



MONROE COUNTY HOME IMPROVEMENT PROGRAM (HIP) APPLICATION

Homeowner Information:

Applicant Name: _____

Other Owner(s) if any: _____

Property Address: _____, _____, NY _____
(Street) (Town/Village) (Zip Code)

Phone Numbers: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

Please list the name, relationship and phone number of an alternate contact person.

Name: _____ Relationship _____ Phone Number: _____

Number of people residing in home: _____ Number of years you have owned this home: _____

Have you ever received assistance through the Monroe County Home Improvement Program before? Yes No Date: _____

Property Information:

Home is a: One Family Two Family Mobile Home Number of Bedrooms _____

Are property taxes paid? Yes No Do you have homeowner's insurance? Yes No

Is there a mortgage on the property? Yes* No * Lender Name: _____ Balance: _____ Maturity Date: _____

Describe the repairs and/or improvements you are requesting: _____

Household Income Information:

Provide information below for all persons, including yourself, who reside in the home. Attach additional pages if more room is needed.

	Full Name	Relationship To Homeowner	Date of Birth	Describe Any Disabilities	Source(s) of Income (Wages, self-employment, social security, unemployment, retirement, child support, alimony, public assistance, disability, veteran's benefits, worker's compensation, trusts and income from assets)	Gross Monthly Income
1						
2						
3						
4						
5						
6						
7						

Do you have liquid assets (cash, savings, certificates of deposit, stocks, bonds, etc.) with a cash value of \$30,000 or more? Yes No

If yes, provide approximate cash value of liquid assets: _____

I (We) hereby certify that I (we) am (are) the owner(s) and occupants of this property, and that to the best of my (our) knowledge, all information herein is true and correct. Monroe County is hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to approval and following the completion of work. I (We) understand that payment of financial assistance is subject to satisfactory completion of approved work.

Signed (Applicant) _____ **Date:** _____

Signed (Co-Applicant) _____ **Date:** _____

NOTE: Upon approval, participants are required to sign a Note and Mortgage to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant funds.

Information in this section is for statistical purposes only and will not affect eligibility. Please check one of the following in regard to your race or ethnic origin.

White (non-Hispanic) Black (non-Hispanic) Native American Asian/Pacific Islander Hispanic (all races) Other _____

