



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

Thank you for expressing interest in Monroe County's Home Improvement Program (HIP). Each year, through the use of federal funds, Monroe County is able to help income-eligible homeowners repair and revitalize their homes.

Enclosed please find the program brochure, which contains program eligibility requirements, as well as the application and a checklist of required documentation for determination of program eligibility.

Before completing the application, please note the following program requirements:

- All household members, related or unrelated, aged 18 and older are required to provide verification of income and assets as outlined on the application.
- Homeowners are required to include verification that the mortgage is current with no past due payments and that all property taxes are paid and current.
- Mobile home owners are required to provide a bill of sale or certificate of title showing date of manufacture and verification that lot rent is paid and current. If you have a mortgage, please provide verification that it is paid and current.
- Regulations require that the value of the property may not exceed the current HUD limit for a single-family home of \$192,000 (effective 07/1/2023.) You will not be eligible to participate if the current assessed value of your property exceeds this amount.
- All applicants are required to carry and provide proof of homeowner's insurance. At contract, homeowners are required to add Monroe County as a loss payee or mortgagee to their homeowner's insurance policy and is required to be maintained for the recorded lien period.

Upon completion, please sign and date the checklist and application and return it to the attention of the "Community Development Administration" at the address below. Incomplete documentation will delay the application approval process. Any written statements of explanation need to be signed, dated and notarized.

Applications are processed on a first-come, first-completed, first-served basis and need to be fully documented before projects can proceed.

Monroe County welcomes your participation in the Home Improvement Program. For additional program information, please call 753-2000 with any questions.

1150 CityPlace • 50 West Main Street • Rochester, New York 14614  
(585) 753-2000 • fax: (585) 753-2028 • [monroecounty.gov](http://monroecounty.gov)

## 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 notarized statements, please **DO NOT SEND ORIGINALS**. All materials submitted with 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 of the most recent federal tax returns for all household members or a notarized statement of non-filing
- TWO CURRENT, CONSECUTIVE BANK STATEMENTS - All pages for all checking, savings, retirement, Paypal, Venmo, Cash App, etc. accounts for all household members age 18 and older
- ASSET STATEMENTS – Most recent statements covering a minimum of two (2) months for all assets including 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 age 18 and older
- UNEMPLOYMENT - Submit documentation of benefits received for any unemployed household member age 18 and older
- SOCIAL SECURITY BENEFITS - Submit a current year Award Letter(s) for all household members 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 STATEMENT - Documenting that account is paid and all payments are current.
- HOMEOWNER'S INSURANCE (AND FLOOD INSURANCE, if applicable) – A copy of the "DECLARATION PAGE" showing the following:
  - Agent's name and phone number
  - Amount of dwelling coverage
  - Policy coverage dates

I/we, \_\_\_\_\_ (print name of applicant(s)) do hereby attest that the above 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 in order to ensure the safety and integrity of the property and to meet the program requirements. I/we also acknowledge that 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 response 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)?  Policy Term Date: \_\_\_\_\_

Is there a mortgage on the property (Y/N)?  Maturity Date: \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

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

### 3. HOUSEHOLD DEMOGRAPHICS: *This information is for statistical purposes only and will not affect eligibility, Check all that apply:*

White/Caucasian: <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Asian <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Native Hawaiian/Other Pacific Islander <input type="checkbox"/>	Other (Please Specify): <input type="text"/>

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: \_\_\_\_\_

Full Time Student (Y/N): \_\_\_\_\_ If Yes, Institution name: \_\_\_\_\_

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

**Gross Monthly Income:** \_\_\_\_\_ **Source(s) of Income:** \_\_\_\_\_

*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*



**HOUSEHOLD ASSET & INCOME INFORMATION CONT. ALL OTHER HOUSEHOLD MEMBERS 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:** \_\_\_\_\_

**DEPENDENTS 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, code related items, lead based hazard reduction, etc.) and eligible repairs and improvements developed from the inspection.**

**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 applicants primary residence during the recorded lien term. Terms are five (5) years for grants of \$14,999 or less and ten (10) years for grants of \$15,000 and above.**

