

# APPLICATION FORM

## 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: \_\_\_\_\_

Years at Address: \_\_\_\_\_ # of Persons in Household: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

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

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

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

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

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

Amount in Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Veteran: Y\_\_ N\_\_ Senior: Y\_\_ N\_\_ Disabled: Y\_\_ N\_\_

## Authorization

By signing this application, I hereby authorize NHS Brooklyn to collect and verify my financial and ownership status as part of my application for any Home Repair Grants, if I am selected, and upon review of my documents.

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 (Other name(s) on deed)

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: \_\_\_\_\_

Years at Address: \_\_\_\_\_ # of Persons in Household: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

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

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

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

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Amount in Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Veteran: Y\_\_ N\_\_ Senior: Y\_\_ N\_\_ Disabled: Y\_\_ N\_\_

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

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



**NHS BROOKLYN**  
COMMUNITY DEVELOPMENT CORPORATION, INC

# HOME Help For Heroes

## Repair Grant Program

Administered by  
**Neighborhood Housing Services  
of Brooklyn CDC, Inc.**  
2806 Church Avenue  
Brooklyn, New York 11226

Sponsored by  
**New York State  
Homes and Community Renewal (HCR)**



NEW YORK  
STATE OF  
OPPORTUNITY.

**Homes and  
Community Renewal**

# HOME HELP FOR HEROES GRANT PROGRAM

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

*The New York State Homes and Community Renewal (HCR) has selected Neighborhood Housing Services of Brooklyn CDC, Inc. (NHS Brooklyn) to administer a Home Help for Heroes Grant Program. HCR will monitor the administration process.*

## **Veteran Home Accessibility Repair Grant**

NHS will provide conditional loans (grants) of up to \$20,000.00 to owners of 1-4 unit family homes, coops and condos within the borough of Brooklyn to complete home modifications. See further explanation of Conditional Grant terms in column three of this application.

## **Eligibility**

- \* Own a 1-4 unit family home, cooperative, or condominium 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 mortgage payment.
- \* Be current with property taxes and water bills.
- \* Have homeowner's insurance.
- \* Be a veteran with physical or medical impairment
- \* Submit a complete application. A complete application includes the application form and all Required Documents.
- \* Other rules and regulations may apply.

## **Selection Process**

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

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

<b>Family Size</b>	<b>Household Income Cannot Exceed</b>
1-Person Household	\$112,080
2-Person Household	\$128,160
3-Person Household	\$144,120
4-Person Household	\$160,080
5-Person Household	\$172,920

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

## **Eligible Activities**

- \* Wheelchair ramps and lifts, handrails, expanded doorways and stair glides.
- \* 36" wide doorways with off-set hinges on doors
- \* Roll-in showers with grab bars, bathtub grab bars and seats, hand-held shower.
- \* Non-skid flooring.
- \* Appliances that respond to verbal command.
- \* Easy to reach work and storage areas and other kitchen modifications.
- \* Re-locating a bathroom or bedroom to the first floor.

## **REQUIRED DOCUMENTS: Copies Only. Documents**

- must be submitted for all employed persons over 18 living in the owner occupied unit.
- \* Completed, signed, dated application.
  - \* Recent Mortgage Statement.
  - \* Deed.
  - \* Most recent Water Bill.
  - \* Current Property Tax Statement.
  - \* Most recent 2 months of Paystubs.

- \* Most recent 2 years Federal Tax Returns and W-2's.
- \* Most recent 2 months of Bank Statements.
- \* Award letter (s): Social Security, Disability, Alimony, etc., for current year.
- \* Rental Lease (s). Income from rent is calculated into maximum household income.
- \* Homeowner's Insurance.
- \* Proof of veteran status
- \* Proof of disability

## **Conditional Grant**

A lien in the form of a conditional mortgage will be placed on the property for up to three (3) years. Owner must continuously occupy at least one unit of the property as a primary residence during the term of this loan (3 years). No repayment is required unless the property is sold or refinanced during the term of the conditional loan.

## **HOW TO APPLY:**

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

**Home Help for Heroes  
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 and contact you to schedule an interview if funds are available.