FRANKLIN COUNTY COMMUNITY HOUSING COUNCIL, INC.

NYS Vacant Rental Program
Property Owner Grant Assistance Application

APPLICANT INFORMATION			
Owner Name:		Phone:	
Additional Owners:		Email:	
Owner Permanent Residence Address			
Street Address:			
City, Zip:			
Total Number of Properties Owned by or Under Control of Applicant		Total Number of Residential Rental Units owned by or Under Control of Applicant	

PROPERTY INFORMATION			
Mailing Street Address:			
City, Zip, County:			
Property Deed/Title in the name of:			
Number of Housing Units *(current)*		Year Building was Constructed:	
Number of Housing Units Anticipated *(post-rehabilitation)*		Is Property Fully Insured?	
Number of Eligible Vacant Units		Are Property Taxes Current?	
Number of Units to be Assisted with VRP Grant Funds		Is Property in Foreclosure?	
Anticipated Number of Accessible Units to be Rehabilitated with VRP Funding			
Describe property including any current uses and occupancy			

GRANT REQUEST			
Type of Grant Award Requested	☐ Standard *Up to $50,000 per eligible unit - units affordable to 80% AMI level)*	☐ Enhanced *Up to $75,000 per eligible unit - units affordable to 60% AMI level*	
Estimated Number of Vacant Units to be Assisted with VRP Grant Funds		Estimated Total Grant Funds Requested	

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SCOPE OF WORK
Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance (i.e. replace heating systems, plumbing, electrical, interior remodeling, etc.).

ACKNOWLEDGEMENTS *(initial each)*	
My eligibility for the VRP includes verification that I am a responsible property owner, which may include verification of information provided in this application. If I currently own/manage rental properties, FCCHC may verify these properties are maintained in safe & habitable condition.	
I, or an immediate family member, may not serve as the contractor for the rehabilitation work	
I have not, and will not, displace a tenant for the purposes of making a unit eligible for grant assistance	
The Franklin County Community Housing Council, Inc. will conduct a property site inspection to verify eligibility for grant assistance	
If my property is constructed prior to 1978, the grant program requires a Lead Risk Assessment to be conducted in any unit receiving assistance (and any tenant means of egress) and that the rehabilitation scope of work is required to address any identified lead hazards	
Units that receive VRP grant assistance are subject to affordability requirements for 10 years, including selecting income-qualified tenants and a limit to the monthly rent charged to tenants	
If selected for a VRP award, I will be required to execute an agreement with LPA and file a Declaration of Interest on the Property with the County Clerk	

SIGNATURES	
Signature of Owner	Signature of Co-Owner
Date	Date

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Property Owner Certifications

Every property owner must initial each statement below to certify compliance. Submit required documentation with your application.

_____ I am current on all mortgage payments/loans secured by the property.

Documentation Required: Most recent mortgage/loan statement or other documentation deemed suitable by the FCCHC.

_____ I am current on all property taxes for the property for which I am seeking VRP funding.

Documentation Required: Copy of most recent county/village/school tax bills indicating that they have been paid in full or other documentation deemed suitable by the FCCHC.

_____ I am current on all utility payments for the property for which I am seeking VRP funding.

Documentation Required: Copy of recent utility bills indicating balances are paid in full, or other documentation deemed suitable by the FCCHC.

_____ I have a current comprehensive property insurance policy on the property for which I am seeking VRP funding.

Documentation Required: Copy of current comprehensive property insurance policy or other documentation deemed suitable by the FCCHC.

_____ I am not in bankruptcy and do not have any pending bankruptcy proceedings.

_____ There are no outstanding federal, state, or local liens on the property.

_____ I do not have any history of Fair Housing violations.

_____ I am not currently under investigation by the Department of Health, EPA, HUD, or any State or local agency for legal or regulatory violation.

By signing below I/we certify that all statements made in this application are true & correct.

SIGNATURES	
Signature of Owner	Signature of Co-Owner
Date	Date

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Other Properties Owned/Managed by the Applicant

In the space below, please list any other properties owned or managed by the applicant(s):

Property Address	Number of Rental Units	Years Managed

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Please return completed applications to FCCHC's main office, located at 337 West Main Street, Malone, NY 12953 or via email to VRP@thefcchc.com.

Applications will be reviewed in the order in which they are received. Please allow up to 30 days for review of your application before contacting FCCHC regarding the status of your application.

Questions about the VRP, application process, or award notification process can be submitted via email to VRP@thefcchc.com or (518) 483-5934.