

Village of Fairport  
Office of Community & Economic Development  
31 South Main Street  
Fairport, New York 14450  
www. fairportoced.org  
(585) 223-0313

**Urban Renewal Agency**

**SENIORS / DISABLED HOME OWNERS  
HOME IMPROVEMENT GRANT APPLICATION FORM**

**C o n f i d e n t i a l**

**APPLICANT NAME**

\_\_\_\_\_

**PROPERTY ADDRESS**

\_\_\_\_\_

**DATE SUBMITTED**

\_\_\_\_\_

The following information is required to process a grant request:

**Application form** (attached)

**Income verification documents**

Current paycheck stubs (4)

Income tax return

Pension payments

Social security

(Direct deposits may be verified by 3 months of current bank statements)

**Asset verification documents**

Checking and savings statements

1099 for interest, dividends, etc.

**Certification & Disclosure agreement** (attached)

Proof of eligibility may be required

**INFORMATION ABOUT THE HOME OWNER(S)**

For each owner living at the before mentioned property address, please print full name, telephone number and employer name and address.

Name of owner(s) \_\_\_\_\_  
Telephone number - daytime ( ) \_\_\_\_\_  
Telephone number - evening ( ) \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
\_\_\_\_\_

Name of owner(s) \_\_\_\_\_  
Telephone number - daytime ( ) \_\_\_\_\_  
Telephone number - evening ( ) \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT THE PROPERTY**

Does anyone else have an ownership interest in the property? ( ) Yes ( ) No  
If yes, please provide name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you owned this property? \_\_\_\_\_  
Total number of persons in your household (including yourself): \_\_\_\_\_

Briefly describe the improvements you wish to make under the grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the home a one-family? \_\_\_\_\_  
two-family? \_\_\_\_\_  
three or more units? \_\_\_\_\_

Are property taxes paid? \_\_\_\_\_ Agency verification (date): \_\_\_\_\_

Is any portion of the structure used for non-residential purposes? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT MORTGAGE(S)**

If there are any mortgages on the property, please provide the following:

Name of first mortgage holder \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Original amount of mortgage \$ \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
Maturity date (MM/DD/YYYY) \_\_\_\_\_

Name of second mortgage holder \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Original amount of mortgage \$ \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
Maturity date (MM/DD/YYYY) \_\_\_\_\_

**INFORMATION ABOUT THE INCOME**

Please indicate the amounts of gross annual income for all members of your household and attach verification documentation for each source of income.

Source	Amount
Wages and salaries	\$ _____
Social security benefits	\$ _____
Retirement / Pension income	\$ _____
Rent income	\$ _____
Income from other sources	\$ _____
<b>Total annual gross income</b>	<b>\$ _____</b>

Please list assets with a value of \$10,000 or greater, such as savings, stock holdings, personal property, etc.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION & DISCLOSURE AGREEMENT**

*I (We) hereby certify that I (we) am (are) the owner(s) and occupant(s) of the property, and that to the best of my (our) knowledge all the information contained in this application is true and correct.*

*The Fairport Urban Renewal Agency is hereby authorized to verify any of the above information in any appropriate manner (including copies of personal tax returns and wage statements) and to inspect the property prior to approval and following work completion. I (We) understand that payment of financial assistance is subject to the satisfactory completion of approved work.*

*I (We) also understand that the Agency may obtain a credit report in connection with this grant application and hereby consent to the Agency doing so.*

*It is also agreed that all financial information submitted shall remain the property of Fairport Urban Renewal Agency, whether or not the grant is approved, and that all documentation will be safeguarded to protect confidentiality of such information, subject to the Freedom of Information Act provisions that may apply.*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Owner(s)

Social security number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Owner(s)

Social security number \_\_\_\_\_