



The Bronx Neighborhood Housing Services CDC, Inc.

1451 East Gun Hill Road, 2nd Floor, Bronx, NY 10469 - (718) 881-1180 - www.bronxnhs.org

Home Improvement Application

Dear Homeowner:

Thank you for your interest in The Bronx Neighborhood Housing Services CDC, Inc. (The Bronx NHS CDC)'s Home Improvement programs. The Bronx NHS CDC, Inc. is a nonprofit housing counseling and financial literacy organization who is dedicated to helping you achieve sustainable homeownership.

We offer the following services:

Homebuyer Education: Pre-purchase education provides general information about the home buying process to a group of potential homebuyers, in a classroom setting. This includes but is not limited to information on down – payment assistance programs; closing cost; home inspections; credit readiness; and various financing options.

Credit Assessment: help families gain control of their financial affairs and rebuild their credit. This service is for both potential homebuyers and for homeowners.

Pre- Purchase Counseling: assists with resolution to barriers of homeownership through one-on one counseling. This includes a complete evaluation of their financial status and readiness for homeownership.

Post-purchase Education and Counseling: education gives homeowners instruction to make homeownership sustainable in a classroom setting, while counseling involves one -on- one crisis intervention to help homeowners who are in trouble of maintaining homeownership.

If you are currently working with a Real Estate Professional, please provide us with their contact information, so we can stay in touch with them as you journey towards homeownership. However, if you don't have a relationship with a Realtor we suggest that you contact a Real Estate Professional, and with the qualification required to assist you and specialize in first home buying programs available to you. This is not an attempt to disconnect you from any current relationships you may have but to add value.

We are looking forward to working with you and supporting you in realizing your homeownership reality.

Regards,

Natividad Jimenez

Program Manager Homeowner Services



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Program Disclosure

Purpose of Housing Counseling: I/We understand that the purpose of the housing counseling program is to provide one – on – one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage finance, and develop a plan to remove those barriers. The counselor will also provide assistance in management, with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/We will be refer to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend a group homeownership education classes.

Customer’s Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Our Services Include:

- PC – Pre-purchase One-On-One Counseling
- FHE- Fair Housing Pre-Purpose Education
- Workshops PRL – Predatory Lending Education Workshop
- PPE – Pre-Purchase Homebuyer Education Workshop
- DFC – Mortgage Delinquency and Default Resolution One-On-One Counseling
- PPES – Post-Purchase Education Workshops & Services
- FBC – Financial Education/ Credit Assessment & Budget One-On-One Counseling

The client also is not obligated to receive any additional other services offered by this agency or its exclusive partners.

Applicant Signature _____ Date

Co-Applicant’s Signature. _____ Date



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Bronx NHS Loan/Grant Program Document Checklist:

- Deed to Property
- Latest Mortgage statement
- Homeowner's Insurance Policy (*declaration page*)
- Real Estate Tax Receipt (*unless included in mortgage*)
- Signed Income Tax Returns & W2's for the past two years
- Proof of any other income (*SSI, Pension or rental*)
- Four (4) most recent pay stubs (*must be consecutive*)
- Most recent Utility Receipts (*Water & sewer, electricity, gas, telephone*)
- Most Recent Bank Statement (2 months)
- Government Issued Photo ID
- Non-refundable Homeowner Counseling Fee of **\$100.00** (Money Order Only)
- Contractors Estimate - Contractors List available if needed Note: Must Bring Copies of all Documents

If you need a low-interest loan, Bronx NHS facilitates home repairs loans through NHS of NYC. Please see the loan checklist below

Loan Checklist

Document Checklist:

- Copy of Government issued ID for each applicant
- Copy of Deed to the property
- Copies of (4) consecutive pay stubs
- Signed Income Tax returns & W2's for the past two years
- Proof of any other income eg. Pension, Social Security, SSD, Rental
- Bank statements for the past two months
- Copy of current mortgage statement / Mortgage Satisfaction
- Copy of Homeowners insurance policy (Declaration page)
- Copy of most recent utility receipts eg. Water-sewer, electricity, telephone, etc.
- Copies of Lease agreements
- Copy of Contractor's estimate (at least 2-3 bids)
- Non-refundable application fee **\$150**

In addition to the list above you must also provide the following if you currently own Mixed-Use / Multi-Family units :

- Certificate of Incorporation
- Financial Statement for two years
- Copy of the certificate of Occupancy
- Non-refundable application fee **\$300**
- HCR Rent registration summary (if applicable)



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BRONX NHS FEE DISCLOSURE

DATE: _____

Borrower: _____

Co Borrower: _____

Property Address: _____

You will be charged a non-refundable homeowner counseling Fee of **\$100.00**. This fee will be applied to initial financial counseling, processing of your grant/loan application and the cost of obtaining your credit report.

Counseling and Initial Processing: **\$100.00***

***Includes verifications, copying and review of credit report and other documents.**

If you need a low-interest loan, Bronx NHS facilitates home repairs loans through NHS of NYC. We will collect the required NHS of NYC application fee.

Borrower _____ Co-Borrower _____

Loan Officer _____ Date _____



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HOMEOWNER SERVICES (continued)

Are you the owner of a 1-4 unit home (choose one): Yes No

Are you the owner of a multi-unit building (choose one): Yes No

APPLICANT EMPLOYMENT

Primary Employer: _____

Start Date: _____ End Date (if applicable): _____

Title: _____

Business Type: _____ Self Employed: Yes No

Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

CO-APPLICANT INFORMATION

1. First Name: _____ 2. Last Name: _____

3. Street Address: _____

4. City: _____ 5. Zip Code: _____

6. Current Housing Arrangement (choose one): Homeowner w/mortgage Homeowner w/out mortgage
 Renter Other: _____

7. Home Phone: _____ 8. Work Phone: _____

9. Mobile Phone: _____ 10. Email: _____

11. Gender: Male Female 12. Head of Household: Yes No

13. Ethnicity: Hispanic Non-Hispanic 14. Race: Black/African American White/Caucasian Native American
 Asian Pacific Islander Other: _____

15. Birth Date (mm/dd/yyyy): _____ 16. Age: _____

17. Highest Level of Education Attained (choose one): College Vocational High School/GED
 Primary School None

18. Marital Status (choose one): Married Single Separated Widowed

19. Number of People in Household: ____ 20. Number of Children in Household (Age 17 and Under): ____

21. Household Annual Income: \$ _____ 22. Social Security #: _____

23. Are you Foreign Born? Yes No 24. Are you a proficient English speaker? Yes No

25. Are you Active Military? Yes No 26. Are you a Veteran? Yes No

27. Relationship to Applicant: Boyfriend/Girlfriend Brother/Sister Son/Daughter
 Father/Mother Husband/Wife Other: _____



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HOMEOWNER SERVICES (continued)

CO-APPLICANT EMPLOYMENT

Primary Employer: _____

Start Date: _____ End Date (if applicable): _____

Title: _____ Business Type: _____

Self Employed: Yes No

Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

SUMMARY OF HOUSEHOLD INCOME AND ASSETS

	Monthly	Annual
Social Security:	\$ _____	\$ _____
Retirement:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Gross Income from subject Property:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

SUMMARY OF ASSETS

Cash Accounts: Savings: \$ _____ Checking: \$ _____ Other: \$ _____

Other real estate owned (give market value): \$ _____

TOTAL ASSETS: \$ _____

APPLICANT BANKING INFORMATION

APPLICANT BANKING INFORMATION

Name of Bank	Account #	Balance	Type of Account

Co-APPLICANT BANKING INFORMATION

Name of Bank	Account #	Balance	Type of Account

CREDIT & LEGAL

In the past 10 years have you in the been involved with any of the following? (Choose all that apply)

- Bankruptcy Judgement Lawsuit Liens on property

If so, please detail, specifying dates: _____



SUBJECT PROPERTY

Title to property in name (s) of: _____

Block/Lot: _____

Number of Units: _____

Land Ownership type (*choose one*): Condominium Co-op Fee Simple (1-4 unit)

Year of Purchase: _____ Energy Star Home: Yes No

Purchase Price: \$ _____

Original Mortgage: \$ _____

Balance: \$ _____

Monthly Payment: \$ _____

Lender: _____

SECOND MORTGAGE (if applicable)

Lender: _____

Original Mortgage: \$ _____ Balance: \$ _____ Monthly Payment: \$ _____

Homeowner's Insurance Carrier: _____

Coverage Limits: _____

Property Description (*choose one*): Brick Brownstone Frame



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Authorization To Release And Obtain Information

Borrower

Co-borrower

Name

Name

Address

Address

City / State / Zip

City / State / Zip

Social Security Number

Social Security Number

Date of Birth

Date of Birth

I have applied for a grant/loan from The Bronx Neighborhood Housing Services CDC, Inc. As part of the application process, Bronx NHS will verify information contained in my grant/loan application and in other documents required in connection with the grant/loan, either before the grant/loan is closed or as part of its quality control program after the loan has been closed.

I authorize you to provide to Bronx NHS all information and documentation that they request. Such information includes, but is not limited to, employment and income, bank account balances; credit history and copies of income tax returns.

Photocopies of this letter may be used to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information released. A copy of this authorization may be accepted as an original.

 Borrower Signature

 Date

 Co- Borrower Signature

 Date



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Privacy Policy

Bronx Neighborhood Housing Services CDC, Inc. (Bronx NHS) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Housing Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on surveys or other forms, such as your name, address, social security number, assets, and income.
- Information that you provide to us about, your creditors, account balance, payment history, parties to transactions and other financial information.
- Information we receive from a credit-reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your realtor, lender or other third parties. If at any time, you wish to change your decision with regard to your “opt-out”, you may contact us and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your lender, realtor or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I have received a copy of **The Bronx Neighborhood Housing Services CDC, Inc. Fee Schedule**.

Client’s signature

Date

Co-Client’s signature

Date



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Client Authorization Form

*Directions to client: Please read the following and let us know if you have any questions. If you understand and agree with the statements below, please sign this form. **Bronx Neighborhood Housing Services CDC, Inc. (Bronx NHS)** is committed to ensuring the privacy of individuals who contact us for financial/homeownership counseling/coaching assistance.*

1. I understand that **Bronx NHS** will provide financial capability/homeownership counseling/coaching to me free of charge or low cost and that I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that **Bronx NHS** submits client-level information (including clients' names) relating to homeownership and the Project Reinvest: Financial Capability program to not-for-profit organizations who oversee the program, including the Center for New York City Neighborhoods, Inc.(the Center) and NeighborWorks America through their Data Collection System (DCS).
3. I understand that the Center, NeighborWorks America and Project Reinvest: Financial Capability program administrators and / or their agents may:
 - a. review files for program monitoring and compliance purposes, and
 - b. Conduct follow-up with clients within the next three years for the purpose of program evaluation.
4. I understand that other information gathered, *excluding my name*, may be aggregated and used for research, program or policy development, or other legitimate purposes by relevant funders including but not limited to the Center for New York City Neighborhoods, NeighborWorks America, the New York State Office of the Attorney General, and the City of New York.
5. I understand that I may opt-out of these requirements, but proof of this opt-out must be recorded in my client file.
6. I acknowledge that I have received a copy of **Bronx NHS'** Privacy Policy.
7. I may be referred to other services provided by **Bronx NHS**, or to another organization, that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
8. Housing and financial counselors may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client's name (printed) _____

Client's signature _____ Date _____



Financial Health Questionnaire

1. Do you currently have any of the following? Check all that apply.

- Personal Budget, spending plan, or financial plan
- Checking account
- Savings account
- Retirement account (401K, IRA, or other investments for retirement)
- Social security or other public benefits (TANF, SNAP, disability, etc.)
- Health Insurance
- Homeowner's insurance
- Investment portfolio (stocks, bonds, mutual funds)
- Debt repayment plan
- College savings account for child(ren)

2. If you needed \$3,000 for an emergency, where would you get it?

- I have at least \$3,000 in savings.
- I have other assets I could sell or cash out (like a 401(k) account).
- I could borrow the money from family or friends.
- I would get a loan or credit card advance.
- I would be unable to get the money.

3. Do any of the following apply to you? Check all that apply.

- I have more the \$2,000 in credit card debt.
- I have unpaid medical debt.
- I am behind on car payments.
- I have other outstanding debt or judgements.

4. Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as emergency savings or to pay for future mortgage payments)?

- Yes No

5. Please list 1-3 goals (financial or otherwise) that you would like to achieve in the next 5 years.

1

2

3

Here are some categories for inspiration:





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Income and Expenses Worksheet

This worksheet is designed to help you assess how much money you earn and how much you spend in different categories. This exercise is an important first step to address mortgage challenges you may face.

Name: _____

Date: _____

Income:

Current Monthly Amount:

Job 1 gross pay	\$	
Job 1 take-home pay	\$	
Job 2 gross pay	\$	
Job 2 take-home pay	\$	
Self-employment income	\$	
Informal job/gig	\$	
Child support/alimony received	\$	
Social Security income	\$	
Rental income from tenants	\$	
Unemployment benefits	\$	
Public assistance (TANF, SNAP, other benefits...)	\$	
Disability income	\$	
Investments/401K/pensions income	\$	
Gifts/Support from family	\$	
Other income	\$	
TOTAL MONTHLY INCOME:	\$	0

To find your gross pay, look on one of your paystubs.

Does your income change from week to week or month to month? Many people have some irregular, seasonal and one-time income. It may help you to write down how often you receive each item on this list.

On the next pages, you'll enter your monthly expenses. If you have a hard time calculating your monthly expenses, here are some strategies that have worked for other clients to track their spending:

Keep a spending log for 1 week. Keep a list of everything you buy during one week. At the end of the week, add up expenses in different categories.

- Or -

Track your spending with online banking. If you use a bank account, call or visit your bank to sign up for online banking. Most online bank apps show your spending in different categories.

- Or -

Read your bank statements line by line. Look closely at your last two months of bank statements, assign each expense to a category, then add your total spending in each category.

- Or -

Use the envelope method. Label a set of envelopes with different budget categories and amounts (housing, food, utility bills, etc). When you get paid, put the amount of cash in each envelope that you want to spend in that category during a week or month.

- Or -

Budget with apps. There are many budgeting apps that help track your spending across multiple accounts and cards. You can set your own budget, and the app will send you reminders when you're close to your limit. Remember to keep your personal account information secure when using financial apps and banking websites.



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 Current Monthly Amount

Expenses:

HOUSING	Primary rent payment	\$	
		\$	
		\$	
	Renter's insurance (Monthly Payment)	\$	
		\$	
	Parking or other fees	\$	
	Money set aside for housing*	\$	
		\$	
	Other housing expenses:	\$	
Total: Housing	\$	0	
UTILITIES & TELECOM	Electricity	\$	
	Gas/heating oil	\$	
		\$	
	Telephone	\$	
	Internet	\$	
	Cable TV, dish, etc.	\$	
	Cell phone	\$	
	Other:	\$	
	Total: Utilities	\$	0
HEALTH & MEDICAL	Medical insurance	\$	
	Other insurance (<i>life, dental, etc.</i>)	\$	
	Medicine (<i>prescription and other</i>)	\$	
	Doctor/dentist visits	\$	
	Medical loans/bill payments	\$	
	Other (<i>eyeglasses, gym, etc.</i>)	\$	
	Hospital/emergency	\$	
	Other:	\$	
Total: Health & Medical	\$	0	
TRANSPORTATION	Car loan payments	\$	
	Other car payments	\$	
	Car insurance	\$	
	Car maintenance/repair	\$	
	Mass transit costs	\$	
	Gas	\$	
	Parking/tolls	\$	
	Total: Transportation	\$	0

<----- * If you are not able to make the full rent payment to your landlord right now, talk to your counselor about setting aside what you can for future payments.

Are you often caught off guard by due dates for bills?
 Use the *One-Month Income & Expenses Calendar* to keep track of your pay days and bill due dates



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Expenses (continued): Current Monthly Amount

	Payments on credit card balances*	\$	
	Student loans	\$	
	Legal fees	\$	
	Bank or credit card fees	\$	
	Check cashing, money transfer fees	\$	
	Taxes on self employment income	\$	
	Money given or sent to family	\$	
	Personal savings	\$	
	Other:	\$	
	Total: Credit Cards & Loans	\$	0
FOOD, ETC.	Groceries & household supplies	\$	
	Meals out	\$	
	Entertainment and hobbies	\$	
	Other (<i>subscriptions, etc.</i>):	\$	
	Total: Food & Entertainment	\$	0
CHILDREN	Childcare	\$	
	Tuition	\$	
	Child support	\$	
	Lunch money/allowances	\$	
	Supplies/lessons/sports	\$	
	Clothing, toiletries, diapers, other:	\$	
	Other:	\$	
Total: Children	\$	0	
PERSONAL & OTHER	Laundry	\$	
	Personal grooming (<i>salon, toiletries etc</i>)	\$	
	Clothing and shoes	\$	
	Travel/vacation	\$	
	Donations	\$	
	Other (<i>pets, etc.</i>):	\$	
	Other:	\$	
	Other:	\$	
Total: Personal	\$	0	
TOTAL MONTHLY EXPENSES		\$	0

<----- * Here, indicate the amount of monthly payments you make on credit card debt, if any. If you have significant credit card debt, talk to us about how to pay it down.

Have you thought about “paying yourself first”? Many homebuyers find it helpful here to include a line item for savings in their budget.

Signature of Certification of Completion

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____

If you don't have money left over... there may be some ways you can boost your income, reduce expenses, or manage your cash flow better.

Your counselor or legal services provider can discuss strategies to do this with you.

Current Monthly Budget:	\$	-
Income:	\$	-
Expenses:	\$	-
How Much is Left Over:	\$	-

Project Reinvest: Financial Capability



CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

To be completed by counselor:

Client ID / Name _____

Tier 1A

Tier 1B

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>				
2. I am securing my financial future	<input type="checkbox"/>				
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>				
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>				
5. I am just getting by financially	<input type="checkbox"/>				
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>				

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>				
8. I have money left over at the end of the month	<input type="checkbox"/>				
9. I am behind with my finances	<input type="checkbox"/>				
10. My finances control my life	<input type="checkbox"/>				

Part 3: Tell us about yourself.

11. How old are you? 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me

LEAD DISTRIBUTION ACKNOWLEDGEMENT FORM

The Bronx Neighborhood Housing Services CDC, Inc.

DATE: _____

Borrower: _____

Co-Borrower: _____

This is to certify that I, _____, current owner of the
Name of Owner

Premises located at _____
Address of Property

Acknowledge receipt of the Lead Hazard Information Pamphlet "**Protect Your Family from Lead in Your Home**" and that I will distribute it to all Tenants residing at the above mention property.

Borrower(s) Signature: _____

Loan Officer Signature: _____

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT 100
GOLD STREET
NEW YORK, NY 10038
ACKNOWLEDGEMENT

PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME

NOTICE TO LOAN APPLICANT: This form is being submitted to the NYC Department of Housing Preservation and Development pursuant to Title X Lead Regulations in connection with your application for a property improvement loan funded through the US-HUD Community Development Block Grant Program.

Date: _____

This is to certify that I, _____, as current owner of the premise
Name of Owner

known as _____, NY, have received the Lead Hazard
Address of Property

Information Pamphlet **“Protect Your Family from Lead in Your Home.”**

Signature of Owner

(If more than one owner, additional owners must sign below. If more than two owners, co-owners should fill out additional forms.)

This is to certify that I, _____, current co-owner of the premise
Name of Co-Owner

known as _____, NY, have received the Lead Hazard
Address of Property

Information Pamphlet **“Protect Your Family From Lead in Your Home.”**

Signature of Co-Owner

This is to certify that I, _____, currently residing at the premises
Name of Tenant

known as _____, NY, in Apartment # _____ have
Address of Property

received the Lead Hazard Information Pamphlet **“Protect Your Family From Lead in Your Home.”**

Signature of Tenant

(IF PROPERTY CONTAINS MORE THAN ONE DWELLING UNIT, EACH ADDITIONAL HEAD OF HOUSEHOLD MUST RECEIVE A COPY OF THE PAMPHLET "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME." IF MORE THAN ONE RENTAL HOUSEHOLD RESIDES IN BUILDING, HEAD OF EACH ADDITIONAL HOUSEHOLD MUST ACKNOWLEDGE RECEIPT OF PAMPHLET "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME.")

NYC DEPARTMENT OF HOUSING PRESERVATION AND
DEVELOPMENT HOME IMPROVEMENT PROGRAM

CERTIFICATE OF HOUSING DEFICIENCIES
(Please read this form carefully)

Dear Homeowner

Please be informed that you must use the proceeds from your Home Improvement Program ("HIP") loan to correct housing deficiencies listed in Category A. If you receive a HIP loan which exceeds the cost of correcting the deficiencies you have checked in **Category A**, you may include items from **Category B** in your scope of work.

If none of the housing deficiencies listed in Category A exist in your home, you are NOT eligible to apply for a HIP loan.

Please check that the items you will be correcting using the proceeds of the HIP loan. Your contractor's scope of work/cost estimate must reflect the items you check, as well as any additional eligible improvements (see Category B) you intend to make on your home. When applying for a HIP loan, you must include this **SIGNED** and **DATED Certificate of Housing Deficiencies** and your contractor's scope of work.

CATEGORY A - SEVERE HOUSING DEFICIENCIES (Please check the items below which are in need of repair in your home)

Electrical

- Broken or frayed electrical wires
- Un-insulated wiring
- Loose/improper wire connections
- Exposed fuse box connections
- Overloaded circuits
- Insufficient room outlets (less than 2)

Exterior

- Seriously deteriorating foundation
- Broken, rotted stairs, porches, balconies
- Deteriorating stoop (loose or missing bricks)
- Defective chimneys (leaning, deterioration of parts)
- Serious chipping, loose paint
- Rotting corroded gutters, leaders, soffits
- Buckling, sagging or leaking roof

Exterior (cont'd)

- Exterior surfaces characterized by severe buckling, sagging, leaking or holes

Plumbing

- Major Leaks
- Serious Pipe Corrosion
- Improperly connected/inoperative drains
- Inoperative bathroom toilet(s)
- Broken sewer/ rain/sewer back-up
- Missing or non-working sink(s) (Kitchen/Bathroom)

Ceilings/Walls/Floors

- Severe buckling
- Large holes or cracks; falling material
- Major floor movement
- Air infiltration
- Chipping, peeling or cracking paint
- Water stains caused by leaks
- Asbestos

Lead Paint

Heating

- Inoperative heating system
- Inoperative/defective hot- waterheater
- Inoperative/defective heat source (radiator, hot- air register, baseboard heaters)

Doors/Windows

- Severe deterioration of window frame
- Missing or broken, dangerously loose window panes
- Windows/doors that do not close
- Windows/doors lacking reasonably tight seal/inadequate window(s) door lock
- Inadequate ventilation (bathroom)

CERTIFICATE OF HOUSING DEFICIENCIES (CONT'D)

CATEGORY B - OTHER ELIGIBLE ITEMS

The following items may be financed with the proceeds of your HIP loan provided that (1) the deficiencies checked off under **Category A** above will be corrected and (2) part of the proceeds of your HIP loan remain unspent.

- Items listed in Category A which require upgrading but are not severely deteriorated.
- Building-wide systems, fifteen years old or older, in need of repair.
- Repairs or improvements which correct violations of the New York City Housing Maintenance and New York City Building Code (e.g., sidewalk repair or installation of smoke detectors where none previously existed.)
- Repairs or improvements which contribute to energy conservation (e.g., insulation, storm windows and doors, weather-stripping and caulking).
- Repairs or improvements necessitated by other eligible work undertaken (e.g., installation of ceramic tiles around a new bathtub or kitchen cabinets where walls have been repaired or storage was inadequate).

CATEGORY C - INELIGIBLE ITEMS

Only the items listed in Categories A and B can be paid for with the proceeds of the HIP loan. The items which **MAY NOT** be repaired, replaced, installed, constructed, or improved using the HIP loan include, but are not limited to: patios, garages, home additions, additional apartments, electronic security systems, refrigerators, stoves, washing machines and/or dryers, dishwashers, Jacuzzis, carpeting and landscaping.

I (We) hereby certify that if I (we) receive a Home Improvement Program (HIP) loan, the proceeds will, in the first instance, be devoted to the repair or replacement of the housing deficiencies I (we) have indicated on the checklist in Category A above.

I (We) further promise to permit the Department of Housing Preservation and Development ("HPD") and its authorized agents and designees (including but not limited to HPD personnel) to enter upon the premises at any reasonable time for the purpose of verifying any and all of the representations, warranties, and promises made in this Certification. I (We) promise to retain for a period of **Six (6) years** after the date of the signing of the Subsidy Agreement all cancelled checks and/or money orders used in connection with the work and produce them at the request of HPD for the purpose of verifying the cost thereof.

MULTIPLE DWELLING*

Yes **No**

Property Address

Borough

of Bedrooms

Handicap Accessible

Applicant's Name (Please Print)

Co-Applicant's Name (Please Print)

Applicant's Signature

Co-Applicant's Signature

Date

*If property is a multiple dwelling



BRONX NEIGHBORHOOD HOUSING SERVICES CDC, INC.
1451 E. Gun Hill Road | 2nd Floor | Bronx, NY 10469

Tel: 718.881.1180
Fax: 718.881.1190
www.bronxnhs.org

HOMEOWNER ACKNOWLEDGEMENT OF CONTRACTOR SELECTION

To: The Bronx Neighborhood Housing Services CDC, Inc. Home Improvement *Program*

Re *Client Name*: _____

Project Address: _____

Contractor selected: _____

I have requested that Bronx NHS make a loan and/or grant to me to finance the making of certain repairs and/or improvements to my house. It has been explained to me and I fully understand that standard Bronx NHS procedure is for the homeowner to select a contractor after reviewing proposed bids solicited from at least three different contractors.

Bronx NHS has made available to me a list of contractors whom Bronx NHS clients may have used in the past. I understand that I am under no obligations to use any contractor on this list and that I may use any contractor who meets the licensing and insurance requirements set forth below.

If I choose a contractor on the Bronx NHS list, Bronx NHS strongly recommends that I review the contractors' references and visit similar works they have completed. The contractors are to be insured (liability and worker's compensation), and licensed with the New York City Department of Consumer Affairs, Home Improvement (HIC) license. I will assist Bronx NHS with obtaining the insurance certificates and HIC license in connection with the contractor's bid. Furthermore, I understand that Bronx NHS does not guarantee the performance of any of the contractors on the said list.

If I choose a contractor on the Bronx NHS list, I do so by choice, and understand that I cannot hold Bronx NHS accountable for problems that may arise with the contractor I have selected.

Owner Signature

Date

Owner Signature

Date