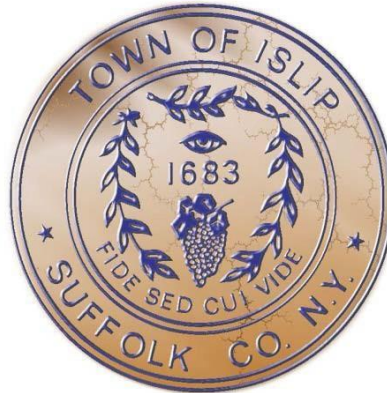


**Town of Islip
Community Development Agency**

Brochure and Application

Handicap Ramp Grant Program



**Islip Town Supervisor:
Angie M. Carpenter**

**Town Clerk
Olga H. Murray**

**Islip Town
John C. Cochrane, Jr. Trish Bergin Weichbrodt
James P. O'Connor Mary Kate Mullen**

**Acting Receiver of Taxes
Linda Mistler**

CDA Board of Directors

**Debra Cavanagh,
Chairperson**

**Jarett Gandolfo
Timothy Morris**

**Manuel Troche
Maria Vidal**

**15 Shore Lane, P.O. Box 5587, Bay Shore, New York, 11706
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**Executive Director
James H. Bowers**

**Assistant Director
Julia E. MacGibbon**

TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY



BOARD OF DIRECTORS

Debra Cavanagh, Chairperson

Jarett Gandolfo • Timothy Morris • Manuel Troche • Maria Vidal

James H. Bowers, *Executive Director* • Julia E. MacGibbon, *Assistant Director*



Dear Islip Homeowner

Thank you for your interest in the Handicap Ramp Program offered by the Town of Islip Community Development Agency (CDA). Enclosed is the application and a brochure explaining the procedures and eligibility requirements.

After reading the program brochure, if you need additional details regarding the program and the application process, please call our office at (631) 665-1185 we will be more than happy to assist you.

In addition to meeting the federal income requirements, you must also have owned and occupied your home for at least one year. If you think you meet the requirements stated in the brochure, please thoroughly complete the application and send it back to this office attention Handicap Ramp Program.

In addition to your completed application, you must also provide copies of the following required documentation. Your application cannot be processed unless we have this information. You will have 90 days from the time we first receive your application to provide the balance of the required documentation.

1. Income Verification

- Submit **signed** copies of the most recent Federal and State Income Tax Returns for all household members, **including all** schedules and W-2 forms, or a letter from you stating that based on your income, you are not required to file a Federal or State income tax return. If you do not file, please also contact the IRS and request a letter stating that you are not required to file an income tax return (Department of Treasury No: 1-800-829-1040). If you are not required to file an income tax return, please also provide a copy of your bank statement(s)
- Four (4) most recent consecutive pay stubs for **each** employed household member (including full-time college students)
- Award letters for each household member receiving Social Security, SSI, Compensation, or pension benefits
- Most recent complete bank or investment statements if your benefits are deposited directly, or if you are using these funds to help meet your monthly expenses

- If any household members are self-employed, please submit their most current financial statement and business income tax return (or Schedule C if sole proprietor)
 - If children in the household over the age of 18 are full-time students, please provide evidence of their Full-time educational status
2. Property deed
 3. Property survey which accurately reflects all current property conditions, including extensions, sheds, garages, pools, fences, etc.
 4. Certificate of Occupancy (C.O.), or, Certificate of Compliance (C.C.) indicating any extensions, deck, out buildings, pools or any other changes to the premises which required a building permit
 5. Property tax bill
 6. Homeowners insurance policy declaration page and paid premium
 7. Information on all mortgages, including current balances and amounts of monthly payments
 8. Disclosure and explanation of liens or judgments against you or your property
 9. Rental permit, if a legal rental unit is on premises
 10. Proof of citizenship
 11. Doctor's note stating that a ramp is medically necessary.

Please note the following:

- If an illegal rental unit is on premises, it must be dismantled or legalized before the CDA can provide any assistance
- Any out building(s) totaling over 139 1/2 sq. ft. and any deck higher than 18 inches must be listed on the C.O.

Thank you again for your interest in our programs.

Yours sincerely,

James H. Bowers

Enclosures

TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY
HANDICAP RAMP PROGRAM

I. INCOME

The maximum household income guidelines for this program are as follows:

<u>Family Size</u>	<u>Maximum Income</u>
1	\$81,450
2	\$93,050
3	\$104,650
4	\$116,250
5	\$125,600
6	\$134,900
7	\$144,150
8+	\$153,450

II. OBJECTIVE:

This CDA Program helps homeowners install handicap ramps when a doctor's note is provided and /or medically needed. The maximum grant amount is \$5,000.00.

III. PROGRAM STEPS:

1. Once the application and documentation have been received and reviewed, you will be contacted to set up an appointment for the inspection of your home to determine the location of the ramp.
2. The contractor will provide a work write-up and estimate for the cost of the ramp (CDA will provide a grant of up to \$5,000 - any additional cost will be at the homeowners expense).
3. The CDA will review the cost with the homeowner if acceptable, an agreement will be signed and a permit for the ramp will be obtained from the Town of Islip Building Department on behalf of the owner.
4. The application, documentation and work write up will be presented to the Loan committee for review and approval.
5. CDA Rehabilitation Specialists will assist homeowner in supervising work performed under this contract.
6. Once the job is completed and accepted by the homeowner and the CDA, the contractor will receive payment.

PLEASE NOTE

1. CDA employees are available to the public during the Agency's normal office hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. All work will be done between the hours of 8:30 a.m. to 5:00 p.m. It is important that you make your home available to the CDA Rehabilitation Specialists and contractors for work write-ups, inspections, and construction work during these hours. Failure to make your home available during these hours may result in the job being cancelled.
2. Please keep in mind that the entire process could take up to at least six months to complete from the date your application is received. The Agency will make every effort to begin work as soon as possible for qualified homeowners. Please keep in mind that all progress stops if you have not submitted all required documentation. You will have 90 days from the time we receive your application to provide the balance of the required documentation. Failure to provide this information will result in your application being returned to you and your job being cancelled. All work is done on a first come first served basis. Depending on workload, your job may be put on a waiting list.
3. The CDA **does not** provide emergency repairs.
4. The assessed value of the home as indicated on a property tax bill may not exceed \$45,000.

GENERAL RELEASE FORM

I (We), hereby authorized the Town of Islip Community Development Agency or its designated Agency to obtain and receive all records and information pertaining to eligibility for the Housing Rehabilitation Loan Program, including employment, income, credit, and banking information from all persons, companies, or firms holding or having access to such information.

This authorization hereby gives the Town of Islip Community Development Agency the right to request all information that we can obtain from any persons, company or firm on any matter referred to above.

I, (We) agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement of information released by them to the Town of Islip Community Development Agency for the purpose of the Housing Rehabilitation Program. The terms of authorization shall commence on the date of signature and be in force for a period of two (2) years.

Please Type or Print Clearly

Applicant		Co-Applicant	
1.	_____	1.	_____
	Name		Name
2.	_____	2.	_____
	Any other name(s) know by in the past 7 years		Any other name(s) know by in the past 7 year
3.	_____	3.	_____
	Current Address		Current Address
4.a.	_____	4.a.	_____
	Other addresses in the past 2 years		Other addresses in the past 2 years
b.	_____	b.	_____
5.	_____	5.	_____
	Social Security No.		Social Security No.
	_____		_____
_____		_____	
Signature	Date	Signature	Date

**TOWN OF ISLIP COMMUNITY DEVELOPMENT AGENCY
REHABILITATION LOAN APPLICATION**

APPLICANT:

CO-APPLICANT:

NAME		
ADDRESS		
TOWN		ZIP CODE
NEAREST CROSS STREET		
TELEPHONE #		
SOCIAL SECURITY #		
DATE OF BIRTH		
EMPLOYER NAME		
ADDRESS		
TELEPHONE #		
POSITION		
INCOME		PER YEAR
LENGTH OF EMPLOYMENT:		
OTHER INCOME- INCLUDE PENSION, INTEREST, ETC.:	\$	PER YEAR
EXPLAIN		

NAME		
ADDRESS		
TOWN		ZIP CODE
NEAREST CROSS STREET		
TELEPHONE #		
SOCIAL SECURITY #		
DATE OF BIRTH		
EMPLOYER NAME		
ADDRESS		
TELEPHONE #		
POSITION		
INCOME		PER YEAR
LENGTH OF EMPLOYMENT:		
OTHER INCOME- INCLUDE PENSION, INTEREST, ETC.:	\$	PER YEAR
EXPLAIN		

PLEASE LIST ALL OTHER FAMILY AND HOUSEHOLD MEMBERS (DO NOT INCLUDE APPLICANT(S) ALREADY LISTED ABOVE):

NAME	AGE	SOCIAL SECURITY #	ANNUAL INCOME	SOURCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				

BY LAW, YOU ARE NOT REQUIRED TO PROVIDE INFORMATION AS TO ETHNICITY AND RACE. IF YOU DO NOT WISH TO PROVIDE THIS INFORMATION, PLEASE INITIAL THIS BOX.

Hispanic (check one) Yes No

- | | | | |
|--|--------------------------|--|--------------------------|
| White | <input type="checkbox"/> | American Indian/Alaskan & White | <input type="checkbox"/> |
| Black | <input type="checkbox"/> | Asian & White | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Black/African American & White | <input type="checkbox"/> |
| American Indian/Alaska Native | <input type="checkbox"/> | Amer. Indian/Alaskan Native & Black/African American | <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | Other | <input type="checkbox"/> |

PLEASE LIST ALL MORTGAGES ON YOUR PROPERTY:

NAME OF LENDER	MONTHLY PAYMENT	BALANCE OWED
1		
2		
3		

	YES	NO
DO YOU HAVE A DSS LIEN ON YOUR HOME? (Check One)		
DO YOU HAVE AN ACCESSORY APARTMENT IN YOUR HOME? (Check One)		

To the best of my knowledge, the information provided is true and correct.

Applicant Signature_____

Date _____

Co-Applicant Signature _____