

VILLAGE OF CORINTH

DOWNTOWN REVITALIZATION PROGRAM

PROGRAM OUTLINE

The purpose of this program is to revitalize the Main Street commercial district in Corinth by encouraging property owners in that area to repair and improve the existing apartments or create new apartments above their commercial storefronts. Improvements will also be encouraged in the residential properties on a limited number of surrounding streets to eliminate any conditions that might detract from the image and appearance of the commercial business district.

A Program Coordinator is available to help you identify eligible improvements in your property and determine the best way to complete those activities. He will also help find qualified local contractors who can complete the work you want to do on your property. Federal regulations and local program guidelines limit eligible improvements to those work items needed to address problems and eliminate code violations or other health and safety threats. Public funds are provided to support those activities; and they cannot be used for general remodeling, additions or other work that is not necessary to address problems in the property. The Program Coordinator will explain the guidelines and identify eligible improvements. However, you will make all decisions about that work. Neither the Program Coordinator nor the village will assume responsibility or liability for the work on your property.

Financial assistance will be available to qualified applicants to help pay the cost of eligible improvements that are completed under this program. In all cases, a portion of that financing will be in the form of grants that will not be repaid as long as you comply with all program guidelines. Loans may also be available to help pay the owner's share of the improvement cost if needed.

We expect many of the property owners in the designated Main Street target area to participate in this program; and will be handling applications on a first-come-first-served basis. **You can get on the list for assistance by filing the attached Preapplication with the Village Office.** The following materials must also be submitted to help us determine your eligibility:

_____	A copy of the recorded deed for the property to be rehabilitated.
_____	Proof of income for all adult members of each household occupying the property (see documentation requirements on reverse).
_____	Proof of payment of all real estate taxes and other local service charges for all properties owned by the applicant in Corinth (ie: water & sewer).
_____	Proof of hazard insurance for the property.

The Program Coordinator may request additional information in order to determine your eligibility for assistance under this program. All of the information that you supply will remain strictly confidential.

INCOME DOCUMENTATION

Eligibility for grant and loan assistance under the Downtown Revitalization Program is determined on the basis of household size and income. Each applicant must therefore provide complete documentation of all income **for every adult member of each household in the property** to be rehabilitated. If there are rental apartments in the property, complete income documentation must be provided **for each tenant household**. The Program Coordinator can assist with those households to assure confidentiality of all income information.

Following is an outline of the form of documentation that should be provided for different types and sources of income:

SALARY or WAGES - a complete, signed copy of the latest federal tax return including all schedules and forms (W-2, 1099, etc.) and copies of current payroll stubs, statements from employers or other documentation as required to establish the current income for each household.

SOCIAL SECURITY - a statement of benefits for the preceding year and the current year with copies of current checks to establish the gross benefit (including insurance deductions).

PENSIONS - statements detailing the payments received during the preceding calendar year and current payments for pensions, IRA's, annuities and any other retirement benefits.

UNEMPLOYMENT or DISABILITY - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability or worker's compensation. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the household income.

PERSONAL ASSETS - details of all personal assets including documentation of current values and income generated during the previous year. Income will be projected for the current year and imputed for those assets that do not generate current interest or dividends.

INCOME FROM REAL ESTATE - details of all income from rental properties (other than rental apartments in the property to be rehabilitated). The net amount of that income after deducting actual cash expenses related to each property must be included in the household income.

BUSINESS INCOME - details of all income from business activities, including documentation of revenues and expenses must be provided. Net business income will be calculated on a cash basis without deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may be made to offset personal or household expenses charged to the business.

OTHER INCOME - details of all income from any other source (eg: alimony, child support, rent supplements, education benefits, lottery payments, etc.) received by or on behalf of any adult member of each household during the preceding calendar year and projected for the current year.

The Program Coordinator will review all income documentation and make a preliminary determination of eligibility for assistance. Additional information may be requested during this review; and updated documentation may be required in order to assure that the correct household income is being used at the time financial assistance is considered. If there is any question about income documentation, the Project Review Committee may request additional information or reject the Application for Assistance.

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PREAPPLICATION

APPLICANT INFORMATION		Date:	Case No:
Name:		Phone:	SS#:
Address:			
Section/Block/Lot No:		Assessment:	Number of Units:
Address of Property to be Improved (if different):			
Name(s) on Deed for this Property (if different):			
HOUSEHOLD INFORMATION FOR OWNER-OCCUPANT			Family Size:
Please provide the following information about ethnicity and race for your household if you occupy the property to be rehabilitated. This information is required for reports to the U.S. Department of Housing and Urban Development (HUD), the federal agency providing funding for this program. It will be used only for those reports.			
Ethnicity: (select only one)		Race: (select one or more)	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
		<input type="checkbox"/> White	
List the names of all adults in your household who are over the age of eighteen and provide Income Certifications for each of these people. Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer:			
Employer:			
Employer:			
List the names of all children in your household who are under the age of seven. Have any of them been diagnosed with elevated blood level (EBL) for lead? ___ YES ___ NO			
Age:		EBL:	
Age:		EBL:	
Age:		EBL:	
HOUSING EXPENSES FOR OWNER-OCCUPANT			
Mortgage Principal & Interest Payments	\$	/ month	\$ / year
Real Estate Taxes	\$	/ month	\$ / year
Hazard Insurance Payments	\$	/ month	\$ / year
Total Housing Expenses	\$	/ month	\$ / year

TENANT INFORMATION

List the names of all tenants who occupy apartments in this property and provide documentation of Tenant Eligibility for each household. Attached? YES NO

Apt. No: # of Bedrooms:

Apt. No: # of Bedrooms:

Apt. No: # of Bedrooms:

Apt. No: # of Bedrooms:

PROPOSED IMPROVEMENTS

List any problems in the property and other improvements proposed for inclusion in the project to be considered for assistance under the Downtown Revitalization Program in Corinth:

Empty rows for listing proposed improvements.

PREVIOUS FEDERAL OR STATE ASSISTANCE

During the past five years, has any work been done at this property with federal or state assistance? If the answer is YES, describe (date, work items, cost): YES NO

Empty rows for describing previous assistance.

CURRENT MORTGAGE FINANCING

The financing that is available under this program could include a loan that will be secured by a lien on this property. Please list any current mortgage loans that are secured by this property.

Bank: Amount:

Bank: Amount:

APPLICATION AND ACKNOWLEDGMENT

This Preapplication is being submitted to establish eligibility for assistance under the Downtown Revitalization Program in Corinth. I understand that additional documentation will be required and give permission for representatives of the Village to contact the employers and/or tenants listed above to verify this information.

Signed: _____

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TENANT ELIGIBILITY

TENANT INFORMATION	Date:	Case No:		
Name:	Phone:	SS#:		
Address:	# of Bedrooms:	Family Size:		
HOUSEHOLD INFORMATION				
Please provide the following information about ethnicity and race for your household. This information is required for reports to the U.S. Department of Housing and Urban Development (HUD), the federal agency providing funding for this program. It will be used only for those reports.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino </td> <td style="width: 50%; vertical-align: top;"> Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White </td> </tr> </table>			Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White			
List the names of all adults in your household who are over the age of eighteen and provide Income Certifications for each of these people. Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Employer:				
Employer:				
Employer:				
List the names of all children in your household who are under the age of seven. Have any of them been diagnosed with elevated blood level (EBL) for lead? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Age:		EBL:		
Age:		EBL:		
Age:		EBL:		
HOUSING EXPENSE INFORMATION				
List your current rent and your best estimate of what you pay for utilities in this apartment:				
Rent	\$ / month	\$ / year		
Heat (Gas/Oil/Wood/Electric/Other)	\$ / month	\$ / year		
Power & Lights (Niagara Mohawk bills)	\$ / month	\$ / year		
Water & Sewer (if you pay for this service)	\$ / month	\$ / year		
Total Rent & Utilities Paid by Tenant	\$ / month	\$ / year		
This information is submitted to support an application for assistance under the Downtown Revitalization Program in Corinth. I understand that additional documentation will be required and give permission for representatives of the Village to contact the property owner and the employers listed above to verify this information.	Signed: _____			