



City of Norwich  
Housing Rehabilitation Application

List all bank accounts for occupants 18 and older:

Name	Account number	Account type	Amount

List all other assets and the value (vehicles, other real estate, stocks, bonds):

Asset	Value

Is there a mortgage on the residence?  Yes  No      Other liens?  Yes  No

Mortgage lender	Monthly payment	Balance

List other debts and the amounts (auto loans, credit cards):

Type	Date incurred	Monthly payment	Balance

Are you current on property and school taxes?  Yes  No

Name of Homeowners Insurance Company	Policy number

Address	Phone

Do you have flood insurance?  Yes  No

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Provide complete employment and self employment income for all household residents 18 and older.

Resident Name	Employer Name	Annual Gross Wages
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Employer Address

Resident Name	Employer Name	Annual Gross Wages
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Employer Address

Resident Name	Employer Name	Annual Gross Wages
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Employer Address

Other income. Check all that apply and list the annual amount received by any income sources.

<input type="checkbox"/> Social Security	Amount	Name(s) of occupants receiving income
<input type="checkbox"/> Supplemental Security Income		
<input type="checkbox"/> Pension		
<input type="checkbox"/> Retirement fund		
<input type="checkbox"/> Annuities		
<input type="checkbox"/> Disability benefits		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Welfare benefits		
<input type="checkbox"/> Unemployment benefits		
<input type="checkbox"/> Other		

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Provide all information and a self assessment on the condition of your residence.

What is the current property tax assessment? \_\_\_\_\_ Year built? \_\_\_\_\_

Number of bedrooms? \_\_\_\_\_ Number of bathrooms? \_\_\_\_\_

Self Assessment: Complete to the best of your knowledge.

	Condition		
	Good	Fair	Poor
Foundation type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior siding: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of windows: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical service (amps) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How old is the heating system (years) _____			

What home improvements do you feel are most necessary? Check all that apply.

	Reason:
<input type="checkbox"/> Foundation	_____
<input type="checkbox"/> Roof	_____
<input type="checkbox"/> Exterior siding	_____
<input type="checkbox"/> Windows/doors	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Heating system	_____
<input type="checkbox"/> Electrical service	_____
<input type="checkbox"/> Other	_____

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I/we certify that the statements in this application are true, complete and accurate to the best of my/our knowledge. I/we understand that if I/we willfully falsify or make false, fictitious, or fraudulent statements, I/we shall be compelled to repay the City of Norwich all loans made from the Housing Rehabilitation Program. I/we fully understand that it is a federal crime to knowingly make any false statements concerning the facts of this application. I/we hereby authorize the representatives of the City of Norwich to:

- (a) Obtain verification of information required for compliance within the regulations of this program, including but not limited to expenses and employment;
- (b) Upon giving reasonable notice, to enter the applicant's property for the purpose of completing environmental reviews, determining what rehabilitation is needed, and inspecting completed work.

I/we acknowledge that we have received and read copies of the following documents:

- Protect Your Family From Lead In Your Home (EPA)
- Hear The Beep Where You Sleep (NFPA)
- Carbon Monoxide Safety (NFPA)

Applications will be reviewed for eligibility on a first come, first served basis. Applications will not be considered complete and will not receive a waiting list number until all required documents are received. The City of Norwich will notify the applicant in writing if the application is accepted or rejected for participation in the Housing Rehabilitation Program.

Please sign, date, and return to:

City of Norwich  
Department of Community Development  
1 City Plaza  
Norwich, NY 13815

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Co-Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please contact Erik Scrivener in the Department of Community Development with any questions related to the application and program at (607) 334-1229, or by email at [escrivener@norwichnewyork.net](mailto:escrivener@norwichnewyork.net)

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The following documents must be submitted with your application to be marked as "Complete" as outlined in Section 4.B Required Documents of the Housing Rehabilitation Program Guidelines.

- Copy of social security cards for all household members
- Signed copy for your most recent Federal Income Tax return, Form 1040 (Applicant and Co-Applicant)
- Last two consecutive payroll stubs showing year-to-date earnings for all household members age 18 and older
- Verification of other sources of income included in the application
- Copy of the deed to the property
- Copy or proof of homeowner's insurance
- Copy or proof of flood insurance (if applicable)
- Most recent property and school tax bills, including receipts showing taxes are paid current
- Most recent bank statement for all checking and savings accounts (Applicant and Co-Applicant)
- Most recent mortgage statement including remaining balance and that the mortgage is paid current

If any of the required documents cannot be provided, please explain:

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Fair Housing Information

The following information is requested to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the Housing Rehabilitation Program. You are not required to furnish this information, but encouraged to do so. The information will not be used in evaluating your application or to discriminate against you in any way.

I prefer not to answer

Sex of applicant:      Male      Female

Age of applicant: \_\_\_\_\_

Marital status:      Married      Not married

Ethnic background (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Other _____     |

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DO NOT COMPLETE--FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date complete: \_\_\_\_\_

Waiting list # \_\_\_\_\_

Approved      Not Approved

Reason for denying approval:

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