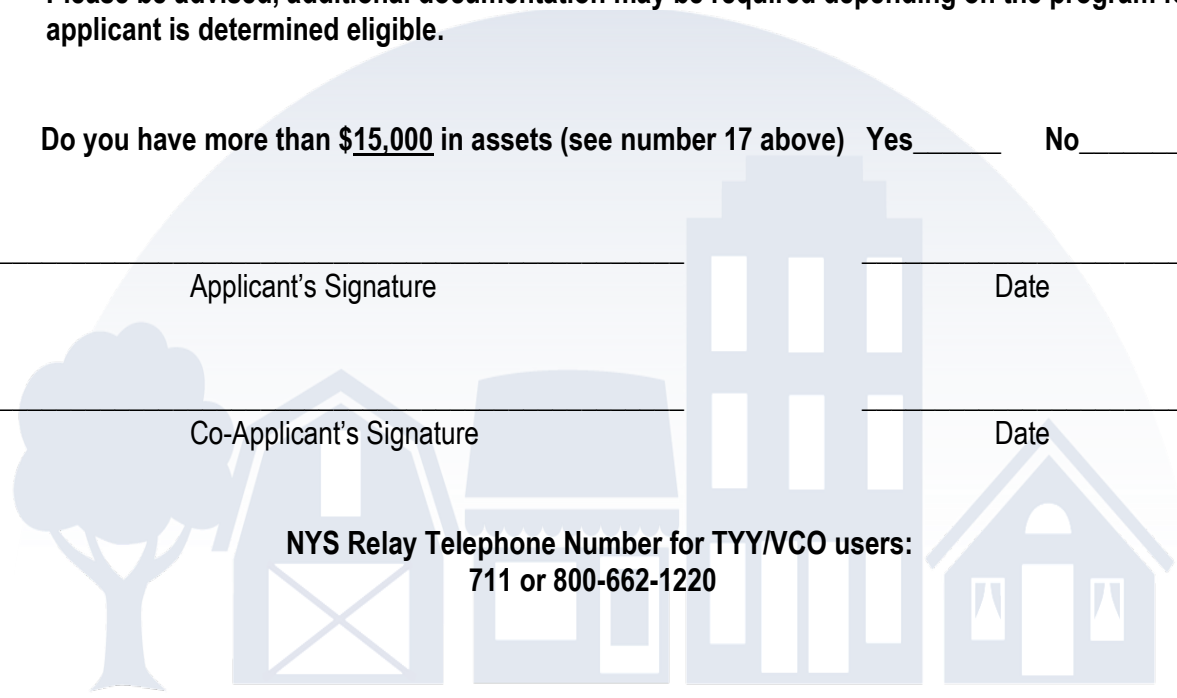
**Please be advised, additional documentation may be required depending on the program for which the applicant is determined eligible.**

Do you have more than **\$15,000** in assets (see number 17 above) Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature Date

\_\_\_\_\_  
Co-Applicant’s Signature Date

**NYS Relay Telephone Number for TYY/VCO users:  
711 or 800-662-1220**





9 Sheldon Guile Blvd. • Owego, NY 13827 • Tiogaopp.org



Tel: 607-687-4120 • Toll Free: 866-352-3680 • Fax: 607-687-4147 • TDD: 607-687-5905

**New York State Homes and Community Renewal** has made funding available for countywide home improvement grant programs. The following chart determines your eligibility based on gross annual income and household size; income guidelines may differ depending on funding source.

**Income Guidelines\***

Household Size	Gross Annual Income
1 Person	\$49,700
2 Person	\$56,800
3 Person	\$63,900
4 Person	\$71,000
5 Person	\$76,600
6 Person	\$82,300
7 Person	\$88,000
8+ Person	\$93,700

\*Based on HUD income guidelines 80% AMI; subject to change based on HUD calculations; exceptions may be made up to 112% AMI with approval for AHC applicants ONLY.

Please fill out the enclosed application and return the application, the **TOI Conflict of Interest Disclosure Form**, and the required documentation to our office so that we may move forward with determining your eligibility for home improvement.

Please mail application and documents to:

**Tioga Opportunities, Inc.  
9 Sheldon Guile Blvd.  
Owego, NY 13827  
Attn: Tara Patton**

If you have any questions about the application, please feel free to contact Becky, at 607-687-0944, ext. 310.

**PROHIBITED INTERESTS**

No person who is a member of the HCR or the governing board of TOI, or employee or immediate family member of such person OR, no individual who is an elected official, a Leader or Chairman of a political party at any jurisdictional level, or an immediate family member of any such person will be eligible to participate or benefit financially and shall not have any interest, direct or indirect, in any contract of subcontract or the proceeds thereof, for the work to be performed in connection with the TOI HOME IMPROVEMENT Program, during his tenure or for ONE YEAR thereafter.

If you believe you have been discriminated against, you may call the FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT: 1-800-496-4294





**TIOGA OPPORTUNITIES, INC. - CONFLICT OF INTEREST DISCLOSURE FORM**

Are you a relative of, in business with, or have financial ties to any of the following people (please check the appropriate column):

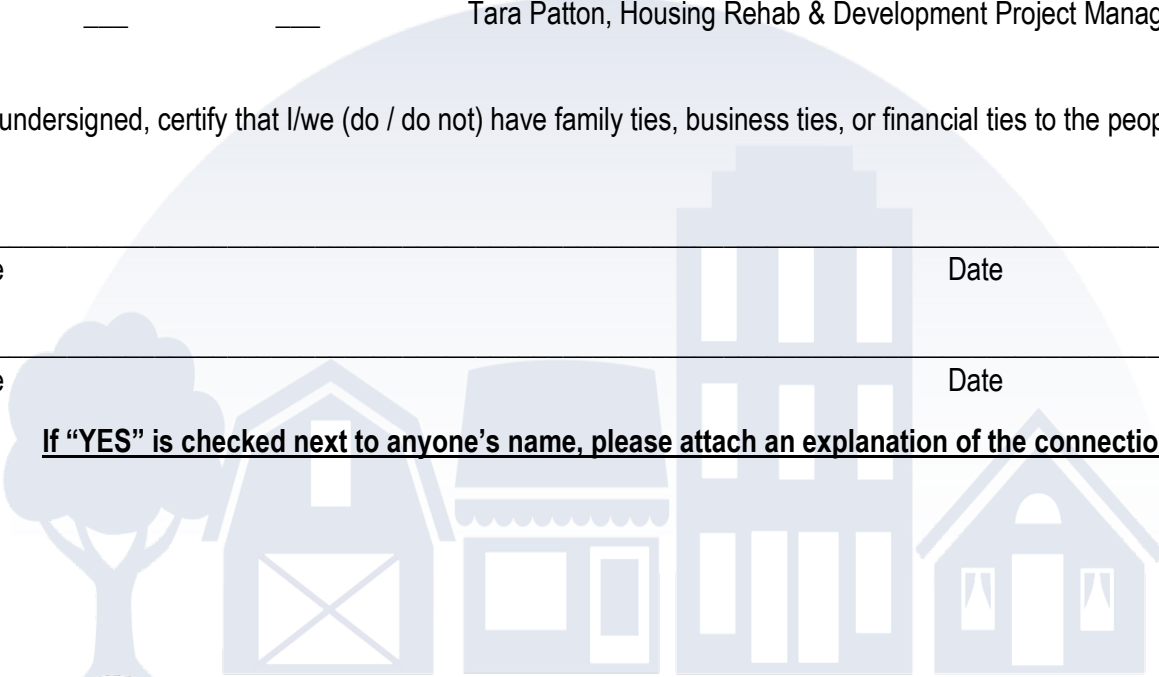
Yes	No	<b>Tioga Opportunities, Inc. Board of Directors</b>
___	___	Karen Johnson – President
___	___	Randall Kerr – Vice President
___	___	Emma Jobinpicard - Secretary
___	___	Richard Saxton - Treasurer
___	___	Hazel Goodrich
___	___	Jane Maas
___	___	Brian Rieber
___	___	Cindy Schulte
___	___	James Tornatore
___	___	Edgar Vanscoy
___	___	Michael Wu
Yes	No	<b>Tioga Opportunities, Inc.</b>
___	___	Maureen Abbott, Executive Director
___	___	Christina Brown, Director of Management & Administration
___	___	Sheila Neville, Independent Consultant
___	___	Tara Patton, Housing Rehab & Development Project Manager

I/we, the undersigned, certify that I/we (do / do not) have family ties, business ties, or financial ties to the people listed above.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**If "YES" is checked next to anyone's name, please attach an explanation of the connection.**





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## APPLICATION FOR HOME IMPROVEMENT Home Improvement Grants

Date	Head of Household Name	Email Address			
Home Phone	Work Phone	Cell Phone		Other Phone	
Address		Apt. #	City	State	ZIP Code
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your mailing address the same as listed above?				
If No:	Mailing Address	Apt. #	City	State	ZIP Code

### HOUSEHOLD: List all people who will live in the home.

Enter information about all family members who will live in the home, including any unborn children.

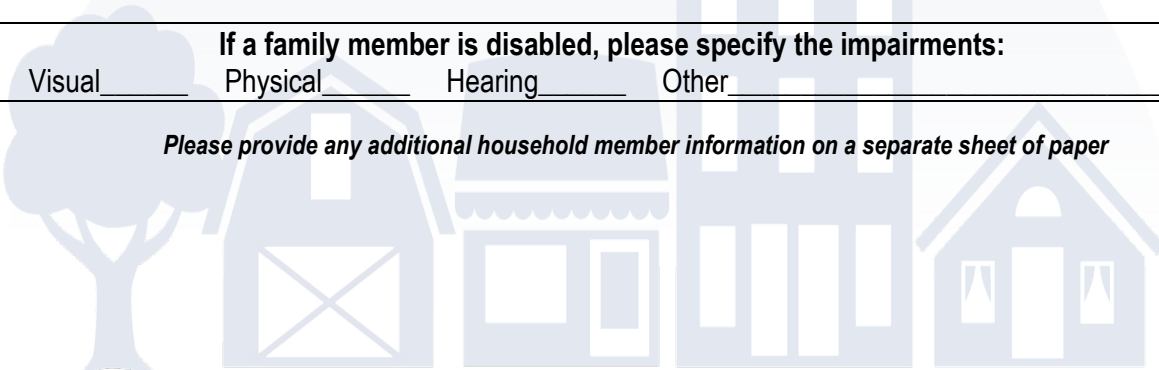
**Relation:** head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

**Race:** Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
						<b>HEAD</b>
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

<p><b>If a family member is disabled, please specify the impairments:</b></p> <p>Visual _____ Physical _____ Hearing _____ Other _____</p>
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*Please provide any additional household member information on a separate sheet of paper*





**I. PROPERTY INFORMATION**

Year house built	How long at residence?	Do you own the land?	Is this a one-family home?	Do you own a second home?
Is there an existing Mortgage or Lien against this property?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Lienholder Name and Address:			Amount of lien still owed:	
What repairs are needed? Explain:				
Are the repairs being requested, an emergency? Explain:				

**II. FAMILY'S ANNUAL INCOME**

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain:

\_\_\_\_\_

**III. FAMILY'S ASSETS**

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.			
Household Member Name	Type of Asset (Checking, Savings, Stocks, Bonds)	Current Cash Value	Income from Asset



#### IV. DECLARATIONS

**If you answer yes to the questions below, attach continuation sheet for explanation.**

Are you presently delinquent or in default on any Federal debt or any other loan/mortgage, financial obligation, bond, or load guarantee? If "yes", please provide details (date, name, address of lender, case number, and reasons for the action.

Yes  No

Do you own property in addition to that listed as your primary residence?  Yes  No

#### PLEASE READ THIS SECTION CAREFULLY:

##### V. CERTIFICATION STATEMENTS

I/We certify that I/we own and occupy the dwelling for which I/we are applying for improvements.

I/We also certify that if this application is approved, and I/we move or dispose of said dwelling within the time period specified in the Note and Mortgage Agreement, 100% of the funds received under this program will be reimbursed to the New York State.

I/We agree to cooperate with Tioga Opportunities, Inc. and Town, City, or County Officials with all required procedures.

I/We hereby give permission to Tioga Opportunities, Inc. to use any photograph and/or material relating to the repairs made to my home.

I/We understand that if I/we received a previous grant through Tioga Opportunities, Inc. I/we may not be eligible for other grant programs (depending on the grant) at this time.

I/We further certify that the information given to Tioga Opportunities, Inc. on household composition, gross family income and assets, etc., is true and correct to the best of my knowledge

I/We also understand that false statements or information are GROUNDS FOR TERMINATION OF ASSISTANCE and COLLECTION OF ALL HOME IMPROVEMENT MONIES previously spent on the house and property.

##### VI. AGREEMENTS (Lien and Lead)

I/We hereby agree, as a condition of receiving Home Improvement Grant(s), TO EXECUTE A NOTE and MORTGAGE agreement, I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed on my home and property, which will be on file with NYS and SHALL REMAIN IN EFFECT FOR THE PERIOD OF TIME LISTED IN THE RIDER of the NOTE and MORTGAGE.

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. AHC Grants: up to Twenty (20) years. Access to Home and RESTORE: Three (3) years. MMHR Program: Ten (10) years. THIP: Up to Ten (10) years.

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.

All Grants are under the supervision of Tioga Opportunities, Inc.

I have received the EPA booklet (EPA-747-K-12-001) entitled, "Protect Your Family from Lead In Your Home".

The children under 7 years of age in my home  HAVE  HAVE NOT been tested for lead.

Check here if no children under 7 present in home.

**If your child(ren) has/have been tested, submit a copy of the test results with this application.**

\_\_\_\_\_  
Signature of Head of Household

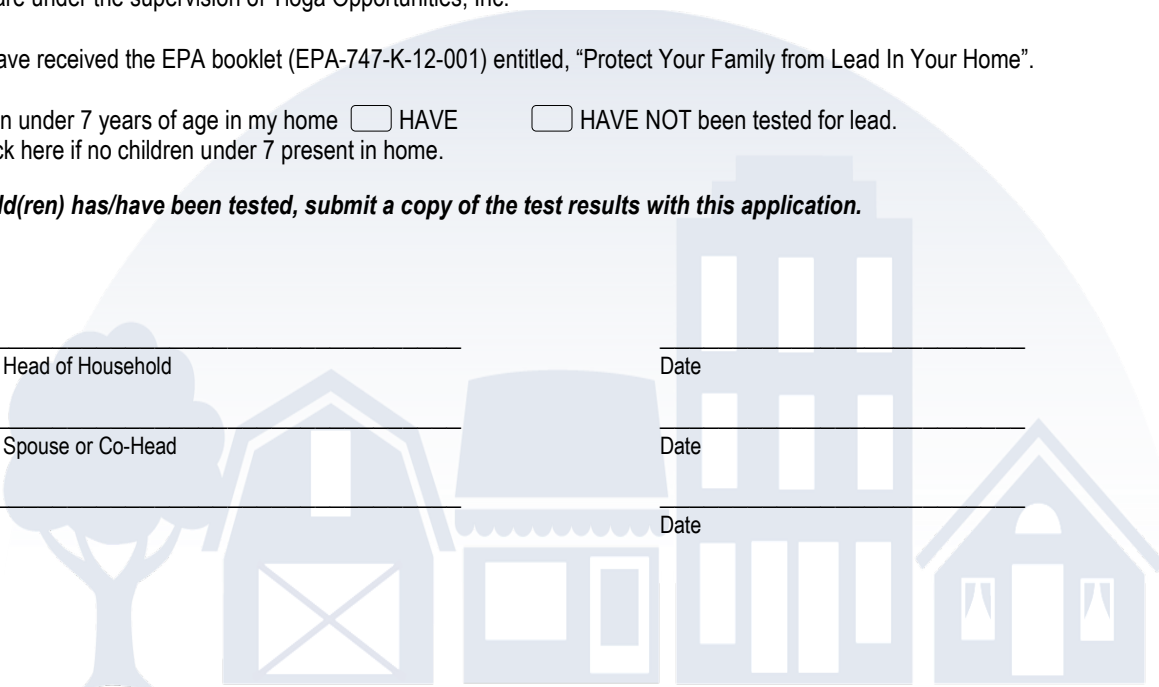
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





**ADDITIONAL QUESTIONS FOR PRELIMINARY APPLICATION**

*FOR STATISTICAL PURPOSES ONLY*

The purpose of this data is for Tioga Opportunities, Inc. to better serve you. Please provide us with the following data to better assess the needs of the community and potential opportunities for other program referrals. Providing us with this information will not influence your eligibility.

Type of Dwelling:      Own- Mobile                  Own-Single Family                  Own- Multi-Family                  Rent                  Homeless

Please answer the questions below for each member of the household. Please circle the response that best fits that household member's situation.

**HOUSEHOLD INFORMATION**

Household Member Name:					
Pregnant?	Yes No	Yes No	Yes No	Yes No	Yes No
Reliable Transportation?	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family
Marital Status?	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed
Health Insurance?	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown
Military Status?	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown
Highest Level of Education?	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational
Non-Cash Benefits?	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None



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**FOR OFFICE USE ONLY**

Owner Eligibility (circle one): 1) Low Income 2) Moderate Income 3) Non-Low/Mod 4) N/A

Eligible for Weatherization Referral? Yes \_\_\_\_\_ No \_\_\_\_\_

Eligible For:

ACCESS to Home \_\_\_\_\_ AHC Home Repair \_\_\_\_\_ MMHR \_\_\_\_\_ RESTORE \_\_\_\_\_ T-HIP \_\_\_\_\_

