



## COUNTY OF DUTCHESS

DEPARTMENT OF PLANNING AND DEVELOPMENT

May 16, 2019

Dear Applicant:

Enclosed are the program guidelines, application, and lead based paint notice for the County's Senior Citizen Owner-Occupied Property Rehabilitation Program. Keep the guidelines and lead based paint notice for your files.

You must submit copies of the following items with your application:

- \_\_\_ (a) **Full copy of your 2018 Federal income tax statement, if applicable;**
  
- \_\_\_ (b) **Proof of income for all household members, as applicable:**
  - \_\_\_ 2019 Social Security, Pension, VA, Unemployment and Public Assistance Benefit Statements
  - \_\_\_ Pay Stubs for the Past Three (3) Months
  - \_\_\_ Documentation of Child Support, Alimony
  - \_\_\_ All Other Income Documentation, as applicable
  
- \_\_\_ (c) **Proof of current value of assets**
  - \_\_\_ Current statements for all checking/savings/investments/retirement accounts (including IRA's)
  - \_\_\_ Copy of deed for any real property owned (other than your home) and written documentation of the current value of said property by the municipality, licensed real estate agent or appraiser.
  
- \_\_\_ (d) **A copy of the current year's school and property tax bills showing they are paid.**
  
- \_\_\_ (e) **If you have a mortgage, provide a copy of your most recent mortgage statement.**

Use this letter as a checklist to ensure it is complete and the required income documentation is attached. This application is valid for thirty (30) days from mailing. Contact Audra Murray at (845) 486-3600 or [amurray@dutchessny.gov](mailto:amurray@dutchessny.gov) if you have questions.

Sincerely,

Anne E. Saylor  
Community Development Administrator

# DUTCHESS COUNTY SENIOR CITIZEN OWNER-OCCUPIED PROPERTY REHABILITATION PROGRAM GUIDELINES

## PURPOSE

The purpose of the program is to upgrade existing owner-occupied housing by providing assistance to low and moderate-income senior citizen households to complete rehabilitation on properties with housing quality standard or code violations.

## ELIGIBLE APPLICANTS

The applicant(s) must be:

- a. 62 years of age or older (at the time of application)
- b. A fee simple owner of the property (i.e. You can have others on your deed as long as you have remained one of the fee simple owners. Life tenants, where the property has been conveyed to others but you have retained a life estate, are ineligible )
- c. A U.S. citizen or a lawful permanent resident of the U.S.
- d. Have a household income at or below the following limits:

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$52,850	4	\$75,500
2	\$60,400	5	\$81,550
3	\$67,950	6	\$87,600

Annual household income is the gross income anticipated to be received by all adults (18 years or older) in the household during next 12 months. Documentation as noted in the application must be submitted to verify income.

## ELIGIBLE PROPERTIES

Eligible properties are:

- a. Only single-family, detached, owner-occupied units whose value, after rehabilitation, is not more than \$253,000.
- b. Properties must contain one or more substandard conditions that do not meet federal, state or local health, safety and fire codes.
- c. Properties must have a minimum of \$1,000 in repairs but must not exceed the \$20,000 maximum.
- d. Properties in any Dutchess County municipality, except the City of Poughkeepsie.

## ELIGIBLE IMPROVEMENTS

Eligible improvements include major system repairs necessary to meet HUD Housing Quality Standards (HQS) and the NYS Uniform Fire Prevention and Building Code (NYS Building Code). The program's focus is repairs to "major systems" including but not limited to: furnaces,

plumbing, structural (roofs, walls, decks/porches), electrical, necessary handicapped accessibility improvements, conventional septic systems, lead based paint abatement, bathrooms, and kitchens with significant deterioration, window and appliances (see below). General property improvement, improvements to outbuildings, maintenance and cosmetic improvements are prohibited. There are specific policies for window and appliance replacement, septic upgrades and handicapped renovations.

LEAD-BASED PAINT

All projects funded under this program must comply with HUD’s “Regulation on Lead-Based Paint Hazard”. Except for minor disturbances, any painted surface to be disturbed during rehabilitation must be tested for lead-based paint and have a risk assessment which will recommend lead hazard controls for the rehabilitation. All required lead hazard controls will be completed by contractors trained in safe work practices. Upon completion, the property will be retested to see that it was properly cleaned.

ASSISTANCE LIMITS/ELIGIBILITY DETERMINATION

The maximum funding is \$20,000. An application will be rejected if the scope of the rehabilitation necessary to comply with HUD HQS and NYS Building Code standards exceeds \$20,000. A household may not receive the full amount if the scope of rehabilitation, as determined by the DCPD staff, is less than the maximum.

Households whose income is between 0-50% of the county median will receive a deferred payment loan. The following are the income ranges for the deferred payment loan:

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$0-\$33,850	4	\$0-\$48,300
2	\$0-\$38,650	5	\$0-\$52,200
3	\$0-\$43,500	6	\$0-\$56,050

There are no monthly payments for a deferred payment loan. The loan will be repaid when the property is sold.

Households between 50% and 80% of the county median income are eligible for a 0% interest loan.

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$33,851-\$52,850	4	\$48,301-\$75,500
2	\$38,651-\$60,400	5	\$52,201-\$81,550
3	\$43,501-\$67,950	6	\$56,051-\$87,600

Loans will be repaid through monthly payments over 10 years.

PROPERTY/SCHOOL TAXES AND MORTGAGE – Your mortgage, if you have one, and property/school taxes must be current and you must submit proof they are current.

PROGRAM REQUIREMENTS

Each property owner will be required to sign the following contracts:

COUNTY/OWNER agreement - This agreement lists the owner's obligations to the program. It states that if the property is conveyed during the term of the loan the owner must repay the outstanding loan amount at the time of the sale.

MORTGAGE/NOTE - A mortgage which secures the loan/deferred payment loan amount to ensure that the conditions of the COUNTY/OWNER agreement are met.

OWNER/CONTRACTOR agreement - States the scope and cost of rehabilitation. It is signed by the property owner and the contractor.

## EXISTING FINANCING, REVERSE MORTGAGES, FUTURE REFINANCING

Properties with existing financing (mortgage or home equity) must comply with the loan to value requirements in the County's Subordination Policy to be eligible for assistance.

Generally, the total value of the County lien and any existing superior financing must be less than or equal 90% of the current appraised value of the property. It is most likely that properties with significant mortgages will be ineligible for assistance. Properties with reverse mortgages are ineligible because they cannot meet these standards. Future refinancing's must also comply with this policy which is available at <http://www.co.dutchess.ny.us/CountyGov/Departments/Planning/16693.htm>.

## PROGRAM IMPLEMENTATION

The following are the steps your application/project will take. More detail is available in the program "Policy and Procedures Manual" available online or by mail upon request.

- Step 1 – Application review and approval (may include requests for additional information)
- Step 2 – Initial inspection by County staff who will need access to the entire property
- Step 3 – Development of work write-up and cost estimate by County staff
- Step 4 – Approval of work write-up and cost estimate by owner
- Step 5 – Public Bidding (required by federal regulations)
- Step 6 – Review of bids by County staff and recommendation to bid to owner
- Step 7 – Approval of lowest responsible bidder by owner
- Step 8 – Contracts with County and contractor
- Step 9 – Construction including inspections by County staff, may include change orders
- Step 10 – Completion including Certificate of Completion
- Step 11 – Evaluation form and closing package will be mailed to owner

## CHANGE ORDERS

Some projects involve change orders to adjust the scope of the rehabilitation or add items which arose during construction. All change orders must be on County change order forms signed by the contractor and approved by the property owner and County staff. The County will not pay for or mediate non-approved changes to the specification.

**DUTCHESS COUNTY SENIOR CITIZEN OWNER-OCCUPIED  
PROPERTY REHABILITATION PROGRAM APPLICATION**

**A. APPLICANT INFORMATION**

1. Applicant \_\_\_\_\_
2. Co-Applicant \_\_\_\_\_
3. Address \_\_\_\_\_  
(Street) (City/Town) (Zip Code)
4. Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_
5. Applicant Employer (If retired, note so): \_\_\_\_\_
6. Co-Applicant Employer (If retired, note so): \_\_\_\_\_

**B. PROPERTY INFORMATION**

1. Is anyone other than you/your spouse listed on your deed? *Yes*  *No*
2. Has your home been placed in a trust? *Yes*  *No*
3. Have you transferred your home but retained a life tenancy? *Yes*  *No*

The County may ask for additional information if you answered “Yes” to B1. You are ineligible if you answered “Yes” to questions B2 or B3.

**C. HOUSEHOLD COMPOSITION**

List all persons living in the home and their relationship to the applicant.

Full Name	Relationship	Age	Social Security No.
	Self		

**D. MONTHLY INCOME** (include all persons listed in question C)

<b>Income Source</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other</b>	<b>Staff use</b>
Social Security	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Wages and Overtime	\$	\$	\$	\$
Commission/Tips	\$	\$	\$	\$
Interest/Dividends	\$	\$	\$	\$
Income from Business/Rental	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other	\$	\$	\$	\$
				\$

Were you required to file a 2018 Federal Income Tax Statement? Yes  No

**E. MORTGAGE**

Please note that having a mortgage will not disqualify you from the program. A reverse mortgage will disqualify you. Skip questions E2-E4 if you don't have a mortgage.

1. Does your home currently have a conventional mortgage(s)? Yes  No
2. Total monthly mortgage payment(s) \$\_\_\_\_\_
3. Are you current on your mortgage(s)? Yes  No  (provide documentation, if applicable)
4. Does your home currently have a reverse mortgage? Yes  No

**F. ASSETS** (include assets of all persons listed in question C)

Type	Applicants	Others	Staff Use Only
Checking Account	\$		\$
Checking Account	\$		\$
Savings Account	\$		\$
Savings Account	\$		\$
Non-retirement investments	\$		\$
Retirement Investments	\$		\$
Other _____	\$		\$
Other _____	\$		\$
Total (staff use only)	\$		\$

**List any Real Property (other than your principal residence)**

Address	Current Value	Mortgage Balance
	\$	\$
	\$	\$
	\$	\$

**G. REHABILITATION REQUESTED**

List the items you feel need rehabilitation.

---



---



---

## **H. LEAD BASED PAINT**

### **Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Any household receiving federal funds for rehabilitation must receive the enclosed federally approved pamphlet on lead poisoning prevention.

By signing this application, you are acknowledging that you have received the pamphlet “Protect Your Family from Lead in Your Home”.

## **I. CERTIFICATION**

The information provided in this application is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application. I understand that any willful misstatement will be grounds for disqualification. I also certify that I have received and read the Program Guidelines and agree to comply with all program requirements.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



**INFORMATION FOR HUD MONITORING PURPOSES**

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information. The County may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the County may note the race and sex on the basis of visual observation or surname.

Ethnicity (select only one)

- Hispanic or Latino
- Not Hispanic or Latino

Race (select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex (select only one)

- Male
- Female

**DO NOT COMPLETE - FOR OFFICE USE ONLY**

Household Size: \_\_\_\_\_

Monthly Household Income: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

- Income Category:
- Extremely Low (0-30% AMI)
  - Low (31-50% AMI)
  - Moderate (51-80% AMI)

- Action Taken:
- Approved
  - Conditionally Approved
  - Rejected – Reason \_\_\_\_\_

Type of Financing: Loan Deferred Payment Loan

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_