

APPLICATION FORM

Applicant

Please complete this application carefully. Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? _____

First Name: _____

Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile #: _____ Home #: _____

Email: _____

Years at Address: _____ # of Persons in Household: _____

Number of Units: _____ Owner-Occupied: Y__ N__

Current Monthly Mortgage Payment: _____

Employer: _____ Years at Job: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____ Overtime: _____

Other Income: _____ Source: _____

Other Income: _____ Source: _____

Amount in Savings: _____ Checking: _____

Veteran: Y__ N__ Senior: Y__ N__ Disabled: Y__ N__

Authorization

By signing this application, I hereby authorize NHS Brooklyn to collect and verify my financial and ownership status as part of my application for any Home Repair Grants, if I am selected, and upon review of my documents.

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: _____

Date: _____

Co-Applicant (Other name(s) on deed)

Please complete this application carefully. Incomplete or unsigned applications will be disqualified.

How did you hear about NHS? _____

First Name: _____

Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile #: _____ Home #: _____

Email: _____

Years at Address: _____ # of Persons in Household: _____

Number of Units: _____ Owner-Occupied: Y__ N__

Current Monthly Mortgage Payment: _____

Employer: _____ Years at Job: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Annual Salary: _____ Overtime: _____

Other Income: _____ Source: _____

Other Income: _____ Source: _____

Amount in Savings: _____ Checking: _____

Veteran: Y__ N__ Senior: Y__ N__ Disabled: Y__ N__

Authorization

By signing this application, I hereby authorize NHS Brooklyn to collect and verify my financial and ownership status as part of my application for any Home Repair Grants, if I am selected, and upon review of my documents.

I certify that all answers given in this application are correct and true to the best of my knowledge. I further understand that false or inaccurate answer(s) will constitute grounds for the rejection of my application.

Signature: _____

Date: _____



NHS BROOKLYN
COMMUNITY DEVELOPMENT CORPORATION, INC

HOME Help For Heroes

Repair Grant Program

Administered by
**Neighborhood Housing Services
of Brooklyn CDC, Inc.**
2806 Church Avenue
Brooklyn, New York 11226

Sponsored by
**New York State
Homes and Community Renewal (HCR)**



NEW YORK
STATE OF
OPPORTUNITY.

**Homes and
Community Renewal**

HOME HELP FOR HEROES GRANT PROGRAM

Thank you for your interest in NHS Brooklyn Home Help For Heroes Grant. Please read the info below carefully before you submit your application.

The New York State Homes and Community Renewal (HCR) has selected Neighborhood Housing Services of Brooklyn CDC, Inc. (NHS) to administer a Home Help for Heroes Grant Program. HCR will monitor the administration process.

Veteran Home Accessibility Repair Grant

NHS will provide conditional loans (grants) of up to \$20,000.00 to owners of 1-4 unit family homes, coops and condos within the borough of Brooklyn to complete home modifications. See further explanation of Conditional Grant terms in column three of this application.

Eligibility

- * Own a 1-4 unit family home, cooperative, or condominium in Brooklyn. The home must need emergency repairs as defined by the program. See Eligible Repairs in next column.
- * Occupy the property requiring repairs.
- * Meet household size and income requirements.
- * Be current on mortgage payment.
- * Be current with property taxes and water bills.
- * Have homeowner's insurance.
- * Be a veteran with physical or medical impairment
- * Submit a complete application. A complete application includes the application form and all Required Documents.
- * Other rules and regulations may apply.

Selection Process

Applicants will be selected on a first-come, first-served basis.

Household Size and Income Guidelines:

Family Size	Household Income *
1-Person Household	\$100,350
2-Person Household	\$114,600
3-Person Household	\$128,850
4-Person Household	\$143,100
5-Person Household	\$154,650

*Family size and household income are based on FY2021 adjusted Area Median Income calculations established by the U.S. Department of Housing and Urban Development (HUD). *Income cannot exceed.*

Eligible Activities

- * Wheelchair ramps and lifts, handrails, expanded doorways and stair glides.
- * 36" wide doorways with off-set hinges on doors
- * Roll in showers with grab bars, bathtub grab bars and seats, hand-held shower.
- * non-skidding flooring.
- * appliances that respond to verbal command.
- * Easy to reach work and storage areas and other kitchen modifications.
- * Re-locating a bathroom or bedroom to the first floor.

REQUIRED DOCUMENTS: Copies Only. Documents must be submitted for all employed persons over 18 living in the owner occupied unit.

- * Completed, signed, dated application.
- * Recent Mortgage Statement.
- * Deed.
- * Most recent Water Bill.
- * Current Property Tax Statement.
- * Most recent 2 months of Paystubs.

- * Most recent 2 years Federal Tax Returns and W-2's.
- * Most recent 2 months of Bank Statements.
- * Award letter (s): Social Security, Disability, Alimony, etc., for current year.
- * Rental Lease (s). Income from rent is calculated into maximum household income.
- * Homeowner's Insurance.
- * Three Contractor Estimates.
- * Proof of veteran status
- * Proof of disability

Conditional Grant

A lien in the form of a conditional mortgage will be placed on the property for up to three (3) years. Owner must continuously occupy at least one unit of the property as a primary residence during the term of this loan (3 years). No repayment is required unless the property is sold or refinanced during the term of the conditional loan.

HOW TO APPLY:

1.) Complete this application and submit with required documents by mail or in person to:

**Home Help for Heroes
NHS Brooklyn CDC, Inc.
2806 Church Avenue
Brooklyn, NY 11226**

2.) NHS Brooklyn will contact you to inform you of the status of your application and contact you to schedule an interview if funds are available.