



## City of Rochester Emergency Assistance Repair Program Owner-Occupant Application

City of Rochester Housing Rehabilitation Program application and document checklist will instruct you which documents to include with your application.

Please complete the application and attach all of the documents as indicated below. **All required documents must be submitted with your application to be processed. Do not submit original documents, please make copies.**

### Application Document Checklist

1. Complete application in its entirety, including all attachments.
2. Photo ID for household members age 18 and over; and birth certificate for household members under age 18. Acceptable form of ID such as driver's license, state issued ID, military ID or passport.
3. Copy of the deed to the property. The name(s) listed on the deed must consistent with the person(s) that signs the application and all accompanying forms. You may be ineligible for the program(s) if the deed to the property lists multiple owners who do not reside in the property.
4. Provide a copy of bank statements.
5. Provide copy of the water bill (water bill must be current) and the RGE bill.
6. If an individual listed on the deed is deceased, please provide a copy of the Death Certificate
7. If the owner's name on the deed has changed, please provide proof of name change (marriage certificate, divorce decree, etc).
8. Copy of homeowner's insurance.
9. Copy of current mortgage statement. Owner must be current with their mortgage and not subject to mortgage foreclosure at the time of application.
10. Copy of current City of Rochester and Monroe County tax bill. Owner must be current with their City and County taxes and not subject to tax foreclosure or stay up to date with your payment plan throughout the entire application process.
11. Property must be in good conditions.
12. Provide income documentation for **all** household members age 18 and over.
  - a. Most recent eight (8) weeks of consecutive paystubs;
  - b. Current tax return with W-2 forms (if you cannot locate your tax returns, contact the IRS at 800-829-1040 to obtain a copy of tax and wage transcripts). If you did not file tax returns, submit proof of non-filing from the IRS for the past 2 years;
  - c. Copies of all other forms of income such as: Unemployment, Pension, Social Security Disability, SSI, Social Security, SS-1099 forms, Retirement, Child support award statements and deposits, alimony award statements and deposit, Workman's Compensation award statement and deposits, and income received from rental property;
  - d. If you are self-employed submit a current year-to-date Profit and Loss statement for your business showing all income and expenses broken by month.

**Sign and date the application and include all of the above required documentation.**

**INCOMPLETE applications cannot be processed**



<p><b>Need assistance for:</b></p> <p><input type="checkbox"/> Furnace</p> <p><input type="checkbox"/> Hot water tank</p>
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**Household Information:**

Homeowner Name(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family Size: \_\_\_\_\_ Female head of household:  Y  N Date of Birth \_\_\_\_\_

Property Owner age 62 or older:  Y  N Total Household Income \$ \_\_\_\_\_

Race/Ethnicity:  African American  White  Asian  Native American  Hispanic  
 Other: \_\_\_\_\_

**Household Members:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

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**Household Income**

List all sources of income for you and your household during the past 12 months. For “type of income” include full and part-time employment, unemployment benefits, pensions, Social Security benefits, disability benefits, child support, worker’s compensation, DSS assistance and alimony. Please provide written document for each source.

Recipient	Source of Income	Gross Monthly	Frequency (monthly, bi-weekly, weekly)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Do you receive income from rental property?  Yes  No If yes, what is the total amount per month \$ \_\_\_\_\_.



### Emergency Assistance Repair Program

**For Children Living at this Address (does not apply to the Roof Program or EARP):**

Number of children under age 6 receiving Medicaid: \_\_\_\_\_

Do any of the children listed above have lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Name of child's physician \_\_\_\_\_ Physician's phone number \_\_\_\_\_

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For each child under age 6, do you have a recent (within 6 months) medical record showing blood lead levels?

Child #1: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Child #2: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Child #3: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Signatures & Certifications:**

- I have received the EPA pamphlet titled, *Renovate Right*. **(does not apply to the Roof Program or EARP)**
- I agree to allow the City of Rochester to contact my child's physician as listed above. **(does not apply to the Roof Program or EARP)**
- I understand that this application does not guarantee that I will receive a grant. This application is used to determine if I am eligible for a grant. I understand that receiving a grant depends, in part, on whether I am eligible, the availability of funds and when my application is considered complete.
- I acknowledge that additional information and/or documentation may be requested from me/us.
- I authorize the City of Rochester to verify the accuracy of the information provided with the application.
- I agree to provide the City of Rochester and its consultants with reasonable access to the property for testing related to the program.
- I certify under penalty of law that all the information and documents I provided for this application are true, accurate and complete to the best of my knowledge. It will be grounds for denial of my/our application if it is found that I/we have falsified information or provided misleading information.

\_\_\_\_\_  
Signature (Name that appears on deed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Name that appears on deed)

\_\_\_\_\_  
Date