

MARK Project, Inc.
HOME Owner-Occupied Rehab Program

FACT SHEET

HOUSEHOLD SIZE & HOUSEHOLD INCOME

- Your income level must be at or below 50% of the median income for Delaware County.

2009 Delaware County Income Limits

1 person	2 person	3 person	4 person	5 person	6 person
\$19,200	\$21,950	\$24,700	\$27,450	\$29,650	\$31,850

- All persons living in the home, whether related or unrelated will be considered as part of the household. *We use adjusted gross income figures.*
- All income earned by members over 18 years old of the household will be considered household income.
- Income includes: Salaries, child support or alimony, SSI, SSD or SS, Veterans benefits, pensions/retirement, unemployment benefits, rental income, tips, workers' compensation

APPLICATION PROCESS

The application must include copies of all information requested below. Do not provide original copies of documents.

All applications should be delivered in person to the MARK Project for review. You **MUST** call the MARK Project to set up an appointment to have your application reviewed.

Information needed with application:

Proof of Ownership:

- 1) Copy of Deed with Schedule A (Be sure book and page number where deed is filed and the property description is on the deed.)
- 2) Proof of Homeowners insurance is paid up-to-date and copy of declarations page.
- 3) Proof that all School, Land and any Village taxes are paid up-to-date. Be certain that you provide a copy of receipt signed or stamped by tax collector. County tax plans are acceptable but they must be current and show proof of payment.
- 4) Proof that your mortgage is paid up-to-date.

Proof of Income:

- 1) Copies of Federal Tax Returns for every household member for the last three (3) years – 2007, 2006, and 2005. (NY State returns are **not** required).
NOTE: W-2's must be attached!
- 2) Copies of 2 most recent pay stubs or other proof of income (social security, pension, etc.)

Note: If you or any household member 18 or older does not file a Federal Income Tax Return then we will need:

- a) The most recent three months bank statements.
 - b) If retired or receiving disability income, in addition to the bank statements we need copies of your year-end statement from Social Security.
 - c) If you or anyone in the household receives an additional pension, we will need copies of this statement as well.
- 3) Asset information: Assets include checking and savings accounts, CDs, stocks, IRAs, life insurance (not Term Life) and property not connected to your primary residence.

Work will be done based on the following priorities:

Priority 1 Items:

Rehabilitation work necessary to eliminate health and safety hazards, satisfy local building codes, and meet HUD Section 8 Housing Quality Standards. Priority 1 Items must be addressed on all units assisted through the program. Examples of Priority 1 items would be installation of a septic system in a property where the septic system is inoperative or absent, replacement of unsafe wiring or electrical fixtures, replacement of rotted steps or flooring, installation of plumbing fixtures in a unit that lacks basic plumbing fixtures, replacement of a leaking, deteriorated roof, or installation of a heating system in a unit where such is lacking. Also included are work items required under the lead paint regulations including lead-safe work practices and interim controls.

Priority 2 Items:

Work necessary to weatherize a home and make it efficient. The HUD Cost Effective Energy Standards will be used as the standard for these improvements. These items must be addressed before Priority 3 items are considered. Typical Priority 2 items would be storm windows, attic insulation and weather-stripping of doors. MARK Group, Inc. will work with Delaware Opportunities Weatherization Program to address some of these items.

Priority 3 Items:

Work items necessary to improve the property's general utility and appearance. This category would include exterior painting (if required to preserve condition of siding), new siding (only if siding is missing or badly deteriorated, or to address lead paint hazards)

and other general improvements. Priority 3 items can only be considered after all Priority 1 and 2 items are addressed and if funds are available.

WHEN YOU HAVE FILLED OUT THE APPLICATION AND HAVE COPIES OF REQUIRED DOCUMENTATION....

1. Call the MARK Project to make an appointment to have your application reviewed for completeness. When the application has been accepted as complete and eligibility has been determined, we'll discuss rehab needs.
2. The MARK Project will set up an appointment with you to come to the home for a site visit and initial inspection of the rehab work needed.
3. The MARK Project will have a licensed inspector visit your home and prepare a work write-up that will include the scope of work to be bid on. If your house was built before 1978, you must have a lead test.
4. The MARK Project will provide a list of contractors that are pre-qualified. You may choose a contractor from the list or choose a different contractor, as long as they meet MARK's guidelines.
5. The homeowner may select the high bidder but will be required to pay the difference between the low and high bid.
6. The MARK Project will prepare the contract paperwork for the grant award and then construction contract. The homeowner will arrange the contract signing appointment with the contractor & the MARK Project at MARK's office. Any questions relating to the work to be done can be answered at this time.
7. The contractor can then proceed with the scope of work within the time frames indicated.
8. PLEASE NOTE: There will be a lien placed on your home after the work is completed. The lien will be in effect for ten (10) years. The amount of the lien will be equal to the amount of the grant. Within one year of the receipt of the grant, if the house is sold or refinanced, 100% of the grant will be recaptured by the MARK Project. The recapture amount will decrease by 10% each year afterwards. When the lien is up, the MARK Project will issue the paperwork for the Lien Release and send it to the homeowner; it is the responsibility of the homeowner to file that paperwork with the County Clerk.

HOMEOWNER RESPONSIBILITIES

- ✓ You will be required to make several trips to the MARK Project office in Margaretville during the duration of the project. You must call the office to schedule an appointment before coming, as there are times when the staff is out of the office and you may make a wasted trip if you arrive without an appointment.
- ✓ Your signature will be required on a grant agreement, construction contract, several checks, forms and paperwork during the course of the project. Checks will be made out in both the name of the homeowner(s) and the name of the contractor.
- ✓ An inspection will be done on your home by the MARK Project staff and/or our licensed inspector. Once it is determined what your project requires, you should visit a building supply store and look at materials that will be needed. For example, if you need new windows, choose what type of windows you would like to have; if siding, what color siding, or shingles; if doors, what kind of doors.

Then when the contractor comes to your house to do your estimates, you will have specific information to give to them and both contractors will be bidding on the same materials that you have picked out. Any materials chosen must be in the MODERATE price range.

- ✓ You will need to be familiar with all phases of the work being done at your home. This is your project and your contract with the contractor. You will be responsible for monitoring the work. If there is anything that you are not satisfied with, you must make the contractor and the MARK Project aware of it IMMEDIATELY-don't wait until the job is finished when it's too late to correct the problem.
- ✓ The homeowner is responsible for obtaining the building permit. The job will not be able to proceed until the proper paperwork is filed in the MARK Project's office.
- ✓ The only change orders eligible for payment under the grant are for work under Priorities 1 and 2 (see above). Any other change orders must be paid for by the homeowner.

Race (indicate for owner and tenant, if any)

White Black Asian or Pacific Islander
 American Indian or Alaskan Native Hispanic

I/We certify that all information and documentation in this application, for assistance under the MARK Project, Inc. Rehabilitation Program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the work write-up. If the MARK Project, Inc. determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

The applicant grants MARK Project Inc. the right to independently verify any or all of the information supplied herein, and understands that MARK Project, Inc. may refuse to approve the application if there is any material misrepresentation in the application, including the attachments.

I/We further understand that MARK Project, Inc. will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the MARK Project, Inc. Rehabilitation Program. I/We further agree that MARK Project, Inc. may verify credit history of the applicant.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: US Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

THIS SECTION TO BE FILLED OUT BY MARK PROJECT, INC. ONLY

Applicant Qualifies Low/Mod Income Yes No

Documentation has been provided as follows: (Check off)

- Deed or Land Contract (to include book and page number) Book _____ Page _____
- Proof of Paid Taxes (Town and School) S.B.L. # _____
- Proof of Homeowner's Insurance
- Income Tax Return (2 yrs. 1040, 2 paystubs and W2 forms) or Other Income Verification
- Mortgage Information

Application Reviewed By:

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTE REGARDING HOUSEHOLD INCOME:

For determining eligibility to participate in the MARK Project, Inc. Rehabilitation Program in the HOME Program all persons living in the home, related or unrelated will be considered as part of the household. All income earned by members of the household will be considered as household income. Anyone having a question pertaining to determination of household size or household income may review their application with Wendy M. Buerge of MARK Project, Inc. for clarification.