



Monroe County
Community Development
**HOME IMPROVEMENT PROGRAM
APPLICATION PACKAGE**

Thank you for expressing interest in Monroe County's Home Improvement Program (HIP) that helps income-eligible homeowners to repair and revitalize their homes. There are two stages to the process to determine eligibility, the first is a **Financial Approval** based upon this application and subsequent information provided. The second stage, a **Property Approval**, is contingent upon an inspection performed by the Rehabilitation Specialist to determine if the property meets the program requirements and the requested repairs are eligible.

You would be able to apply if you can answer **YES** to the following statements:

1. **The property is owner-occupied, with the owner's name recorded on the deed for at least one year as of the date of this application.**
This program does not cover rental properties, timeshares, unoccupied homes, vacations homes and the like.
2. **The property is located within Suburban Monroe County (excluding the City of Rochester, and Towns of Greece & Irondequoit).**
This program does not cover the City of Rochester, Greece and Irondequoit as they all have their own programs for Home Improvement and should be contacted directly.
3. **The property and its owner(s) are free of tax liens and foreclosures, with the mortgage payments up to date (or paid off) and all property taxes are current.**
Program funding is federal and cannot be used for properties that are in foreclosure or have delinquent taxes.
4. **The property's Tax Assessed Value is at or below the current HUD limit of \$238,000 for a single unit (effective 12/1/2025).**
If you are unsure of your homes tax assessed value, you can look it up by searching your address here: <https://www.monroecounty.gov/etc/rp/>
5. **The homeowner's insurance policy is current.**
At contract, homeowners are required to add Monroe County as a loss payee or mortgagee to their homeowner's insurance policy and are required to maintain the insurance for the recorded lien period.
6. **For Mobile home owners only* A bill of sale or certificate of title showing date of manufacture can be provided and proof can be provided that lot rent is paid and current.**
Please note, mobile homes built prior to June 15, 1976 are not eligible for our program.

Please note, **ALL** person living in the house (*related or unrelated*) must be included in the application and all persons aged 18 and older are required to provide verification of income and assets as outlined in the application.

Please return the completed and signed application (all pages) to the attention of the "Community Development Administration" at the address below. Incomplete application and documentation will delay the approval process. Any written statements of explanation must be original and needs to be signed, dated and notarized. Applications are processed on a first-come, first-completed, first-served basis.

For additional program information, please call our office at (585) 753-2000 or visit our website www.monroecounty.gov/homeimprovement for our Frequently Asked Questions (FAQ).

Monroe County Home Improvement Program REQUIRED DOCUMENTATION CHECKLIST

The following contains a list of all documentation required at the time of application. Please note that program regulations require that documentation be no older than six months at the time of contract execution, therefore, it may be necessary to resubmit documentation upon request. With the exception of this application and any notarized statements, **PLEASE DO NOT SEND ORIGINALS**. All materials submitted to support the application shall become the property of Monroe County.

PLEASE INITIAL EACH BOX OR MARK N/A FOR ONES THAT DO NOT APPLY

- ☐ MOBILE HOME OWNERS - Submit a Bill of Sale/Certificate of Title showing date of manufacture and proof lot rent is paid and current. **NOTE: Mobile Homes built prior to June 15, 1976 are NOT eligible.**
- ☐ NYS DRIVER'S LICENSE and/or NYS IDENTIFICATION CARD - For all household members age 18 and older
- ☐ SEPARATION/ DIVORCE DECREE - Submit cover and pages indicating property awards and dependent care
- ☐ DEATH CERTIFICATE - If anyone listed on the deed is deceased
- ☐ FEDERAL INCOME TAX RETURN (**All pages**) - for all household members or a notarized statement of non-filing. *Self-employed applicants must provide the last 3 years of Tax Returns*
- ☐ TWO CURRENT, CONSECUTIVE **BANK ACCOUNT** STATEMENTS - **All** pages for all **checking, savings, investment** etc. accounts for **all** household member(s) aged 18 and older
- ☐ TWO CURRENT, CONSECUTIVE **DIGITAL ACCOUNT** STATEMENTS - **All** pages for all **PayPal, Venmo, Cash App**, etc. accounts for **all** household member(s) aged 18 and older
- ☐ ASSET STATEMENTS – Most recent statements covering a minimum of two (2) months for all assets including retirement, 401(k), 403(b), Annuity, Life Insurance Policies, Investments, etc.
- ☐ EMPLOYMENT - Submit a copy of the six (6) most recent, consecutive payroll statements for each employed household member(s) age 18 and older
- ☐ UNEMPLOYMENT - Submit documentation of benefits received for any unemployed household member(s) age 18 and older
- ☐ SOCIAL SECURITY BENEFITS - Submit a current year Award Letter(s) for all household member(s) receiving benefits for Social Security, Social Security Disability or Supplemental Security Income
- ☐ PENSION, DISABILITY, WORKMEN'S COMPENSATION, etc. - Submit a copy of two (2) most recent statements, checks, etc.
- ☐ CHILD SUPPORT - Submit Child Support History for the last six (6) weeks or court documents indicating support
- ☐ PUBLIC ASSISTANCE – Submit current Budget Letter (including SNAP or HEAP, etc. if applicable)
- ☐ MORTGAGE - Documentation that all payments are current, or proof mortgage is paid off.
- ☐ HOMEOWNER'S INSURANCE (AND FLOOD INSURANCE, if applicable) – A copy of the "DECLARATION PAGE" showing the amount of dwelling coverage and policy coverage dates

I/we, _____ (print name of applicant(s))
do hereby attest that the information herein is true, accurate, and complete to the best of my/our knowledge. I/we give full authorization to the staff of Monroe County to collect the information necessary to process the application, and understand that all information provided shall be kept safe, confidential, and used only for the purposes of the Home Improvement Program. I/we also agree that as part of the Home Improvement Program process, County staff will need access to my/our home in order to inspect and determine program eligibility and what improvements are needed to ensure the safety and integrity of the property/meet program requirements. **I/We also understand no reimbursement will be provided for any work undertaken prior to the completion of an agreement that is signed by all parties** and the process from the time of this application to completion of the project may take approximately six (6) to twelve (12) months to complete, based on the timely responses from all parties involved.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



MONROE COUNTY

HOME IMPROVEMENT PROGRAM (HIP) APPLICATION

1. HOMEOWNER(S) INFORMATION:

Applicant Name: _____
(Last) (First) (M.I.)

Co-Applicant: _____
(Last) (First) (M.I.)

Other Owner(s): _____

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

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Please provide an alternative contact person, whom you give Monroe County permission to speak with regarding your application in the event you cannot be reached:

Name: _____ Relationship: _____ Phone: _____

2. PROPERTY INFORMATION:

Type: Single Family Unit: ☐ Two Family Unit: ☐ Mobile Home: ☐ No# of Bedrooms:

Is this your primary residence (Y/N)? Are all taxes paid and current (Y/N)?

Number of people residing in the home: How many years have you owned?

Do you have homeowner's insurance (Y/N)? If yes, Policy Term Date: _____

Is there a mortgage on the property (Y/N)? If yes, Maturity Date: _____

Lender's Name: _____ Is the mortgage paid and current (Y/N)?

Have you received a Home Improvement Grant before (Y/N)? _____ If yes, Date(s): _____

3. HOUSEHOLD DEMOGRAPHICS: REQUIRED - Information is used for reporting only and won't affect eligibility, Check all that apply:

White/Caucasian: ☐ Black/African American ☐

Asian ☐ American Indian/Alaskan Native ☐

Native Hawaiian/Other Pacific Islander ☐ Other (Please Specify):

If your household ethnicity is *Hispanic* please choose from the categories above **AND** mark YES here:

Are you a Female Head of Household (Y/N)? ☐ Are you a Veteran (Y/N)? ☐

4. HOUSEHOLD ASSET & INCOME INFORMATION:

Does your household have any liquid/digital assets i.e. cash, savings, stocks, bonds, 401(k), 403(b), etc. (Y/N)? _____

If yes, do the assets meet or exceed \$50,000 (Y/N)? _____ If no, approx. value of all assets: _____

Your Name (As Homeowner): _____ Date of Birth: _____

Any Disabilities (Y/N): _____ If Yes, Describe: _____

Gross Monthly Wages: _____ Name of Employer: _____

Gross Monthly Assistance: _____ Sources (i.e. SSI, SSD) _____

Please provide all sources of income including wages, self-employment, social security, unemployment, retirement, child support, alimony, public assistance, disability, veteran's benefits, worker's compensation, trusts and income from assets. You may be requested to provide additional information as part of the review process.

HOUSEHOLD ASSET & INCOME INFORMATION CONT. ALL OTHER HOUSEHOLD MEMBER(S) AGE 18 AND OLDER:

Full Name: _____ Date of Birth: _____

Relationship to Homeowner: _____

F/T Student (Y/N): _____ Disabilities (Y/N): _____ If Yes, Describe: _____

Gross Monthly Income: _____ **Source(s) of Income:** _____

Full Name: _____ Date of Birth: _____

Relationship to Homeowner: _____

F/T Student (Y/N): _____ Disabilities (Y/N): _____ If Yes, Describe: _____

Gross Monthly Income: _____ **Source(s) of Income:** _____

Full Name: _____ Date of Birth: _____

Relationship to Homeowner: _____

F/T Student (Y/N): _____ Disabilities (Y/N): _____ If Yes, Describe: _____

Gross Monthly Income: _____ **Source(s) of Income:** _____**DEPENDENT(S) UNDER THE AGE OF 18: LIST FIRST AND LAST NAME AND DATE OF BIRTH:**

1:		4:	
2:		5:	
3:		6:	

5. IMPROVEMENT REQUESTS:

Potential eligible repairs include but are not limited to: windows, doors, roof, siding, plumbing, electrical, HVAC, water heater, chimney repair, foundation repair, ADA upgrades, and smoke and CO alarm installation.

Provide information on the types of home repairs you are requesting. Where available, please include the age and condition of the items. *If any of the items are an emergency request please indicate and include pictures as necessary.*

Note: Work specifications written by HIP staff, will include required (health and safety improvements, code related items, lead based hazard reduction, etc.) and eligible repairs and improvements developed from the home inspection conducted upon program approval.

6. ACKNOWLEDGEMENTS:

I (We) hereby certify that I (we) am (are) the owner(s) and occupant(s) of this property, which is my (our) principal residence, 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 final approval and following the completion of work. I (We) understand that payment for work completion is subject to completion of approved Work Specifications.

Signature (Applicant): _____ Date: _____

Signature (Co-Applicant): _____ Date: _____

NOTE: Upon approval, participants are required to sign a Note and Mortgage to ensure repayment of the home improvement assistance in the event that ownership of the property is transferred or if the property stops being the applicant's primary residence during the five (5) or ten (10) year recorded lien term.

