



City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

City of Rochester Housing Rehabilitation Program Owner-Occupant Application

City of Rochester Housing Rehabilitation Program application and document checklist will instruct you which documents to include with your application.

Please complete the application and attach all of the documents as indicated below. **All required documents must be submitted with your application to be processed. Do not submit original documents, please make copies.**

Application Document Checklist

1. Complete application in its entirety, including all attachments.
2. Photo ID for household members age 18 and over; and birth certificate for household members under age 18. Acceptable form of ID such as driver's license, state issued ID, military ID or passport.
3. Copy of the deed to the property. The name(s) listed on the deed must consistent with the person(s) that signs the application and all accompanying forms. You may be ineligible for the program(s) if the deed to the property lists multiple owners who do not reside in the property.
4. Provide a copy of bank statements.
5. Provide copy of the water bill (water bill must be current) and the RGE bill.
6. If an individual listed on the deed is deceased, please provide a copy of the Death Certificate
7. If the owner's name on the deed has changed, please provide proof of name change (marriage certificate, divorce decree, etc).
8. Copy of homeowner's insurance.
9. Copy of current mortgage statement. Owner must be current with their mortgage and not subject to mortgage foreclosure at the time of application.
10. Copy of current City of Rochester and Monroe County tax bill. Owner must be current with their City and County taxes and not subject to tax foreclosure or stay up to date with your payment plan throughout the entire application process.
11. Property must be in good conditions.
12. Provide income documentation for all household members age 18 and over.
 - a. Most recent four (4) weeks of consecutive paystubs;
 - b. Current tax return with W-2 forms (if you cannot locate your tax returns, contact the IRS at 800-829-1040 to obtain a copy of tax and wage transcripts). If you did not file tax returns, submit proof of non-filing from the IRS for the past 2 years;
 - c. Copies of all other forms of income such as: Unemployment, Pension, Social Security Disability, SSI, Social Security, SS-1099 forms, Retirement, Child support award statements and deposits, alimony award statements and deposit, Workman's Compensation award statement and deposits, and income received from rental property;
 - d. If you are self-employed submit a current year-to-date Profit and Loss statement for your business showing all income and expenses broken by month.

Sign and date the application and include all of the above required documentation.

INCOMPLETE applications cannot be processed

For office use only:			
Intake Agency	NE NSC	SE NSC <input checked="" type="checkbox"/>	NW NSC <input type="checkbox"/>
Program:	Lead <input checked="" type="checkbox"/>	Roof Program <input type="checkbox"/>	EARP <input type="checkbox"/>
Rochester	Other:		

Owner-Occupant Application

Household Information:

Homeowner Name(s) _____

Property Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family Size: _____ Female head of household: ___Y ___N Date of Birth _____

Property Owner age 62 or older: ___Y ___N Total Household Income\$ _____

Race/Ethnicity: ___African American ___White ___Asian ___Native American ___Hispanic
 ___Other: _____

Household Members:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Household Income

List all sources of income for you and your household during the past 12 months. For "type of income" include full and part-time employment, unemployment benefits, pensions, Social Security benefits, disability benefits, child support, worker's compensation, DSS assistance and alimony. Please provide written document for each source.

Recipient	Source of Income	Gross Monthly	Frequency (monthly, bi-weekly, weekly)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Do you receive income from rental property? ___Yes ___No If yes, what is the total amount per month\$ _____.

* Email: _____

For Children Living at this Address (does not apply to the Roof Program or EARP):

Number of children under age 6 receiving Medicaid: _____

Do any of the children listed above have lead poisoning? Yes ___ No ___ Don't Know ___

Name of child's physician _____ Physician's phone number _____

Name of child's physician _____ Physician's phone number _____

Name of child's physician _____ Physician's phone number _____

For each child under age 6, do you have a recent (within 6 months) medical record showing blood lead levels?

Child #1: _____ Yes ___ No ___

Child #2: _____ Yes ___ No ___

Child #3: _____ Yes ___ No ___

Signatures & Certifications:

- I have received the EPA pamphlet titled, *Renovate Right*. **(does not apply to the Roof Program or EARP)**
- I agree to allow the City of Rochester to contact my child's physician as listed above. **(does not apply to the Roof Program or EARP)**
- I understand that this application does not guarantee that I will receive a grant. This application is used to determine if I am eligible for a grant. I understand that receiving a grant depends, in part, on whether I am eligible, the availability of funds and when my application is considered complete.
- I acknowledge that additional information and/or documentation may be requested from me/us.
- I authorize the City of Rochester to verify the accuracy of the information provided with the application.
- I agree to provide the City of Rochester and its consultants with reasonable access to the property for testing related to the program.
- I certify under penalty of law that all the information and documents I provided for this application are true, accurate and complete to the best of my knowledge. It will be grounds for denial of my/our application if it is found that I/we have falsified information or provided misleading information.

Signature (Name that appears on deed)

Date

Signature (Name that appears on deed)

Date



City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

City of Rochester Housing Rehabilitation Program

Affidavit of Zero Income

Date: _____

I, _____, certify that of
this date I do not have a source of income.

Under penalty of perjury, I certify that to the best of my knowledge the afore-mention statement is true.

Print name: _____

Signature: _____ Date: _____

STATE OF NEW YORK)
CITY OF ROCHESTER) ss:
COUNTY OF MONROE)

On the ___ day of _____, in the year 202__, before me, the undersigned, a Notary Public in
and for said State, personally appeared _____, personally known to me or proved
to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within
instrument and acknowledged to me that he executed the same in his capacity, and that by his signature
on the instrument, the individual, or the person upon behalf of which the individual acted, executed the
instrument.

Notary Public/Commissioner of Deeds



City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

City of Rochester Disclosure

Applicant Name(s): _____

Property Address: _____

The Lead Hazard Control Program/Lead Safe Homes/Emergency Assistance Repair Program/Owner Occupant Rehabilitation Program/Focused Investment Strategy program for which you are applying may be part of one or more City of Rochester (hereinafter the "City"), federal, state, or other programs, including, but not limited to, the Community Development Block Grant (CDBG) Program, Emergency Shelter Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities with Persons with Aids (HOPWA) Program, Asset Control Area (ACA) Program, Rochester Economic Development Corporation (REDCO) or City Development Fund (CDF). Each of these programs has rules and regulations prohibiting conflicts of interest. Conflicts generally arise where the applicant or his or her family or business may have an economic or employment interest in the program or the entity providing the program.

Program regulations generally limit the participation of employees, agents, consultants, officers, or elected appointed officials of the City or any designated public agencies, or sub-recipients receiving Program funds, and those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For federally assisted housing and community development programs, this applies unless an exception is granted by the U.S. Department of Housing and Urban Development (HUD). In order for HUD to grant an exception to such persons there must be a public disclosure of the application and the City's Corporation Counsel must determine that the participation does not violate state or local law.

The objective of this form is to identify applicants that may have a conflict under the rules and regulations. The City will then determine whether an exception should be granted or requested. The City's Department of Neighborhood and Business Development, Office of the Commissioner, is responsible for conflict of interest determinations and the coordination of the exception process for federally assisted housing and community development programs.

I/We _____ certify that:
(Name of applicant(s))

____ 1. I/we am NOT an employee, agent, consultant, officer, or elected or appointed official of the City of Rochester, and am NOT a relative of an employee, agent, consultant, officer or elected or appointed official of City of Rochester, nor part of any designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.

____ 2. I/we AM/ARE an employee agent, consultant, officer or elected or appointed official of the City of Rochester, I AM/ARE a relative of an employee, agent, consultant, officer or elected or appointed official of the City of Rochester, or I AM/ARE part of a designated public agency, business or subrecipient receiving CDBG or other Program funds.



I would like to be granted an exception, or for federally assisted housing and community development programs to have the Department of Neighborhood and Business Development, request an exception from HUD, to participate in this program.

I am employed at _____ in the position of _____

I (___do) or (___do not) perform any duties relating to the Program.

(Name) _____ is the family member to whom I am related. (_____)
(Relationship). This family member is employed at _____ in the position of
_____. This family member (___does) or (___does not) perform any duties relating to
the program.

Signature _____ Date _____

Signature _____ Date _____

STATE OF NEW YORK) COUNTY OF MONROE) ss.:

On the _____ day of _____, 202___ before me, the undersigned, a Notary
Public in and for said State, personally appeared _____
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose
name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the
person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds



City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

Asset Test for AHC Funding

Date: _____

I, _____ (Owner's Name), reside at _____,
Rochester, NY 146____, state that I do not have any cash assets that are greater than \$15,000. This
includes cash available in a checking or saving account, certificate of deposit, stock, bonds, or any
other form of security.

Property Owner's Signature

Date

Property Owner's Signature

Date

State of New York)
County of Monroe) ss.:

On the ____ day of _____, in the year 202__, before me, the undersigned, a Notary Public in
and for said State, personally appeared _____, personally known to me or
proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the
within instrument and acknowledged to me that he executed the same in his capacity, and that by his
signature on the instrument, the individual, or the person upon behalf of which the individual acted,
executed the instrument.

Notary Public/Commissioner of Deeds





City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

**City of Rochester Housing Rehabilitation Program
Contractor Selection Sheet**

Property Owner: _____

Property Address: _____ Telephone#: _____

Mailing Address: _____

Dear Owner(s):

You are required to select (5) contractors from the attached list or any contractor of your choice who maintains the required insurance and certifications to allow the City to obtain bid proposals for your project. Please enter the names and addresses of your selections in the spaces provided. At least one of your selections must be a minority or woman-owned business contractor. Your project will be awarded to the lowest responsible bidding contractor. Under certain circumstances, the City reserves the right to award your project to the second lowest bidding contractor.

You are encouraged to contact **The Better Contractors Bureau, LTD.** at 585-338-3600 or www.the-bcb.net for any contractor you are considering to assist you in the contractor selection process. City staff is not authorized to assist you with completing this form. **THE ATTACHED LIST OF CONTRACTORS DOES NOT CONSTITUTE A CITY ENDORSEMENT OF ANY KIND.**

PLEASE BE SURE TO PRINT AND SIGN THIS FORM AT THE BOTTOM

1. Minority Contractor: _____ Phone #: _____

Address: _____ Zip Code: _____

2. Contractor: _____ Phone #: _____

Address: _____ Zip Code: _____

3. Contractor: _____ Phone #: _____

Address: _____ Zip Code: _____

4. Contractor: _____ Phone #: _____

Address: _____ Zip Code: _____

5. Contractor: _____ Phone #: _____

Address: _____ Zip Code: _____

Property Owner's Signature

Date

City of Rochester Contractor List

Minority/W	Company	Name	Address	City State	Zip	Phone
BE	3S Renovations, LLC	Souk Phonethespawath	138 Foreman Dr.	Rochester, NY	14616	298-3070
WBE	Cardot Construction, Inc.	Andy Cardot	279 Fetzner Rd.	Rochester, NY	14626	621-6111
WBE	Geraci Custom Remodeling	Joe Geraci	16 Parham Dr.	Penfield, NY	14526	370-1218
M	Excellent Interiors & Exteriors	SoukPanom Noraphinh	600 Guinevere Dr.	Rochester, NY	14626	703-0707
M	All to Max Construction Specialist, Inc.	Dean Duque	298 Smith St.	Rochester, NY	14608	520-2260
	Dwellex, Inc.	Tom Resser	403 Fiesta Rd.	Rochester, NY	14626	254-3098
M	Rosario Home Improvement	Miguel Rosario	PO Box 256	Penfield, NY	14526	629-0479
WBE	Energy Reduction Concepts, Inc.	Erin Jansen	9 White St.	Rochester, NY	14608	500-0204
	Schumann Construction	Shane Schumann	19 West Main St.	Macedon, NY	14502	866-986-9601
M	VP Renovations, LLC	Alberto Velazquez	3468 Mt Read Blvd.	Rochester, NY	14616	406-9154
M	Woody's Construction Company	Jessie Woddy	2 Falkirk Pl.	Rochester, NY	14612	281-4110

The following is the list of contracting firms currently authorized to bid work for the City of Rochester's Housing Rehabilitation Programs. This list is for informational purposes only. The City of Rochester does not recommend any of these contractors or make any guarantees as to the quality of their work.



City of Rochester

Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Buildings
and Zoning

Grant Questionnaire

Property Address: _____

Instructions: Please answer all questions completely. If the answer is none, write "NONE" do not leave a blank space. If the question does not apply, then write "NA" in the space provided. **Use additional space on back if necessary.**

1. Full Name (list all owners as it appears on the deed): _____

2. Name of Corporation, LLC, Organization: _____

3. Home Address: _____ City/State: _____ Zip Code: _____

4. Social Security Number/Tin Number: _____

5. Employer: _____

6. If the owner is a corporation **name of all officers with home address: PLEASE ATTACH TO THIS FORM**

7. Address of all real property owned in the city of Rochester within the last five years:

8. Address of properties with delinquent taxes due to the City of Rochester:

9. Address of all properties currently cited for code violations:

I swear under penalties of perjury that I have answered the questions asked on this affidavit completely and accurately. I understand that failure to complete the questions completely and accurately could result in my forfeiture of the grant.

Date: _____

Signature(s): _____

