

Healthy Homes Production Grant Application



Name of Applicant: _____	Property Owner Name: _____
Applicant Phone Number: _____	Property Owner Phone Number: _____
Applicant Email Address: _____	Does the property owner have knowledge of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	City/Town & Zip Code: _____

Race/Ethnicity of Applicant: _____
Age of Applicant: _____
Sex/Gender of Applicant: _____

Eligibility for this program will be determined based on this pre-screening form. Please complete this form to the best of your ability. If it is determined that you qualify for a Healthy Homes grant, you will be contacted and asked to complete the full application.

Eligibility

Please list all full-time residents in your home. This would include anyone who sleeps in the home at least 5 out of 7 days of the week. If there are children that come to the home two or more days out of the week for a total of 6 hours or more, please list them also:

Full Name	Date of Birth	Annual Income	Sex/Gender	Race/Ethnicity	Health Concerns/Diagnosis

Rehabilitation and Repair History:

List all the agencies, if any, that have funded rehabilitation/repair projects at your property, and the year these occurred: i.e. CHRIC, C.O.D.E, COI, City of Jamestown, etc. ***This does not impact your eligibility.***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Desired or Needed Repairs

Please check appropriate boxes

Exterior

<input type="checkbox"/> Painting	<input type="checkbox"/> Shutter Repair	<input type="checkbox"/> Porch/Stair Repair	<input type="checkbox"/> Wheelchair Ramp
<input type="checkbox"/> Siding Repair	<input type="checkbox"/> Weatherization	<input type="checkbox"/> <i>Minor</i> Roof Repair	<input type="checkbox"/> Yard Clean Up

Interior

<input type="checkbox"/> Painting	<input type="checkbox"/> Lighting Repair	<input type="checkbox"/> Window Repair	<input type="checkbox"/> Toilet/Shower Repair
<input type="checkbox"/> Flooring	<input type="checkbox"/> Plumbing	<input type="checkbox"/> <i>Minor</i> Wall Repair	<input type="checkbox"/> Junk Removal

Additional Comments:

Has a child in the home ever tested positive for lead?

Yes No Unsure

Please provide the following documentation:

If there are any barriers to obtaining this documentation, please contact the City of Jamestown Department of Development for assistance. If you are a tenant, please work with the property owner on this application.

- A copy of applicant's driver's license or real ID
- A copy of the property deed or lease agreement
- Proof of mortgage pay-off or proof of current mortgage balance
- Copy of property insurance policy
- Proof of Income (Previous years W2's, Social Security statements, current paystubs, copy of direct deposit)
- Proof of Current tax balance
- Properties located in flood zones will be required to have flood insurance, please provide proof if this applies.
- Rental units must have permission of the property owner before beginning any projects.
- If able, please provide photos of the problem areas in your home to be reviewed by inspectors

2023 HUD Income Guidelines

HOUSEHOLD SIZE:	MAXIMUM HOUSEHOLD INCOME:
1 person	\$43,050.00
2 persons	\$49,200.00
3 persons	\$55,350.00
4 persons	\$61,500.00
5 persons	\$66,450.00
6 persons	\$71,350.00
7 persons	\$76,300.00
8 persons	\$81,200.00

Total number of full-time residents in the home: _____ Annual household income: \$ _____

Are there children residing in the home full-time? Yes No

How many? _____

Are there children under 6 years of age residing full time in the home? Yes No

Does anyone in the home have a disability? Yes No

Do you have homeowners' insurance? Yes No

Are you currently paying on a mortgage? Yes No

Are you currently pay rent? Yes No

Safety Survey

An inspection will occur upon acceptance to the Healthy Homes program. Please answer this brief survey to the best of your ability to help determine eligibility.

Safety	Yes	No	Comments
Do windows properly open and close?			
Does anyone smoke or vape in the home?			
Are there any leaks or water damage in the home?			
Is there a visible presence of mold in the home?			
Are there functional smoke detectors in the home?			
Are there functional carbon monoxide detectors in the home?			
Are there any guns in the home?			

Is there access to water?			
a. Hot water?			
Is there evidence of pests in the home? (Mice, cockroaches, bedbugs)			
Are there any pets in the home? Please list in the comment box.			

How is the home heated? <input type="checkbox"/> Radiators <input type="checkbox"/> Baseboards <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Space Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> There is not currently a heating source
How is the home cooled? <input type="checkbox"/> Central Air <input type="checkbox"/> Window A/C <input type="checkbox"/> Fans Other: _____

I give permission for this pre-screening form to be sent to other faith-based and non-profit organizations for home repair services for the purpose of increasing services and benefits provided to me.

Initial Here: _____

The property owner must sign a 3-Year Anti-Speculation and Property Maintenance Agreement if their application is accepted. This states that for 3 years, the property must remain inhabited by the current resident and the property cannot be sold for 3 years, otherwise repayment of the grant may be required. The property must remain up to Jamestown City Code for the following 3 years as well. Failure and non-compliance may also result in a recapture of funds. *Please Initial:* _____

Upon acceptance of this application, a Healthy Housing Inspector will contact the property owner to schedule an inspection of the home. A complete inspection of the interior and exterior of the residence will be done to create a health and safety plan and determine improvements needed. *Please Initial:* _____

Note: Willful withholding of information or false statement of material fact will be considered grounds for disqualification and possible prosecution.

I understand the information I have provided is to assist in determining the eligibility of the Healthy Homes Program in Chautauqua County, New York. I certify the information that I have provided is accurate to the best of my knowledge and if I provide false information, I will be excluded from the program throughout the duration of the grant eligibility period.

Please Print Name Date

Signature

