City of Newburgh

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

TEL: (845) 569-9400 FAX: (845) 569-9700

APPLICATION FOR HOUSING REHABILITATION

(Home Owner Rehabilitation Loans)

TERMS

There is a maximum loan amount of $20,000 for the owner's unit and a maximum of $15,000 for a rental unit. The actual loan amount will be determined by the project.

If there is a rental unit, it must be occupied by a tenant earning less than 80% of the County AMI. The City will need documentation confirming the income of the tenants.

The loan will be recorded as a lien on the property.

For Very Low and Extremely Low Income Applicants (less than 50% of the AMI):

The loan is provided for a five (5) year term and will be reduced by 20% for each year the applicant remains in occupancy of the property. No repayment is required during this period. At the completion of the five (5) year term, the loan will convert into a grant and no repayment will be required. If the property is sold or refinanced prior to the five (5) year period, the full outstanding amount will be due.

For Low Income Applicants (earning less than 80% AMI but not less than 50% AMI):

The loan is provided for a ten (10) year term at a rate of 0% Interest. Monthly loan payments will be due throughout this term. If the owner-occupant sells or refinances the property prior to the ten (10) year period, the full outstanding amount will be due.

Orange County, New York

FY 2012 Income Limit Area	Median Income	FY 2012 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Orange County	$83,400	Very Low (50%) Income Limits	$30,550	$34,900	$39,250	***$43,600***	$47,100	$50,600	$54,100	$57,600
		Extremely Low (30%) Income Limits	$18,350	$20,950	$23,550	***$26,150***	$28,250	$30,350	$32,450	$34,550
		Low (80%) Income Limits	$45,500	$52,000	$58,500	***$65,000***	$70,200	$75,400	$80,600	$85,800

APPLICATION PROCESS

Once the application is submitted, it will be checked 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

categorized incomplete.

If the application is complete, the Housing Loan Committee will review the 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:
http://www.cityofnewburgh-ny.gov/about/docs/HistoricDistrict.pdf

The Colonial Terraces Design District map may be view at:
http://www.cityofnewburgh-ny.gov/about/docs/ColonialTerracesMap.pdf

For information on applications, fees, and meeting agendas, please contact the Code Compliance/Building Dept at 569-7400.

ALL APPLICATIONS FOR THE LOAN PROGRAM MUST HAVE ACCEPTANCE FROM THE ZONING BOARD OF APPEALS AND THE ARCHITURAL REVIEW COMMISION.

Office of Planning and Development

Documents Needed for the Housing Rehabilitation Program

1. Deed

2. Income Verification
(Most recent pay stub and recent two years tax returns, three if self employed)

3. Homeowners insurance policy

4. Mortgage information – statement

5. All other debt information (car loan, credit cards, etc.)

6. Checking or Savings account – statement

If you have questions call Department of Planning & Development at 845-569-9400

Owner and Property Information

Date:____/____/____ Phone #:_____-_____-_____

Name:_____ DOB:____/____/____

SS#:_____

Spouse Name:_____ DOB ____/____/____

SS#:_____

Address:_____ No. of Dependents:_____

City:_____ State/Zip Code_____

Occupation – (if present employment is less than 2 yrs, give previous employment also)

Head of Household:_____

Address:_____
Number & Street City, State & Zip Cope

Years Employed:_____

Previous Occupations:_____

Property Address to be Rehabilitated

No. of Units _____

Residential _____

Owner-Occupied_____

Investor-Owned_____

Non-Residential_____

Combination of Both_____

SCOPE OF WORK

Please describe the nature of the project requested. **(Please include pictures)**

Present Monthly or Annual Income (Base Pay)

Head of Household_____
Name Salary

Spouse_____
Name Salary

Other Earnings_____

Income from Real Estate_____

Veterans Pension_____

Social Security_____

Existing Debt on Property to be Rehabilitated

Name of Lender_____

Address of Lender_____

Original Mortgage Amt._____

Unpaid Mortgage_____

Monthly Payments_____

Is Mortgage F.H.A. Insured?_____

ASSETS

Checking Accounts:_____

Savings Accounts:_____

U.S. SavingsBonds:_____

Stocks & Bonds:_____

Market Value of other Real Estate Owned:_____

Address:_____
Street City, State & Zip Code

Automobile: Make_____ Year_____ Balance on Loan:_____

Other Assets:_____

_____

_____

Amount of Fire Insurance:_____

Date of Expiration:_____

Annual Premium:_____

Fire Insurance Agent:_____

Address:_____
Street City, State & Zip Code

Any Foreclosures or Judgments?_____

Past or Present:_____

Date:_____

Please include Income Tax Return and W-2 from the last 2 years; 3 years if self employed.

TO WHOM IT MAY CONCERN:

This will authorize you to release for the use of the City of Newburgh, Office of Planning and Development, any information that they may require regarding my income, employment, credit status, indebtedness, bank accounts, etc.

It is understood that all information released will be held confidential by the City of Newburgh, Office of Planning and Development and the U.S. Department of Housing and Urban Development, to assist me in obtaining financial aid for the rehabilitation of my property.

_____

Signature Print Name

_____

Signature Print Name

Date:_____/_____/_____

TO BE COMPLETED BY HOUSING LOAN OFFICER

PRESENT MONTHLY HOUSING EXPENSES

1. Fire Insurance:_____

2. Ground Rent:_____

3. Maintenance:_____

4. Heat:_____

5. Electric:_____

ANNUAL TAXES

1. Real Estate Tax:_____

2. School Tax:_____

3. Water Tax:_____

4. Total Tax:_____

5. Per Month:_____

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:_____

Signiature:_____

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:_____

Signiature:_____

Date:_____/_____/_____