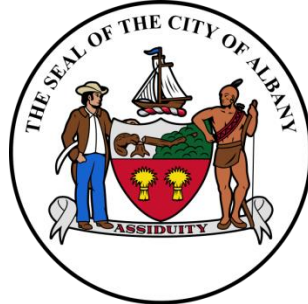


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*City of Albany*  
***Albany Community Development Agency***

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# HAP/HOAP Application

Home Acquisition Program

Home Owner Assistance Program

Revised January 2, 2020

# APPLICATION PROCESS PAGE

Upon receiving an application and guidelines from Albany Community Development Agency (ACDA), please take note of the following key points and the proper steps to submit a **completed** application below:

## **Key Points**

- **An application will not be accepted if any of the required documents are missing from the checklist** (Page 3)
- An Application will also not be accepted if **copies of all the required documents** are not supplied at the time of submission.
- Please keep the application in its original form and do not **remove** or **replace** any pages.
- **Single Family Homeowners**: Please **complete Owner Only** application section. (Pages 4-8 & Pages 13-16)
- **One-Four Family Homeowners**: If there are currently tenants, please complete **Tenant** only sections of application as well (Pages 9, 10 & 12)

A total complete application will be processed in a timely manner if all documents are submitted at once! If any items are missing from the checklist the application process will take longer to complete.

## **Steps**

1. Once all the information is collected and the application is complete, please call our office at 518-434-5265 to schedule an appointment or you can drop off a COMPLETED application with ALL documents from the checklist on Page 3 to our office.
2. At time of appointment, please bring all **COPIES** of all required documents per the checklist on Page 3 and all pages of the application with you.

# APPLICATION CHECKLIST FOR HAP/HOAP

An application is not complete and **WILL NOT** be accepted unless the following items are submitted **ALL AT ONCE**:  
*(Note: There is a reason for everything we require so please only return the requested items below)*

- \_\_\_\_\_ 1) Copy of the signed Purchase Contract (*All pages must be signed/initialed where required by all parties*)
- \_\_\_\_\_ 2) Copy of the signed Loan Estimate from Lender/Bank  
(a copy of the signed Closing Disclosure from your first mortgage closing will be required)
- \_\_\_\_\_ 3) Copy of the Appraisal, (plus photos of any extreme damage to the property)
- \_\_\_\_\_ 4) Copy of signed Lender/Bank Commitment letter
- \_\_\_\_\_ 5) Copy of Homeowner's Insurance with ACDA added to policy will be required at time of closing in order for ACDA to release funds (You will not have your Homeowners Ins until you are closer to the closing)
- \_\_\_\_\_ 6) Proof of completion of required homeownership training program(s) (see guidelines pg7 for approved agency)
- \_\_\_\_\_ 7) Copy of photo ID of **ALL OWNERS** (*Drivers License or non-driver ID card issued by DMV*)  
**ALL** documents **MUST** be signed **EXACTLY** as name appears on the picture ID.
- \_\_\_\_\_ 8) A Structural Engineer Report and Architectural Drawing is required if the building has been **VACANT** for more than six months. Sketched plans are required when structural modifications are proposed or there is extensive interior fire damage.

***\* (Please make sure ALL pages of the application are completed)\****

## Income Documentation of All Sources listed below:

- \_\_\_\_\_ 1) PAYSTUBS (*provide Copies of each paystub for the most current 2 months*)  
**Self-employed** applicants must provide **SIGNED** copies of their federal income tax returns with all attachments for the last **three years**. Eligibility will be based on the most recent year's verifiable income. A ACDA Verification of Employment form (VOE) may be required \_\_\_\_\_
- \_\_\_\_\_ 2) BANK STATEMENTS (*provide copies of each statement (all pages) for the most current 2 months*)  
For All Accounts. (*Actual Bank Statements (not a debit/credit ledger) must have both Customer and Bank name on them and include ALL pages*)
- \_\_\_\_\_ 3) SOCIAL SECURITY, DISABILITY and PENSION (*provide copy of most recent award letter/documentation showing gross income amounts*)
- \_\_\_\_\_ 4) CHILD SUPPORT and ALIMONY (*provide documentation verifying the amount received*)
- \_\_\_\_\_ 5) INTEREST and DIVIDEND income statements (*provide copies for most current 2 months*)
- \_\_\_\_\_ 6) Copy of most recent Federal Income Tax Return *with all attachments, including W-2 forms* \_\_\_\_\_  
(*If you do not file, please write letter why and how long it has been since you filed*)
- \_\_\_\_\_ 7) OTHER INCOME not listed above must also be included with supporting documentation.
- \_\_\_\_\_ 8) **Tenant MUST** provide copies of their paystubs for the most recent two months and a signed copy of their most recent Federal Income Tax Return with ALL attachments, including W-2 forms. Proof of all other tenant household income **MUST** be attached.



CITY OF ALBANY

ALBANY COMMUNITY DEVELOPMENT AGENCY  
 200 HENRY JOHNSON BOULEVARD  
 ALBANY, NEW YORK 12210-1522  
 PHONE (518) 434-5265 • FAX (518) 434-5242  
 www.AlbanyNY.gov

Kathy M. Sheehan  
 Mayor

Faye C. Andrews  
 Director

**APPLICATION FOR HOME ACQUISITION PROGRAM (HAP)  
 AND HOME OWNER ASSISTANCE PROGRAM (HOAP)**

Are you an immediate relative, employee, agent, consultant, or officer of any official of the City of Albany (either elected or appointed) or are you an employee, agent, consultant, or officer of any Neighborhood Improvement Corporation? **YES / NO**

If yes, state name(s) & relationship(s):

APPLICANT #1 (PLEASE PRINT CLEARLY):		APPLICANT #2 (PLEASE PRINT CLEARLY):	
Full Name:		Full Name:	
Social Security #:                    -                    -		Social Security #:                    -                    -	
Address:		Address:	
City / State / ZIP:		City / State / ZIP:	
Home Telephone:		Home Telephone:	
Work:	Cell:	Work:	Cell:
Employer's Name:		Employer's Name:	
Employer's Address:		Employer's Address:	
Years Employed:	Annual Salary: \$	Years Employed:	Annual Salary: \$
Other Income:	Amount: \$	Other Income:	Amount: \$
Bank Name:		Bank Name:	
Bank Address:		Bank Address:	
Acct. Type:	Balance: \$	Acct. Type:	Balance: \$
Property to be purchased:		# of bedrooms in owner's unit:	
Unit #2 proposed rent:	# of bedrooms:	Occupied? Y / N	Heat incl.? Y / N    Util. incl.? Y / N
Unit #3 proposed rent:	# of bedrooms:	Occupied? Y / N	Heat incl.? Y / N    Util. incl.? Y / N

**ANY KNOWINGLY FALSE INFORMATION SUPPLIED BY THE APPLICANT WILL RENDER THIS APPLICATION NULL AND VOID.  
 Each applicant certifies that all information in this application is true to the best of his or her knowledge and belief.  
 Verification may be obtained from any sources named in this document.**

Applicant #1 Signature:	Date:
Applicant #2 Signature:	Date:
Reviewed by (ACDA):	Date:

## MONITORING AND CERTIFICATION AGREEMENT FORM (FOR OWNER ONLY)

**This form must be filled out by the OWNER living in the building. All tenants should skip to page 9.**

Address of Building: \_\_\_\_\_, Albany, NY \_\_\_\_\_ ZIP \_\_\_\_\_  
 Unit #: \_\_\_\_\_ Floor #: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Is this unit currently **occupied?**  or **vacant?**

Is this a female head of household with child(ren)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is anyone over age 61 in this household?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the head of household or spouse disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list type(s) of disability(-ies) below:

Which of the following do you consider your family to be? (Check **ALL** that apply)

- Black / African American                     
  White / Caucasian                                     
  Hispanic  
 Asian   
  Native Hawaiian / Pacific Islander                     
  American Indian / Alaskan Native  
 Other(s): \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the full legal names of all household members. "Household" is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Legal Name	Relation to Head	Sex	Age	D.O.B.	Soc. Sec. #	Occupation
	SELF					

**INCOME & ASSET INFORMATION (THIS PAGE IS FOR THE OWNER'S HOUSEHOLD ONLY)**

**Please provide income SEPARATELY for everyone receiving income in the OWNERS household.**  
*\*All TENANTS should skip to page 10\**

TYPE OF INCOME	NAME OF HOUSEHOLD MEMBER(S) WHO RECEIVE THE INCOME	GROSS ANNUAL INCOME AMOUNT
Wages (Separately for each Person)		
Overtime		
Commissions		
Fees		
Tips		
Bonuses		
Unemployment		
Social Services		
Disability		
Social Security		
Pension		
Workers' Compensation		
Annuities		
Insurance policy payment		
Death benefit payments		
Child support		
Alimony		
Bank interest		
Dividends		
Rental income		

TYPE OF ASSET	HOUSEHOLD MEMBER(S) WHO OWN IT	TOTAL VALUE
Additional houses / real estate		
Stocks, bonds, etc.		
Savings & checking accounts		
Other (specify):		

**Under penalties of perjury, I declare that I received the above information, and to the best of my knowledge and belief, it is true and complete for all household members. I hereby authorize the Albany Community Development Agency and its agents/ employees to obtain additional information and verifications as may be necessary.**

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:		Date:
Adult #1:	Adult #3:	
Adult #2:	Adult #4:	

**CITY OF ALBANY COMMUNITY DEVELOPMENT AGENCY  
LEAD-BASED PAINT HAZARD CONTROL PROGRAM (OWNER'S HOUSEHOLD)**

**INFORMATION SHEET**

As the owner of the property you have applied for federal funds to identify and control LEAD paint hazards in your home. The primary goal of this program is to reduce the hazards posed to children from LEAD paint in homes. Information on the hazards of LEAD paint is provided in the attached pamphlet.

For children in your household under 6 years of age, it is necessary that they be screened for blood-LEAD levels, within 6 months of this date *and* within 60 days after the completion of the lead treatment. If this screening is not covered by your insurance, please contact the **Albany County Health Department at (518) 447-4620** for information on blood LEAD level screening and the hazards of LEAD paint.

If the property is accepted into this program, a number of activities will take place: First, LEAD staff will conduct an inspection of painted surfaces. This inspection will identify those surfaces that contain LEAD-based paint and work write-ups will be prepared. Only LEAD contractors who are trained and certified under federal requirements and approved for this program will do LEAD treatment. The LEAD program will conduct an inspection after the work is completed to measure the effectiveness of the treatments.

**NOTICE OF NON-DISPLACEMENT & TEMPORARY RELOCATION**

If assistance is provided to the property and LEAD paint hazard control work needs to be performed, you **will not** be permanently displaced. The Federal Uniform Relocation Assistance and Real Property Acquisition Policies of 1970, as amended, protect you from displacement. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

It is likely that you will need to be temporarily relocated from the unit in which the LEAD paint hazard control work is being completed. If needed, the Lead program will provide a LEAD-safe temporary housing conveniently located in several neighborhoods. Depending on the size and number of dwelling units to be treated, temporary relocation may be for a period of **fourteen – twenty one days**. The Lead staff will provide the owner/tenant(s) with the temporary relocation information. If you have to be temporarily relocated, assistance **can** be provided to help cover additional reasonable living costs.

**It is a requirement of HUD assisted housing programs that upon project completion the property is lead safe. The Lead grant will fund up to \$20,000 per unit to accomplish this requirement. For projects that are not eligible for the Lead grant this requirement will be met by these costs being covered by the funds available from ACDA's other housing programs. Unfortunately in some cases the cost of making the home lead safe when added to the rehabilitation costs may make the project unfeasible.**

*I have read and understood the guidelines and acknowledge that I may have to temporarily relocate while work is being performed:*

*Applicant #1 Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Applicant #2 Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**LEAD CERTIFICATION PAGE (OWNER'S HOUSEHOLD)**

**\* All OWNERS must fill out and sign the Lead Certification page\***

**In order for your application to be considered, you are required to certify the following:**

1. I have received a copy of the lead hazard information booklet
  
2. For children in my household under 6 years of age, I agree that I will have them screened for blood-Lead levels within 6 months before this application and within 60 days after completion of the Lead treatment.
  
3. This Agency is required to report to the U.S. Department of HUD the number of children under age 6 that will be protected in all units receiving LEAD Assistance. Please answer the following questions:
  - A. Do you have any *children/ grandchildren/ great grandchildren* under the age of 6 who **spend a significant amount of time visiting**? YES  NO   
 Ages \_\_\_\_\_
  
  - B. Do you **babysit** for any *children under the age of 6*? YES  NO   
 Ages \_\_\_\_\_
  
  - C. Do you have any *nieces/ nephews/ cousins or other relatives* under the age of 6 who **spend a significant amount of time visiting**? YES  NO   
 Ages \_\_\_\_\_
  
  - D. Is anyone in the household currently pregnant? YES  NO

Applicant #1 Signature:	Date:
Applicant #2 Signature:	Date:



## MONITORING AND CERTIFICATION AGREEMENT FORM (FOR TENANT ONLY)

**This form must be filled out by each TENANT of the building (one form per unit).**  
*(Copy/ request extra forms as needed)*

Address of Building: \_\_\_\_\_, Albany, NY \_\_\_\_\_

Unit #: \_\_\_\_\_ Floor #: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Is this unit currently **occupied?**  or **vacant?**  ZIP

How much is your monthly rent? \$			
Does rent include <b>heat</b> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is your rent paid by <b>Section 8</b> ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does rent include <b>electric</b> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is your rent paid by <b>Social Services</b> ? YES <input type="checkbox"/> NO <input type="checkbox"/>

HEAD OF HOUSEHOLD'S TELEPHONE NUMBERS:

HOME: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ WORK: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ CELL: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Is this a female head of household with child(ren)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is anyone over age 61 in this household?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the head of household or spouse disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list type(s) of disability(-ies) on next line:

Which of the following do you consider your family to be? (Check **ALL** that apply)

- Black / African American                       White / Caucasian                       Hispanic  
 Asian     Native Hawaiian / Pacific Islander                       American Indian / Alaskan Native  
 Other(s): \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the full legal names of all household members. "Household" is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Legal Name	Relation to Head	Sex	Age	D.O.B.	Soc. Sec. #	Occupation
	SELF					

**INCOME & ASSET INFORMATION (THIS PAGE IS FOR THE TENANT'S HOUSEHOLD ONLY)**

**Tenants, please provide income SEPARATELY for everyone receiving income in your household.**  
*(Copy/ request extra forms as needed)*

TYPE OF INCOME	NAME OF HOUSEHOLD MEMBER(S) WHO RECEIVE THE INCOME	GROSS ANNUAL INCOME AMOUNT
Wages (Separately for each Person)		
Overtime		
Commissions		
Fees		
Tips		
Bonuses		
Unemployment		
Social Services		
Disability		
Social Security		
Pension		
Workers' Compensation		
Annuities		
Insurance policy payment		
Death benefit payments		
Child support		
Alimony		
Bank interest		
Dividends		
Rental income		

TYPE OF ASSET	HOUSEHOLD MEMBER(S) WHO OWN IT	TOTAL VALUE
Additional houses / real estate		
Stocks, bonds, etc.		
Savings & checking accounts		
Other (specify):		

**Under penalties of perjury, I declare that I received the above information, and to the best of my knowledge and belief, it is true and complete for all household members. I hereby authorize the Albany Community Development Agency and its agents/ employees to obtain additional information and verifications as may be necessary.**

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:	Date:
Adult #1:	Adult #3:
Adult #2:	Adult #4:

**CITY OF ALBANY COMMUNITY DEVELOPMENT AGENCY  
LEAD-BASED PAINT HAZARD CONTROL PROGRAM (TENANT'S HOUSEHOLD)**

**INFORMATION SHEET**

The owner of the property where you live has applied for federal funds to identify and control LEAD paint hazards in your home. The primary goal of this program is to reduce the hazards posed to children from LEAD paint in homes. Information on the hazards of LEAD paint is provided in the attached booklet.

For children in your household under 6 years of age, it is necessary that they be screened for blood-LEAD levels, within 6 months of this date *and* within 60 days after the completion of the lead treatment. If this screening is not covered by your insurance, please contact the **Albany County Health Department at (518) 447-4620** for information on blood LEAD level screening and the hazards of LEAD paint.

If the property is accepted into this program, a number of activities will take place: First, LEAD staff will conduct an inspection of painted surfaces. This inspection will identify those surfaces that contain LEAD-based paint and work write-ups will be prepared. Only LEAD contractors who are trained and certified under federal requirements and approved for this program will do LEAD treatment. The LEAD program will conduct an inspection after the work is completed to measure the effectiveness of the treatments. Residents may contact the owner if they wish to review the work to be done.

**NOTICE OF NON-DISPLACEMENT & TEMPORARY RELOCATION**

If assistance is provided to the property and LEAD paint hazard control work needs to be performed, you **will not** be permanently displaced. The Federal Uniform Relocation Assistance and Real Property Acquisition Policies of 1970, as amended, protect you from displacement. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

It is likely that you will need to be temporarily relocated from the unit in which the LEAD paint hazard control work is being completed. If needed, the Lead program will provide a LEAD-safe temporary housing conveniently located in several neighborhoods. Depending on the size and number of dwelling units to be treated, temporary relocation may be for a period of **fourteen – twenty one days**. The Lead staff will provide the owner/tenant(s) with the temporary relocation information. If you have to be temporarily relocated, assistance **can** be provided to help cover additional reasonable living costs.

**LEAD CERTIFICATION PAGE (TENANT'S HOUSEHOLD)**

**All tenants must fill out and sign the Lead Certification page.**

**In order for your application to be considered, you are required to certify the following:**

1. I have received a copy of the lead hazard information pamphlet.
  
2. For children in my household under 6 years of age, I agree that I will have them screened for blood-Lead levels within 6 months before this application and within 60 days after completion of the Lead treatment.
  
3. The Agency is required to report to the U.S. Department of HUD the number of children under age 6 that will be protected in all units receiving LEAD Assistance. Please answer the following questions:
  - A. Do you have any children/ grandchildren/ great grandchildren under the age of 6 who **spend a significant amount of time visiting**?      YES       NO   
 Ages \_\_\_\_\_
  
  - B. Do you **babysit** for any children under the age of 6?      YES       NO   
 Ages \_\_\_\_\_
  
  - C. Do you have any nieces/ nephews/ cousins or other relatives under the age of 6 who **spend a significant amount of time visiting**?      YES       NO   
 Ages \_\_\_\_\_
  
  - D. Is anyone in the household currently pregnant?      YES       NO

Adult #1 Signature:	Date:
Adult #2 Signature:	Date:

**TENANT DISPLACEMENT FORM / RECEIPT OF PROGRAM GUIDELINES CERTIFICATION**

Dear Homeowner(s):

*(This page is to be filled out by the Owner/Landlord of the property)*

Since you have applied to this agency for financial and technical assistance to rehabilitate your house, you have certain responsibilities. One of these concerns any tenants living in your building. It is general policy of the Albany Community Development Agency to avoid displacement of existing tenants.

However, in some cases, permanent displacement of tenants may be necessary due to substantial or “gut” rehabilitation. In such cases, you must assume responsibility for aiding the displaced tenants in finding safe, sanitary and decent housing at a price the tenant can afford. If displacement does occur, the tenants are eligible for moving expenses according to a fixed schedule.

Whether or not tenants are being displaced, the agency requires you to inform the tenants of the fact that you have applied for rehab assistance and of their rights.

**Please check one** of the following boxes to show what you intend to do with your building:

- I have no tenants** in the building I wish to rehabilitate; therefore no tenants will be displaced.
- As a recipient of Community Development funds to aid in rehabilitating my property. I hereby certify I have no intention on displacing any of my tenants due to the work being done on the property. I further understand that a false statement may result in forfeiture of any and all assistance received.
- As a recipient of Community Development Funds to aid in rehabilitating my property, it will be necessary to permanently relocate existing tenant(s) of the property due to work and I hereby promise to do all that I reasonably can to aid the displaced tenant(s) in finding safe, sanitary and decent housing at a price they can afford.

By signing below, I/we confirm that I/we have received, read, and understand the program guidelines relating to:

- HOME ACQUISITION PROGRAM (HAP)
- HOME OWNER ASSISTANCE PROGRAM (HOAP)
- LEAD

**For houses built prior to January 1, 1978:** I / we understand that since I / we have applied to this Agency for assistance from one or more of the above programs, based on HUD requirements (24CFR, Part 35), ACDA will perform an initial lead hazard inspection and clearance testing for lead based paint hazards. Based on this inspection, the appropriate procedures for lead abatement will be required.

Applicant #1 Signature:	Date:
Applicant #2 Signature:	Date:
Rehab Property Address:	

## THIRD PARTY CONTACT FORM

Attorney's Name:	
Law firm:	
Address:	
Telephone:	Fax:
E-mail:	
Title Company Name:	
Address:	
Contact person:	
Telephone:	Fax:
E-mail:	
Bank/ Lender Name:	
Address:	
Contact person:	
Telephone:	Fax:
E-mail:	

Fill out Section A **and** Section B below:

SECTION A		
Mortgage loan amount:	Interest rate (%):	Term:
Purchase price: \$	Appraised value: \$	Assessed value: \$
SECTION B		
Annual <u>school</u> taxes: \$	Annual <u>property</u> taxes: \$	

## RELEASE FORM

I / We, the undersigned, hereby authorize the Albany Community Development Agency and its agents/ employees to obtain credit, financial, income tax and any additional information necessary to process this application.

I / We also authorize the Social Security Administration to disclose information relative to the amount of my gross benefit to the Albany Community Development Agency.

APPLICANT #1:	APPLICANT #2:
Signature:	Signature:
Date:	Date:
Social Security #: _____ - _____ - _____	Social Security #: _____ - _____ - _____

## PROPERTY DESCRIPTION FORM

APPLICANT #1 (PLEASE PRINT CLEARLY):		APPLICANT #2 (PLEASE PRINT CLEARLY):	
Full Name:		Full Name:	
Home Telephone:		Home Telephone:	
Work:	Cell:	Work:	Cell:
E-mail:		E-mail:	
Property address:			

PERSON(S) WE SHOULD CONTACT TO ARRANGE AN INSPECTION OF THE PROPERTY (IF DIFFERENT THAN ABOVE):	
Name:	
Company name:	Title:
Address:	
Telephone #:	Fax #:
E-mail:	

PROPERTY CONDITION:				
FLOOR #	APT. #	CURRENTLY OCCUPIED?	<u>EXISTING</u> # OF BEDROOMS	<u>PROPOSED</u> # OF BEDROOMS
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		

Which floor(s) / unit(s) will the owner(s) occupy? \_\_\_\_\_

Which floor(s) / unit(s) will be rented, if any? \_\_\_\_\_