

LAURA CURRAN
COUNTY EXECUTIVE



KEVIN J. CREAN
DIRECTOR OF COMMUNITY
DEVELOPMENT

COUNTY OF NASSAU
OFFICE OF HOUSING and COMMUNITY DEVELOPMENT
1 West Street, Rm. 365
Mineola, NY 11501
(516) 571-0200

www.nassaucountyny.gov/1524/Office-of-Housing-and-Community-Developm

November 2020

Dear Resident:

Re: Homeowner Residential Rehabilitation Program

As requested by your municipality, enclosed please find a Residential Rehabilitation Application. Please complete the application, sign where indicated and notarize the **General Release Form page and return to this office with copies of the documents listed on page 4.**

We require that the application be returned to this office no more than thirty days from the date of this letter. Additionally, there is a non-refundable application fee in the amount of **\$25.00** payable to “**Nassau County OHCD**”. Please send check and all documentation to:

Laurie A. Buscemi
Nassau County OHCD
1 West Street, Rm 365
Mineola, NY 11501

Please note that the processing fee does not guarantee participation in the Residential Rehabilitation Program, as it is based solely on the income eligibility requirements set forth by the U.S. Dept. of Housing and Urban Development (HUD). Income limits are outlined in the chart below and are based on family size and income. For example, if there are three (3) people in your household, the total income derived from all family members can be no more than \$84,000. Income limit is based on your “Gross Adjusted Income”. Finally, please note that the cost of the rehabilitation is subject to a five-year recapture mortgage. If you stay in your home for five years or more, the mortgage is forgiven, and the funds will not be subject to recapture should you sell your home after that time.

<i>Household Size</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>Income</i>	\$65,350	\$74,700	\$84,000	\$93,350	\$100,850	\$108,300	115,750	\$123,250

If you have any questions or need additional information, please feel free to contact me at (516) 571-2088 or e-mail me at lbuscemi@nassaucountyny.gov.

Sincerely,

Laurie A. Buscemi

Laurie A. Buscemi
Program Coordinator

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HOMEOWNER RESIDENTIAL REHABILITATION APPLICATION

A. APPLICANT INFORMATION (Names of persons on the Deed)

Name(s): _____

Street: _____	Telephone Number: _____
City: _____	Alternate Phone Number: _____
Zip code: _____	Email: _____

Section ____ **Block** ____ **Lot** ____

B. EMPLOYMENT INFORMATION

APPLICANT

Employer Name and Address: _____

Number of Years with Employer: ____

CO-APPLICANT

Employer Name and Address: _____

Number of Years with Employer: ____

C. HOUSEHOLD MEMBERS AND INCOME INFORMATION

APPLICANT INCOME

CO-APPLICANT INCOME

Salary _____
 Income from Social Security _____
 Income from Pensions _____
 Income from Real Estate _____
 Other Income _____

Salary _____
 Income from Social Security _____
 Income from Pensions _____
 Income from Real Estate _____
 Other Income _____

**Report Total Income(s) of Applicants and other Household Members in Table below.

List below the names of ALL individuals (including children, other family members, friends, etc.) residing in your home with income information if applicable. If this is a two-family residence, or you have a legal apartment, please list the income received from the rent. It is a federal violation not to report all household members.

***Please note that the income from ALL household members must be reported and income documentation provided.

NAME	AGE	SEX	RELATIONSHIP TO APPLICANT(S)	TOTAL YEARLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Income from Rent	N/A	N/A	N/A	
Household Income Total (including Applicants)				_____

D. EXISTING DEBT ON PROPERTY TO BE REHABILITATED

Original Mortgage Amount _____ Second Mortgage Amount _____

Have you had a previous grant/loan rehabilitation (check one)? YES _____ NO _____
 (If yes, please identify/explain)

Do You Have Flood Insurance? YES _____ NO _____ IF YES, PLEASE PROVIDE COPY

E. DOCUMENTATION REQUIRED (PLEASE MAIL)

DOCUMENT	ENCLOSED (Y/N)	IF NO, EXPLAIN WHY
W-2 (APPLICANT)		
W-2 (CO-APPLICANT)		
W-2 (All other household members)		
1040 (APPLICANT)		
1040 (CO-APPLICANT)		
1040 (All other household members)		
SOCIAL SECURITY AWARD (APPLICANT)		
SOCIAL SECURITY AWARD CO-APPLICANT)		
SOCIAL SECURITY AWARD (All other household members)		
PAY STUBS (APPLICANT)		
PAY STUBS (CO-APPLICANT)		
PAY STUBS (All other household members)		
COPY OF DEED		
DEATH CERTIFICATE (IF APPLICABLE)		
COPY OF TAX BILL		
CHECK IN THE AMOUNT OF \$25.00		

F. TITLE HOLDER ON PROPERTY (Please list all individuals on title)

Title is held by; _____

Please check appropriate answer:

___ Individual ___ Jointly ___ Life Estate ___ Trust

___ Other (Please explain) _____

G. ADDITIONAL APPLICANT INFORMATION (INFORMATION IS USED FOR STATISTICAL PURPOSES ONLY WHICH IS REQUIRED BY HUD)

Racial Category (Please Check)

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaii/Other Pacific Islander
- American Indian/Alaska Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaska Native & Black
- Other Multi-Racial
- Are you also Hispanic?

Household Information

- Is head of household male or female?
- Are Senior Citizens in household?

SPECIFIC AREAS OF CONCERN - Note – this is a primarily a weatherization program. Items such as upgrading kitchens, electrical work, painting rooms, and installing new sidewalks are ineligible for this program.

- | | |
|--|--|
| <input type="checkbox"/> Roof Leaks | <input type="checkbox"/> Entry Doors |
| <input type="checkbox"/> Gutters/ Downspouts | <input type="checkbox"/> Boiler/ Hot Water Heater |
| <input type="checkbox"/> Original Windows | <input type="checkbox"/> Original Aluminum Siding |
| <input type="checkbox"/> Weatherization Improvements | <input type="checkbox"/> Handicapped Accessibility |

Other: _____

IMPORTANT: READ BEFORE SIGNING

I (we) am (are) the owner(s) and occupant(s) of this property, and that the above statements are true, accurate and complete to the best of my (our) knowledge and belief.

Print Name _____ **Signature** _____ **Date** _____

Print Name _____ **Signature** _____ **Date** _____

Property Address

Section: _____ **Block:** _____ **Lot:** _____

**OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
GENERAL RELEASE FORM**

_____ hereby authorize the Nassau County Office of Housing and Community Development or its designated agents to obtain and receive all records and information pertaining to program eligibility, including payment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Nassau County Office of Housing and Community Development the right to request all information that it can or could obtain from any persons, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy or otherwise against any person or firm or corporation by reason of any statement of information released by them to Nassau County Office of Housing and Community Development for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two years.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

NOTARY: Sworn to before me this _____ **day of** _____ **20** _____

Notary Public