SENIOR/DISABLED HOMEOWNER

HOME IMPROVEMENT GRANT

For additional information:

Email: fairportoced@fairportny.com

Phone: 585-421-3240

The Fairport Urban Renewal Agency, through its Board of Directors, awards grants between \$2,500 and \$7,500 to income-eligible seniors and disabled homeowners for emergency, essential, and/or safety related owner-occupied home improvements or repairs. Eligible improvements or repairs include (but may not be limited to) heating, plumbing, electric, roofing, windows, doors, and insulation. Improvements or repairs to garages, sheds, outbuildings, etc. are not eligible.

Improvements or repairs that are not, in the sole opinion of the Fairport Urban Renewal Agency, considered to be of an emergency, essential, and/or safety related nature, are not eligible for this program.

Grants will be made for work on owner-occupied properties located in the Village of Fairport. Priority for grant awards will be given to first-time applicants. All grants must be awarded prior to any work being done, and no less than two contractor cost estimates must be obtained as part of the application process. Upon completion of approved work, payment will be issued to both the homeowner and contractor. No repayment of grant funds awarded is required unless program requirements are not met.

To be eligible to receive a grant award, homeowners (or at least one co-owner) must present confirming documentation to demonstrate that they:

- Are 62 years of age or older OR
- Qualify for a disability property tax exemption as provided in the New York State Real Property Tax Law,
- AND
- Reside within the boundaries of the Village of Fairport
- Meet the income limitation guidelines that follow
- Are current on property taxes (village, town, county, school)

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Income limitations

Grant awards are based on current gross annual income (<u>all</u> sources of income including social security, pension, retirement, investment income, etc.). Grants are calculated based on the Median Income limits published annually by U.S. Department of Housing and Urban Development (HUD) at https://www.huduser.gov/portal/datasets/fmr.html

Persons in Household	<u>1</u>	<u>2</u>	You may qualify for:
If your total household	\$44,100	\$50,300	50% of Project costs, up to
income is less than:			\$2,500
	\$37,800	\$43,100	75% of Project costs, up to
			\$5,000
	\$31,500	\$35,900	100% of Project costs, up to
			\$7,500
			AMI Updated: June 2022

In addition to current annual income, other financial assets such as stocks, bonds, savings accounts, retirement accounts, other real property, boats, recreational vehicles, etc. in total valued at more than \$10,000, which might otherwise be utilized by homeowners to fund the proposed improvements or repairs, must be disclosed and may, in the sole discretion of the Fairport Urban Renewal Agency, be considered to determine eligibility.



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CONFIDENTIAL

Applicant Name: Property Address:		
Γelephone: Date of Application:	Fairport, New York 14450	
The following informa	ation is required to process a grant request:	
	☐ Application Form And:	
	For all household members age	18 and over:
	□ Federal Tax Return (Signed) All pages and schedules for most □ Bank Statements Copy of three (3) most recent, of statements with all pages for all retirement, investment, etc. acc □ Payroll Check Stubs Copy of three (3) most recent, of Check stubs □ Social Security Benefit Verificate □ Two Contractor Quotes for the	consecutive bank I checking, savings, counts consecutive payroll tion Letter (Current)

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LIST ALL OWNER(S) OF THE PROPERTY

Name of owner(s):				
Telephone:				
Email:				
Name of Employer:				
Address of Employer:				
Name of owner(s):				
Telephone:				
Email:				
Name of Employer:				
Address of Employer:				
How many years have y	-			
Total number of persor	is in your no	usenoia, inclui	ring yourseil.	
Briefly describe the imp	orovements	you wish to ma	ake under the gr	ant:
Ara proporty tayos cur	ron+2	Agonovivori	fication (Data):	
Are property taxes curr	entr	Agency ven	ilcation (Date).	
la anumentian of the at-	watwaaad	l for non reside		م دان مانم د
Is any portion of the str			antiai purposes i	nciuaing
homebased business?				
If yes, please describe:				

MORTGAGE(S)

Wages and Salaries

Rent Income

Social Security Benefits

Retirement / Pension Income

Income from Other Sources **Total Annual Gross Income**

If there are any mortgages on the p	property, please provide the following:
Name of first mortgage holder:	
Original amount of mortgage: Balance: Maturity date (MM/DD/YYYY): Monthly payment, include escrow: Is the mortgage current? () Ye	
Name of second mortgage holder:	
Original amount of mortgage: Balance: Maturity date (MM/DD/YYYY): Monthly payment, include escrow: Is the mortgage current? () Ye	\$ \$ \$ \$ () No
INCOME / ASSESTS	
•	oss annual income for <u>all</u> members of your documentation for each source of income.
<u>Source</u>	Annual Amount

\$

Please list other assets including savings, stock holdings, personal property, etc.

<u>Assets</u>	<u>Amount</u>
Cash on hand	\$
Cash in bank	\$
Stocks/Bonds	\$
Retirement Accounts	\$
Other Real Property	\$
Motor Vehicles, Incl. autos, RV's, motorcycles	\$
Total	\$

CERTIFICATE & DISCLOSURE AGREEMENT

I (We) hereby certify that I (we) am (are) the owner(s) and occupant(s) of the property, and that to the best of my (our) knowledge all the information contained in this application is true and correct.

The Fairport Urban Renewal Agency is hereby authorized to verify any of the above information in any appropriate manner (including copies of personal tax returns and wage statements) and to inspect the property prior to approval and following work completion. I (We) understand that payment of financial assistance is subject to the satisfactory completion of approved work.

It is also agreed that all financial information submitted shall remain the property of Fairport Urban Renewal Agency whether or not the grant is made, and that all documentation will be safeguarded to protect confidentiality of such information, subject to the Freedom of Information Act provisions that may apply.

Signed	Date	
Owner(S)		
Social Security Number		
Signed	Date	
Owner(S)		
Social Security Number		