



City of Newburgh
DEPARTMENT OF PLANNING & DEVELOPMENT
City Hall – 83 Broadway
Newburgh, New York 12550

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**APPLICATION FOR HOUSING REHABILITATION
(RENTAL REHABILITATION LOANS)**

**Courtney Kain, Director of Community Development
Greta Simmons, Housing Loan Officer**

Process

Once the application is submitted, it will be check for completeness. If the application is not complete or there are missing documents the application will not be reviewed

Next the application will be checked for income eligibility and underwriting criteria.

The property would then be inspected and a cost estimate would be made. If the inspection reveals other issues or code violations that need to be addressed the owner will need to show the ability to finance the remediation of the issues. The owner will have 30 days to either correct the new issues or show the financial capability to correct them. If the owner fails to do so within 30 days, the application will be categorized incomplete.

If the application is complete, the Housing Loan Committee will review that application.

Once the application is approved, if the owner is not a contractor themselves, three estimates will be required before the owner selects the contractor.

Contracts are then prepared and signed by the City, property owner and the contractor at the closing.

After the closing the construction can begin.

Once the construction is complete, the work has been inspected, and the owner has signed for approval the final payment can be distributed.

*** BEFORE SUBMITTING THIS APPLICATION***

Are you seeking a change of use?

An applicant for a variance must demonstrate that a substantial and unique hardship would be created by the strict interpretation of the zoning law, and this hardship can be corrected by a slight variation in the regulations without causing undue hardship to others or to the City as a whole.

If your project requires a variance, it will have to be presented to the zoning board of appeals.

Is your project in a historic district?

All work affecting the exterior of buildings in the East End Historic District and the Colonial Terraces Design District falls under the review of the ARC, including:

- New Construction
- Exterior Alteration
- In-Kind Repairs or Restorations
- Signs
- Demolition

The East End Historic District map may be view at:

F. Are any units owner occupied: Yes_____ No_____

G. Total number of units to be rehabilitated under this program:_____

H. Name, address and telephone number of each owner's employer.

Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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Employer Name	Address	Tele#
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I. Miscellaneous Information:

1. Estimated market value of property, as is: _____
 2. Estimated market value of property, after rehab:_____
 3. Current assessed property value:_____
 4. Amount of fire insurance coverage:_____
 5. Name of insurance agency:_____
 6. Address of insurance agency:_____
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J. Please attach the following items to the completed application:

1. Copy of the filed deed.
2. Copy of the latest property tax receipt.
3. Copy of fire insurance face sheet.
4. Copy of W-2 form, tax return and/or other income verification of each owner.
5. Personal Financial Statement of each owner.

SECTION 2: PROPERTY DATA

Apartment#								
Number of bedrooms								
Number of bedrooms after rehab								
Apt. to be rehabbed? Yes/No								
Present monthly rent								
Proposed rent after rehab								
Space Heaters (SH) or Central Heat (CH)								
Please indicate utilities provided by Owner								
Heat								
Hot Water								
Electricity								

ADDITIONAL QUESTIONS

A. Is it anticipated that there will be a need for temporary relocation of any current tenant during the rehabilitation period? Yes_____ No_____

B. Is permanent displacement of any current tenant anticipated? Yes_____ No_____

C. Have any tenants been required to move from the building, without cause, during the last twelve months? Yes_____ No_____

D. Prior experience of owner in program funded in whole or in part by the Federal, State or local government? Yes_____ No_____ If yes, explain (attach additional sheets if necessary)

E. Is the building, any unit in the building, or any tenant now subsidized or assisted under any Federal or Local Housing Program (e.g. Section 8 rent subsidy); or was any assistance received in the past twelve months? If yes, identify the program and the tenant.

SECTION 3: PROPERTY FINANCIAL DATA

A. PURCHASE DATA:

1. When was the building purchased? _____
2. Purchase price? _____
3. Amount borrowed: _____
4. Monthly debt service: _____

B. MORTGAGE INFORMATION: (Outstanding)

First Mortgage

1. Lender of record (private party or institution) _____

Original amount _____, Principal balance remaining _____

Interest rate _____, Term of loan _____, Pay-off Date _____

Monthly debt service _____, Interest only loan: Yes ___ No ___

Type of Mortgage: Conventional ___ FHA ___ VA ___ Other _____

Second Mortgage

2. Lender of record (private party or institution) _____

Original amount _____, Principal balance remaining _____

Interest rate _____, Term of loan _____, Pay-off Date _____

Monthly debt service _____, Interest only loan: Yes _____ No _____

Type of Mortgage: Conventional _____ FHA _____ VA _____ Other _____

3. Are there any additional outstanding liens on the property other than those described above? Yes _____ No _____
If yes, please describe:

C. CAPITAL IMPROVEMENTS

Have you made any capital improvements to the building in the last five years? If so, please provide the following information regarding the improvements:

1. Description of work: _____

2. Cost of work: _____

3. Was a loan(s) secured to cover the above work? If so, please provide the following information:

Amount of Loan _____

Date repayment began _____

Term _____

Monthly payment _____

Remaining Balance _____

SECTION 4: INCOME AND EXPENSE DATA

A. INCOME:	Present Monthly	After Rehab Monthly
1. <u>Total rental income</u> (Residential)	_____	_____
Subtotal	_____	_____
2. <u>Other Property Income</u>		
Commercial rental income	_____	_____
Laundry Room	_____	_____
Garage rental	_____	_____
Other	_____	_____
Subtotal	_____	_____
Total Income	_____	_____
B. EXPENSES:		
1. <u>Payroll</u>		
Resident Manager	_____	_____
Maintenance Manager	_____	_____
Employee's apartment	_____	_____
Payroll Taxes	_____	_____
Workers compensation	_____	_____
Other	_____	_____
Subtotal	_____	_____
2. <u>Utilities</u>		
Electricity	_____	_____
Gas	_____	_____
Sewer	_____	_____
Water	_____	_____
Telephone	_____	_____
Oil	_____	_____

SECTION 4: INCOME AND EXPENSES DATA
CONTINUED

	Present/Monthly	After Rehab Monthly
Other	_____	_____
Subtotal	_____	_____
3. <u>Fixed Expenses</u>		
Extermination	_____	_____
Trash Removal	_____	_____
Gardening	_____	_____
Other	_____	_____
Subtotal	_____	_____
4. Other expenses	_____	_____
5. Maintenance and repairs	_____	_____
6. Insurance fees	_____	_____
7. Real estate taxes	_____	_____
8. Management fee	_____	_____
9. Total mortgage payment	_____	_____
10. Other	_____	_____
Subtotal	_____	_____
TOTAL EXPENSES	_____	_____

SIGNATURE PAGE

Sign _____ Date _____

Sign _____ Date _____

Sign _____ Date _____

Sign _____ Date _____

**CITY OF NEWBURGH
RENTAL REHABILITATION PROGRAM**

TENANT INFORMATION

Below is 2010 income limits that qualify low income tenants:

		Orange County, New York								
FY 2010 Income Limit Area	<u>Median Income</u>	FY 2010 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<u>Very Low (50%) Income Limits</u>	\$29,200	\$33,400	\$37,550	<i>\$41,700</i>	\$45,050	\$48,400	\$51,750	\$55,050
Orange County	\$83,400	<u>Extremely Low (30%) Income Limits</u>	\$17,500	\$20,000	\$22,500	<i>\$25,000</i>	\$27,000	\$29,000	\$31,000	\$33,000
		<u>Low (80%) Income Limits</u>	\$45,100	\$51,550	\$58,000	<i>\$64,400</i>	\$69,600	\$74,750	\$79,900	\$85,050

Unit# _____

Date: _____

Last Name	First Name	Relationship	Age	Sex	Eth.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SOURCES OF INCOME (Tenants)

EMPLOYMENT

Name	Employer Address	Annual Income

** Pension Plan/Social Security Benefits _____

** Please include any other income tenants may have _____

** Documentation Needed: 1099/W-2/Tax Return (copy)
 Social Security/Pension
 Employment Verification: one month pay stubs

CERTIFICATION

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief.

Signature

Signature

Print Name

Print Name

Monthly Rent: _____

Date: _____

**City of Newburgh
Office of Planning and Development**

Release Form

I authorize the Office of Planning and Development, Newburgh, New York, to obtain such information as it may require concerning statements made in the application for a loan including a credit check.

****All Principals must complete****

Primary Applicant

First Name: _____ Middle: _____ Last Name: _____

Social Security #: _____ / _____ / _____ D.O.B.: _____ / _____ / _____ Age: _____

Phone # Home: _____ - _____ - _____ Phone # Work: _____ - _____ - _____

Address

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Previous: _____

City: _____ State: _____ Zip Code: _____

Employment

Employer Name: _____

Street Address: _____ Phone#: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____ / _____ / _____

Secondary Applicant

First Name: _____ Middle: _____ Last Name: _____

Social Security #: _____ / _____ / _____ D.O.B.: _____ / _____ / _____ Age: _____

Phone # Home: _____ - _____ - _____ Phone # Work: _____ - _____ - _____

Address

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Previous: _____

City: _____ State: _____ Zip Code: _____

Employment

Employer Name: _____

Street Address: _____ Phone#: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____ / _____ / _____

