



Lt. Col.

MATT URBAN
Human Services Center of Western New York

Adopt A House Pilot Program Overview and Instructions

The Adopt A House Pilot Program is designed to provide small repairs and interventions that directly improve the health, safety and wellness of homeowners, their families and the surrounding community. The program is available to low to moderate homeowners of one and two-family structures.

This pilot program will accept applications through 4:30pm on February 18, 2022 with the anticipation of notifying awarded homeowners in Spring 2022. Awarded applicants will be required to pay a \$75 fee. The pilot program aims to complete awarded projects through the summer and fall of 2022.

To apply, please complete the attached application and provide applicable supporting documentation. If you have questions about the application or documentation needed, please call 716-893-7222 x220 BEFORE submitting your application. Incomplete applications will not be reviewed. Please submit applications to 1081 Broadway, attention: Community Development, Adopt A House.

An additional note about this pilot program: there may be unforeseen delays to program delivery given supply chain demands and the nature of a pilot program. We will aim to notify awardees and complete projects within the above mentioned timeline however these dates are not guaranteed. We appreciate your understanding and look forward to working with you!



Adopt A House Pilot Program Documentation Checklist

- Completed Adopt A House Pilot Program application
- Photo ID's for each person named on the deed or over 18 (Driver's License or other government issued ID)
- Deed
- One month of income documentation for all household members over 18
 - Paystubs (two (2) paystubs if paid every other week, four (4) paystubs if paid every week)
 - award letters
 - pension statement
 - other income documentation as applicable
 - Self-employed: one (1) additional bank statement (three (3) statements total) & 2020 tax return
- Two (2) months bank, credit union or SS pay card statements (make sure name is on statement)
- Photos of work to be completed (optional)

Applications should be submitted to 1081 Broadway by 4:30pm on Friday, February 18th, 2022

Please make them to the attention of: Community Development, Adopt A House



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Adopt A House Pilot Program Application

APPLICANT(S)

Applicant

Co-Applicant

Name: _____

Name: _____

Address: _____

Address: _____

Phone _____

Phone _____

Email _____

Email _____

HOUSEHOLD INFORMATION - Please list **ALL persons** currently living in your household

Name	Date of Birth	Veteran?	Disabled?	Has Income?
1 _____	___/___/___	Y / N	Y / N	Y / N / Self*
2 _____	___/___/___	Y / N	Y / N	Y / N / Self*
3 _____	___/___/___	Y / N	Y / N	Y / N / Self*
4 _____	___/___/___	Y / N	Y / N	Y / N / Self*
5 _____	___/___/___	Y / N	Y / N	Y / N / Self*
6 _____	___/___/___	Y / N	Y / N	Y / N / Self*

*Self employed

PROPERTY INFORMATION

Address of property to be improved: _____

Do you have a working smoke/carbon monoxide detector? Y / N

Do you have house numbers? Y / N Is this your primary residence? Y / N

Do you have a fire extinguisher? Y / N Are you interested in a street tree? Y / N

Home Repairs/Renovations being Requested:

Location(s) of work needed:

Description of repairs needed (attach additional sheet if needed):

Please tell us more about why you need these repairs (attach additional sheet if needed):

ADDITIONAL QUESTIONS

Are you part of a block club? Y / N If yes, which one?



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INCOME & ASSET INFORMATION

	<i>Employer Name</i>	<i>Hourly Rate</i>	<i>Annual Income</i>
Employer #1	_____	\$ _____	\$ _____
Employer #2	_____	\$ _____	\$ _____
<u>List Bank Accounts and Current Balance</u>		<i>Monthly Amount</i>	<i>Yearly Amount</i>
_____	Rental	\$ _____	\$ _____
_____	SSI / Pension / Disability	\$ _____	\$ _____
_____	Child Support	\$ _____	\$ _____
_____	Self-Employment**	\$ _____	\$ _____

REPORTING DATA

The following information is requested for certain types of funding. You are not required to furnish this information but are encouraged to do so. If you furnish the information, please provide both ethnicity and race.

Applicant I do not wish to provide this information

Co-Applicant I do not wish to provide this information

Sex: Female Male

Sex: Female Male

Race (Select all that apply):

Race (Select all that apply):

- American Indian/Alaskan Native Asian
- Black/African American White
- Native Hawaiian/Other Pacific Islander
- Other _____

- American Indian/Alaskan Native Asian
- Black/African American White
- Native Hawaiian/Other Pacific Islander
- Other _____

Ethnicity: Are you Hispanic? Y / N

Ethnicity: Are you Hispanic? Y / N

AUTHORIZATION

I (We) hereby certify the following:

- that I (we) are the owner(s) and of the property to be improved and that this is my (our) principal place of residence.
- That all of the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations;
- I understand that any willful misstatement of material fact contained herein may be grounds for disqualification from this program;
- That disclosure of information requested is voluntary however failure to disclose certain information may result in a delay or disqualification of my (our) application for assistance.

I (We) authorize the staff of the Matt Urban Center to obtain income and asset verifications from all household income sources.

I (We) understand that all information contained in this application will be kept confidential and that we have read and received a copy of the Matt Urban Center's privacy policy.

I (We) have read and understand all the information contained in this program application.

SIGNATURES

*****IMPORTANT: Please use checklist on next page to submit documents with this form**

Applicant _____ Date _____

Co-Applicant _____ Date _____

***** A \$75 fee will be due by all awarded applicants**

Date Received: ___ / ___ / ___ Complete App? Y / N