



Homes and
Community Renewal

Housing
Trust Fund
Corporation

479- 16th STREET • NIAGARA FALLS, NEW YORK 14303 • 716/285-7778 • FAX 716/285-5416

nfnhs@nfnhs.org www.nfnhs.org

LAKE ONTARIO HOMEOWNER RECOVERY FUND

Overview

New York State Homes and Community Renewal has made available \$15 million Affordable Homeownership Development Program 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, septic, electrical systems, mechanicals, insulation, and drywall.

Eligible Recipients

In order to be eligible to receive assistance, property owners must have occupied the property as their **Primary Residence** at the time of the flood. Those with **second homes** seeking assistance are required to fill out a separate application. Property owners must have an annual income at or below \$275,000.



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 (please print)

1. Name _____ Age _____ Date of Birth _____
2. Primary Home Address _____

Street Address

City
Zip Code
3. Mailing 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 eligibility for the Lake Ontario Recovery Fund Program is based on:

1. Primary Residence (will require proof)
2. **Property Owners with a second property need to file a separate application**
3. **Requires ALL household members income when income exceeds \$275,000**
4. **Condition of Property**
5. **Grant funding available**

Please answer the following by checking Yes or No

- | | | |
|--|-----------|----------|
| 1. Is damaged Property your Primary Residence? | Yes _____ | No _____ |
| 2. Is your income at or above \$275,000? | Yes _____ | No _____ |
| 3. Do you have liquid assets (cash on hand, savings) over \$100,000? | Yes _____ | No _____ |
| 4. Are you 60 years of age or older? | Yes _____ | No _____ |
| 5. Are you disabled? | Yes _____ | No _____ |
| 6. I have damage at: (check all that apply) | | |
| A. Structure/home | _____ | |
| B. Attached Structures | _____ | |
| C. Water supply system | _____ | |
| D. Sanitary System | _____ | |
| E. Shoreline damage related to flooding | _____ | |
| F. Shoreline damage endangering structure | _____ | |

Employment/Income – Only applies if your income is over \$275,000

(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# _____
Annual Income _____ Hourly Rate _____ Days worked _____
2. Name of Company _____
Address _____
Supervisor _____ Phone # _____
Annual Income _____ Hourly Rate _____ Days worked _____

Additional Information

**IF YOU ARE CLAIMING A SECOND PROPERTY FOR DAMAGES, PLEASE USE A SECOND APPLICATION
(INCOME LIMITS WILL APPLY TO SECOND HOME)**

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 the 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 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 the 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 _____

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

- 1. Copy of your deed (showing a land description, filing date, liber and page number.
- 2. Income Verification: If your income is over \$275,000 please submit the following:
 - ✓ Social Security/SSI/Unemployment – Benefit Change Letter or call 1-800-772-1213 to request printout (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 two (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. Receipt for last mortgage payment or statement that your home is paid in full.
 - 6. Two (2) different utility bills
 - 7. Driver's license

Please list the most critical repairs needed:

Directions to your home:

Return application and all documentation to:

NIAGARA FALLS NHS, INC., 479 16TH STREET, NIAGARA FALLS, NY 14303

Email nfnhs@nfnhs.org Phone 716-285-7778 Fax 716-285-5416

A downloadable version of application is available at www.nfnhs.org