

CITY OF BATAVIA
Application for Assistance for Housing Rehabilitation
Applications and documentation due June 1, 2024

Name of owner: _____ Date of Birth: _____
 Address: _____
 Telephone number: Home: _____ Work: _____ Cell: _____
 e-mail: _____

A. Total members in household, including applicant _____
 Do any household members have disabilities? _____ Yes _____ No

B. Are there any other owners listed on the current deed: _____ Yes _____ No
 Date of Birth
 Name: _____ Address: _____
 Name: _____ Address: _____

Do you have a life interest in this property? _____ Yes _____ No
 If yes, when did you transfer the property? Date: _____
 To whom _____

C. Information on property to be improved:

1. Is there a mortgage? _____ Yes _____ No
 If yes, are payments current? _____ Yes _____ No

Who holds the mortgage? Name: _____
 Address: _____

2. Are there any liens, other than the above listed mortgage? _____ Yes _____ No
 If yes, describe: _____

3. Are property taxes and property maintenance charges paid to date? _____ Yes _____ No
 4. Are water/sewer charges paid to date? _____ Yes _____ No
 5. Is fire insurance paid to date? _____ Yes _____ No

D. Please complete the following table for all household members except full-time students and dependent minors (under 18 years of age):

	Name	Social Security #	Employed
Head of Household			
Spouse			
Others			

Ethnic Origin (Check one): White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White Asian and White Black /African American and White American Indian/Alaskan Native & Black/African American Multiple Categories

Hispanic (HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected)

E. Did owner(s) or spouse file a Federal or State Income Tax Return for last year:
 _____ Yes _____ No

F. Financial information: Gross Annual Income

	Applicant Income		Other Household Income
	Applicant #1	Applicant #2	
1. Employment			
2. Disability Payments			
3. Social Security			
4. Supplemental Security/SSI			
5. Unemployment			
6. Pensions			
7. Other - Specify			
8. Interest Income			
9. Total Annual Income			

G. Please rate the following condition of your house:

Roof:	___ New	___ Good	___ Fair	___ Poor
Plumbing:	___ New	___ Good	___ Fair	___ Poor
Wiring:	___ New	___ Good	___ Fair	___ Poor
Foundation:	___ New	___ Good	___ Fair	___ Poor
Heating System :	___ New	___ Good	___ Fair	___ Poor
Windows:	___ New	___ Good	___ Fair	___ Poor
Insulation:	___ New	___ Good	___ Fair	___ Poor
Steps:	___ New	___ Good	___ Fair	___ Poor

List other conditions that are in need of improvements:

H. Flood zone issues:

Is your house located within the designated flood hazard area? Yes ____ No ____

If yes, do you currently have flood insurance? Yes ____ No ____

Are you interested in making improvements to mitigate flood hazards? Yes ____ No ____

Improvements needed:

I. Are you related to a member of the City Council, or anyone who works for the City? If yes, please provide the name of the relative and describe the nature of the relationship: Yes ____ No ____

NOTE: Please read carefully and sign the Certification below.

CERTIFICATION

To the best of my knowledge, all the application information I have provided is true and correct. I/we understand that any willful misstatement of material fact will be grounds for disqualification and could result in a fine. The City of Batavia is hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to grant approval and following work completion.

(If more than one owner, all must sign. Add names, as appropriate.)

Signature of applicant: _____ Date: _____

Signature of applicant: _____ Date: _____

Return completed application and income documentation to:

Julie Dahlie, Grants Administrator
One Batavia City Centre
Batavia, NY 14020
jdahlie@batavianewyork.com



AN EQUAL HOUSING OPPORTUNITY PROGRAM