LAKE ONTARIO HOMEOWNER RECOVERY FUND

Overview
NYS Homes and Community Renewal has made available up to $15 million in Affordable Homeownership Development Program Funds to support homeowners that have been affected by the severe flooding along Lake Ontario and the St. Lawrence River. The program seeks to offer recovery assistance for which insurance or other disaster recovery assistance is either not available or insufficient, providing up to $50,000 for homeowners to support interior and exterior repairs to structural damage caused by flooding, as well as the repair or replacement of permanent fixtures.

The program will be administered through participating not-for-profit housing organizations.

Eligible Activities
Funds will reimburse homeowners for interior and/or exterior repairs to structural damage caused by the floods, and other related costs, as well as for the repair and/or replacement of permanent fixtures. Eligible activities include but are not limited to the repair or replacement of foundations, septic systems, electrical systems, mechanicals, insulation, and drywall.

Eligible Recipients
In order to be eligible to receive assistance, property owners must have occupied the property as their primary residence at the time of the flood.

Second homes are eligible for assistance provided the total annual income of the occupants is less than $275,000.

Completed applications should be returned to:
Sheen Housing, PO Box 460, Bloomfield, New York 14469
Questions, please call – (585) 657-4114 or email – sheen2@rochester.rr.com

7-25-2017
Lake Ontario HOMEOWNER Recovery APPLICATION

SPECIAL NOTE: Lack of attachments will result in the postponement of processing.

GENERAL INFORMATION

1. Name ______________________ Age_______ Date of Birth__________

2. Mailing Address ________________________________________________
   Street Address
   City ______________________ Zip Code ______________________

3. Actual Address (if different)__________________________________________________________________

4. Email Address: _____________________________________________________________

5. County________________________ Telephone Number (____)_____________________

6. List below all household members including yourself (Use additional sheet if necessary.)
   Name __________________ Relationship __________ Age ______ Date of Birth ______
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Please note that your eligibility for the Lake Ontario Recovery program is based on:
1. Condition of property
2. Grant funding available

Please submit the following information

1. Documentation that damage to the property is from the storm event.
2. Documented denial from insurance or documentation from insurance company that damage is not covered by the existing policy or policies.
3. Estimates for the work to be done (if possible). Estimates will be needed before work can begin.
4. By signing this application, applicant acknowledges and certifies that no assistance from other government sources (such as FEMA, SBA, etc.) were available or declined by the applicant.
Is damaged property your primary residence? □ Yes □ No

Is your household income at or above $275,000? □ Yes □ No

Are you elderly (over age 60)? □ Yes □ No

Are you disabled? □ Yes □ No

I have damage at (check all that apply):
□ Structure/home
□ Attached structures
□ Water supply system
□ Sanitary system
□ Shoreline damage related to flooding
□ Shoreline damage endangering structure

Please read this section carefully:

1. I/We hereby certify that I am the owner and occupant of the property to be improved.
2. I/We certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentation.
3. I/We understand that false statements or information are grounds for termination of assistance and collection of monies previously spent on the house and property.
4. I/We agree to cooperate with Sheen Housing and Village, Town, City, County and/or NY State Officials with all required procedures.
5. All Grants are under the supervision of Sheen Housing. All grant requirements must be met or the grant will be withdrawn and I/we will be financially responsible for the balance of the unpaid contract.
6. I/We hereby give permission to Sheen Housing to use any photograph and/or material relating to the repairs made on my home. I also agree to local or state inspections, as required.

Sign and date below. Unsigned applications will be returned.

_______________________________________ / __________________________
Print Name Signature Date

_______________________________________ / __________________________
Print Name Signature Date

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7-25-2017
A complete application includes, but is not limited to the following:

1. Income verification: (required if this is a second home, only)
   - Social Security/SSI/Unemployment- Benefit Change Letter or call 1-800-772-1213 to request print out. (Bank statements cannot be accepted as verification.)
   - Pension/Retirement- current letter or printout from company. (Bank statements cannot be accepted as verification.)
   - Filed income Tax Return- last years filed income tax return for everyone living in the home and the W-2 Forms from all employers.

   If you do not file income tax, please check the box below and initial.
   [ ] I do not file yearly income tax returns: ____________________
      (must be initialed)

   - Last three (3) current pay stubs from all employed adults (18 years of age or over) living in the home.
   - Self-Employment- last 2 years filed income tax returns & Schedule C.
   - Alimony/Child Support-court papers or support collection printout.

2. Proof of identity (driver’s license, etc.)
3. Proof of ownership (copy of current mortgage payment, deed or tax records)
5. Homeowners insurance.
6. Utility Bill
7. Estimates for the work to be done

Please list the most critical repairs needed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Directions to your home ______________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR OFFICE USE ONLY
Reviewed by: ___________________________ Date: __________________________

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7-25-2017