

# APPLICATION FORM

## APPLY: Submit this form and required documents.

Please complete this application carefully. Incomplete or unsigned applications will be disqualified. Applications must be accompanied by all required documents.

How did you hear about NHS? \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Bus Tel #: \_\_\_\_\_

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 the Project HELP Grant, 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: \_\_\_\_\_

## NEIGHBORHOOD HOUSING SERVICES OF BROOKLYN CDC, INC.

2806 Church Avenue

Brooklyn, NY 11226

(718) 469-4679

[www.nhsbrooklyn.org](http://www.nhsbrooklyn.org)

### REQUIRED DOCUMENTS:

Submit the application to the left with the documents below. Submissions must be delivered to NHS Brooklyn by **5pm 5/31/2018** and will be reviewed on a first-come, first-served basis.

- Completed Project HELP Intake Form
- Valid driver's license or other government-issued, photo-identification card

### Verification of Primary Residence

- Copy of mortgage statement
- Copy of most recent Water & Sewer Bill
- Copy of most recent Property Tax Statement

### Income Verification

- Copy of most recent Federal Tax Returns
- Copy of most recent W2
- Copy of all paychecks for the last 2 months
- Award letter(s): Social Security Income, Disability, pension, alimony decisions, etc.
- Rental Income Lease (if applicable)

### Other Documents

- Proof of Homeowner's Insurance
- Contractor Estimate(s) of work needed



**NHS BROOKLYN**  
COMMUNITY DEVELOPMENT CORPORATION, INC.

# PROJECT HELP

**Home Emergency Loan Program  
for Brooklyn, NY, Homeowners**

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

**Sponsored by  
New York City Council**

**Oversight: The New York City Housing  
Preservation and Development (HPD)**

## HOME EMERGENCY LOAN PROGRAM (PROJECT HELP)

Thank you for your interest in NYC Project HELP. Please read the info below carefully before you submit your application.

*Neighborhood Housing Services of Brooklyn (NHS Brooklyn) will administer the Home Emergency Loan Program (Project HELP) to homeowners whose homes need emergency repairs. Funds are made available by the New York City Council.*

### **OWNER-OCCUPIED HOME REPAIR GRANT**

NHS Brooklyn will provide conditional loans (grants) to owners of 1-4 family homes and condos within the five boroughs of New York City to complete emergency home repairs. Applicants will be selected on a first-come first-serve basis.

#### **Grant Limit**

- ◆ Up to \$10,000
- ◆ Award based on construction need

#### **Eligibility**

At a minimum, applicants must meet the following requirements to be considered:

- ◆ Own a 1-4 family home or condominium in Brooklyn, NY, that needs emergency repairs, as defined in the program
- ◆ Own and occupy the property requiring repairs for at least 2 years
- ◆ Meet household size and income requirement
  - ◇ At or below 120% AMI (see chart)
- ◆ Be current in property taxes and water bills
- ◆ Have current homeowner's insurance
- ◆ Submit a complete application and required documents.

#### **Household Size and Income Guidelines:**

Family Size	120% Household
1-Person Household	\$87,720
2-Person Household	\$100,200
3-Person Household	\$112,680
4-Person Household	\$125,160
5-Person Household	\$135,240

*Family size and household income are based on FY2017 adjusted Area Median Income calculations established by the U.S. Department of Housing and Urban Development (HUD).*

#### **ELIGIBLE REPAIRS (not a complete list)**

##### **Please check one:**

- Sewer emergency replacement
- Water-main emergency repairs
- Gas emergencies
- Roof and/or windows
- Electrical repairs
- Boiler replacement / conversions
- Lead-paint abatement
- Damaged walls and ceilings replacement
- Handicapped-accessible bathroom / kitchen / entranceways
- Handicapped-accessible entry and egress, including door widening / staircase accessibility
- Sidewalk repairs and / or outdoor ramps (subject to all applicable permits)
- Other. Please specify: \_\_\_\_\_

### **CONDITIONAL LOAN**

A lien in the form of a conditional mortgage will be placed on the property for ten (10) years. Owner must continuously occupy at least one unit of the property as a primary residence during the term of this loan (10 years). No repayment is required unless the property is sold or refinanced during the term of the conditional loan. Repayment in full (100% of the loan amount) will be required at point of sale or cash-out refinance prior to the sixth (6<sup>th</sup>) anniversary of the closing date. Upon the sixth (6<sup>th</sup>) anniversary of the closing date, the loan will be reduced yearly by 20% (1/5<sup>th</sup>) until year ten (10).

#### **HOW TO APPLY:**

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

**NHS Brooklyn**

**2806 Church Avenue**

**Brooklyn, NY 11226**

**Attn: Project HELP Loan Officer**

2) Submissions must be received by NHS Brooklyn by **5pm MAY 31, 2018**. Applications received after that date will be waitlisted.

3) NHS Brooklyn will contact you to inform you of the status of your application and contact you to schedule an appointment, if appropriate.