

## APPLICATION PAGE - HOME REPAIR GRANT PROGRAM

Thank you for your interest in NHS Brooklyn Home Repair Grant. Please read the info below carefully before you submit your application.

### Applicant

Please complete this application carefully. Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Yrs at Address: \_\_\_\_\_ # of Pers in Household: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Owner-Occupied: Y\_\_ N\_\_

Current Monthly Mortgage Payment: \_\_\_\_\_

Employer: \_\_\_\_\_ Yrs at Job: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Overtime: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Amt in Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Are you a veteran? Y\_\_ N\_\_

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Co-Applicant

Please complete this application carefully. Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email: \_\_\_\_\_

Yrs at Address: \_\_\_\_\_ Household Size: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Owner-Occupied: Y\_\_ N\_\_

Current Monthly Mortgage Payment: \_\_\_\_\_

Employer: \_\_\_\_\_ Yrs at Job: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Overtime: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_

Amt in Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Are you a veteran? Y\_\_ N\_\_

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HOME REPAIR GRANT PROGRAM

### Selection Process

Applicants will be selected on a first-come, first-served basis.

### **Household Size and Income Guidelines:**

Family Size	112% Household Income
1-Person Household	\$83,664
2-Person Household	\$95,648
3-Person Household	\$107,632
4-Person Household	\$119,504
5-Person Household	\$129,136

Family size and household income are based on FY2022 adjusted Area Median Income calculation as established by the U.S. Department of Housing and Urban Development (HUD).

### Eligible Repairs (or similar)

- \* Sewer and Water Main Replacement
- \* Electrical Repairs
- \* Boiler Replacement/Conversion
- \* Roof Repair/Replacement
- \* Lead-Paint Abatement
- \* Damaged Walls and Ceiling Replacement
- \* Handicap Accessibility (bathrooms, kitchen, entranceway, entry, and egress)
- \* Sidewalk Repairs and/or Outdoor Ramps (subject to all applicable permits)
- \* Plumbing Repairs (kitchen and bathroom)
- \* Exterior Repairs (pointing and front stoop repairs).

The New York State Affordable Housing Corporation (AHC) has selected NHS Brooklyn CDC, Inc., to administer an Owner-Occupied Home Repair Grant Program. AHC will monitor the administration process.

### Owner-Occupied Home Repair Grant

NHS will provide conditional loans (grants) of **up to \$20,000.00** to owners of 1- to 4-unit family homes, coops, and condos within the borough of Brooklyn to complete home repairs. See additional terms for this Conditional Grant on the back of this page.

### Eligibility Requirements

Qualified applicants must:

- \* Own a 1- to 4-unit family home, a coop, or a condo in Brooklyn. The home must need emergency repairs as defined by the program. See Eligible Repairs in next column.
- \* Occupy the property requiring repairs.
- \* Meet household size and income requirements.
- \* Be current on their mortgage payment.
- \* Be current on property taxes and water bills.
- \* Have homeowner's insurance.
- \* Have under \$15,000.00 in liquid assets.
- \* Submit a complete application, consisting of the application form and all Required Documents.
- \* Property may not be in a Trust or Estate, and / or have a cloud or discrepancy on its title.
- \* Other rules and regulations may apply.

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### ✓ REQUIRED DOCUMENTS CHECKLIST

Copies ONLY. No originals. Documents must be submitted for all employed persons over 18 living in the owner-occupied unit.

- Completed, signed, dated application form
- Valid photo ID (not expired)
- Recent mortgage statement
- Deed
- Most recent water bill
- Current property tax statement
- Most recent 2 months of paystubs
- Most recent 2 years tax returns (all pages)
- Most recent 2 years W-2's
- Most recent 2 months of bank statements (Applicant may have no more than \$15,000 in liquid assets.)
- Award letter(s): Social Security, Disability, Alimony, etc., for current year
- Rental Lease(s). Income from rental(s) is Calculated into maximum household income.
- Homeowner's insurance
- Contractor's estimate (limited to a maximum of \$20,000, including labor and materials)

#### Additional Eligibility Requirement

Property may not be in a Trust or Estate, and have no cloud or discrepancy on its title.

### Conditional Grant

A lien in the form of a conditional mortgage will be placed on the property for up to ten (10) years, depending on the amount awarded. Owner must continuously occupy at least one unit of the property as a primary residence during the term of this loan (10 years). No repayment is required unless the property is sold or refinanced during the term of the conditional loan. Repayment in full (100% of the loan amount) will be required at point of sale or cash-out refinance prior to the sixth (6<sup>th</sup>) anniversary of the closing date. Upon the sixth (6<sup>th</sup>) anniversary of the closing date, the loan will be reduced yearly by 20% (1/5<sup>th</sup>) until year ten (10).

### HOW TO APPLY

1) Complete this application and submit with required documents by mail or in person to:

**AHC Round 3**  
**NHS Brooklyn CDC, Inc.**  
**2806 Church Avenue**  
**Brooklyn, NY 11226**

2) NHS Brooklyn will contact you to inform you of the status of your application.

Tear along perforated line and return application.

## HOME REPAIR GRANT PROGRAM



Building Communities. Transforming Lives.

## Affordable Housing Corporation (AHC) HOME REPAIR GRANT Round 3

Administered by  
**Neighborhood Housing Services**  
**of Brooklyn CDC, Inc.**  
**2806 Church Avenue**  
**Brooklyn, New York 11226**  
[www.nhsbrooklyn.org](http://www.nhsbrooklyn.org)

Sponsored by New York State  
**Affordable Housing Corporation (AHC)**



**Homes and  
Community Renewal**