



## HOME REHABILITATION PROGRAM APPLICATION

CITY OF LOCKPORT – COMMUNITY DEVELOPMENT DEPARTMENT  
Lockport Municipal Building – One Locks Plaza, Lockport, NY 14094  
(716) 439-6686

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

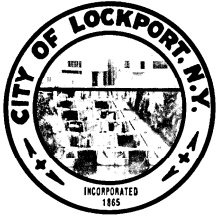
OWNERS NAME(S): \_\_\_\_\_ SINGLE FAMILY HOME: ☐ Yes ☐ No

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STARTING WITH THE HEAD OF HOUSEHOLD, LIST ALL ADULTS AND CHILDREN WHO LIVE IN THE HOUSEHOLD							
Name First      Middle Initial      Last			Relationship to Head of Household (Spouse, Son, Daughter, etc.)	Sex (M/F)	Date of Birth	Social Security Number (Required)	Race/Ethnicity (American Indian, Asian, Black/African American, Native Hawaiian, White, Hispanic/Latino, Not Hispanic/Latino)
1							
2							
3							
4							
5							
6							
7							
8							

If necessary, attach a separate sheet of paper to list additional household members

Total number of people in household \_\_\_\_\_



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Do you have legal title to your home? \_\_\_\_ Yes \_\_\_\_ No

Are all taxes (City, School, and County) and water bill on the property paid/current? \_\_\_\_ Yes \_\_\_\_ No

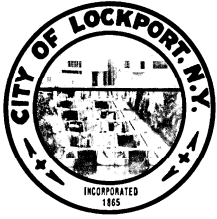
Do you own any other real estate (Income property, cottage, land)? \_\_\_\_ Yes \_\_\_\_ No

Do you have Homeowners Insurance? If yes, list Insurance Company & Phone Number \_\_\_\_ Yes \_\_\_\_ No

Homeowner Insurance Company: \_\_\_\_\_ Homeowner Policy Number: \_\_\_\_\_  
(please provide a copy of Homeowner Policy)

Is your total annual gross income less than the corresponding number of persons in your household (see below chart)? \_\_\_\_ Yes \_\_\_\_ No

Area	2024 Median Income	100% HLIL (approx. 80% AMI)							
		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Niagara County	\$221,000	\$56,600	\$64,650	\$72,750	\$80,800	\$87,300	\$93,750	\$100,200	\$106,700



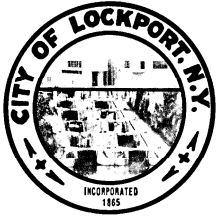
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**INCOME INFORMATION:** List **ALL household members (including children under 18)**. Income includes, but is not limited to, full or part time wages, self-employment, worker's compensation, disability insurances, unemployment benefits, social security, SSI, SSD, veterans benefits, pensions or annuities, child support, alimony, adoption subsidies, public assistance (welfare)

Household Member Name	Type of Income (see income listed above)	Gross Payment (indicate if received weekly, bi-weekly, monthly, etc)	Employer's Name or Name of Company issuing benefit

\*If necessary, attach a separate sheet of paper to list additional income or assets



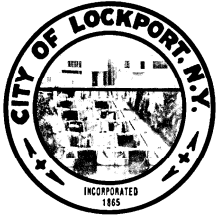
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**ASSET INFORMATION:** Assets include balance in checking or savings accounts, 401K's, IRA's, Stocks, Bonds, CD's, retirement or pension funds, lump sum settlements, inheritances, capital gains, etc. Assets aren't counted as income, only interest they earn.

Household Member Name	Type of Assets (see assets listed above)	Name of Bank, Institution, etc.	Approximate Value / Balance

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### CERTIFICATION:

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODES MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.**

I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that the income for ALL household members has been reported.

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Signature of Head of Household / Applicant

Date

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Signature of Co-Applicant / Applicant

Date

### CONFLICT OF INTEREST:

Federal regulations for the HTFC Home Rehabilitation Program require compliance with conflict of interest provisions. If you are related by blood or marriage to an employee, agent, consultant, officer or elected or appointed official in the City of Lockport or Belmont Housing Resources for WNY, or have a business relationship with an employee, agent consultant, officer, or elected or appointed official of either of these agencies, please describe the nature of the relationship. Belmont Housing Resources for WNY will determine if a conflict of interest exists. If no relationship exists, please state "None" in response to this question.

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**HOME IMPROVEMENT WORK NEEDED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

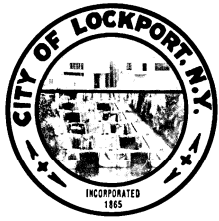
### OWNER OCCUPANCY:

Federal regulations for the HTFC Home Rehabilitation Program require the applicant to an owner-occupied home improvement program to occupy the property to be improved as their principal residence. In order to comply with this requirement, if you occupy the property to be improved as your principal residence, please complete and sign the following certification:

I, \_\_\_\_\_, hereby certify that I am the legal owner of record of  
\_\_\_\_\_, the property to be improved in the City of Lockport  
Owner-Occupied Home Improvement Program and I reside in it as my principal residence.

\_\_\_\_\_  
Head of Household / Applicant

\_\_\_\_\_  
Date



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