



Homes and  
Community Renewal

Housing  
Trust Fund  
Corporation

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## LAKE ONTARIO HOMEOWNER RECOVERY FUND

### Overview

New York State Homes and Community Renewal has made available \$15 million in funds to support homeowners that have been affected by the severe flooding along Lake Ontario and the St. Lawrence River. The program seeks to offer recovery assistance for which insurance or other disaster recovery assistance is either not available or insufficient, providing up to \$50,000 for homeowners to support interior and exterior repairs to structural damage caused by flooding, as well as the repair or replacement of permanent fixtures.

The program will be administered through participating municipalities and not-for-profit housing organizations. Applications for municipalities and not-for-profit organizations seeking to participate are available by contacting Niagara Falls NHS at 716-285-7778.

### Eligible Activities

Funds will reimburse homeowners for interior and/or exterior repairs to structural damage caused by the floods, and other related costs, as well as for the repair and/or replacement of permanent fixtures. Eligible activities include but are not limited to the repair or replacement of foundations, septics, electrical systems, mechanicals, insulation, and drywall.

### Eligible Recipients

Property owners who have occupied the property as their **Primary Residence** at the time of the flood. Those with **second homes** seeking assistance meet annual income at or below \$275,000 to be eligible.

# Niagara Falls Neighborhood Housing Services, Inc. Lake Ontario HOMEOWNER Recovery APPLICATION

**SPECIAL NOTE: Lack of attachments will result in the postponement of processing.**

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

6. 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 Lake Ontario Recovery program is based on:**

1. Condition of property
2. Grant funding available

**Please answer the following by checking Yes or No**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Is damaged property your primary residence? (If yes proceed to c.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is your household income at or above \$275,000?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are you elderly (over age 60)?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you disabled?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. I have damage at (check all that apply):                           |                              |                             |
| <input type="checkbox"/> Structure/home                               |                              |                             |
| <input type="checkbox"/> Attached structures                          |                              |                             |
| <input type="checkbox"/> Water supply system                          |                              |                             |
| <input type="checkbox"/> Sanitary system                              |                              |                             |
| <input type="checkbox"/> Shoreline damage related to flooding         |                              |                             |
| <input type="checkbox"/> Shoreline damage endangering structure       |                              |                             |

**Employment/Income – ONLY if your income is over \$275,000 AND applying for second homes**

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

**A. Employed Applicant(s)**

- 1. Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Days Worked \_\_\_\_\_
- 2. Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Days Worked \_\_\_\_\_

**Additional Information**

Please submit the following information:

- 1. Documentation that damage to the property is from the storm event
- 2. Documented denial from insurance or documentation from insurance company that damage is not covered by existing policy or policies
- 3. By signing this application, applicant acknowledges and certifies that no assistance from other government sources (such as FEMA, SBA, etc.) were available or declined by the applicant.

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 Niagara Falls Neighborhood Housing Services, Inc. and Village, Town, City, County and/or NY State Officials with all required procedures.
- 5. All Grants are under the supervision of Niagara Falls Neighborhood Housing Services, Inc. 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.
- 6. I/We hereby give permission to Niagara Falls Neighborhood Housing Services, Inc. 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.
- 7. I/we may be required to pay toward repairs according to program requirements. Please state the amount you can contribute if approved for a grant. \$\_\_\_\_\_.

Sign and date below. Unsigned applications will be returned.

_____ / _____	_____	_____
Print Name	Signature	Date
_____ / _____	_____	_____
Print Name	Signature	Date

<b>A complete application includes, but is not limited to the following:</b>
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1. Copy of your deed (showing a land description, filing date, liber and page number).
2. Income verification: **(required if for second home, only)**
  - ✓ Social Security/SSI/Unemployment- Benefit Change Letter or call 1-800-772-1213 to request print out. (Bank statements cannot be accepted as verification.)
  - ✓ Pension/Retirement-current letter or printout from company. (Bank statements cannot be accepted as verification.)
  - ✓ Filed income Tax Return- last years filed income 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: \_\_\_\_\_ (please initial)

- ✓ Last three (3) current pay stubs from all employed adults (18 years of age or over) living in the home.
  - ✓ Self-Employment- last 2 years filed income tax returns & Schedule C.
  - ✓ Alimony/Child Support-court papers or support collection printout.
3. Current school, county, village and town tax records.
  4. Homeowners insurance.
  5. Two (2) different utility bills

Please list the most critical repairs needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions to your home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return application and all documentation to:  
NIAGARA FALLS NHS, INC., 479 16<sup>TH</sup> STREET, NIAGARA FALLS, NY 14303  
Email: [nfnhs@nfnhs.org](mailto:nfnhs@nfnhs.org) Phone: 716-285-7778 Fax: 716-285-5416  
A downloadable version of the application is available at [www.nfnhs.org](http://www.nfnhs.org)**