FRANKLIN COUNTY LAND BANK

Owner Occupied Repair Program

APPLICATION

355 W. Main Street, 4th Floor, Malone, NY 12953 · (518) 481-0556

Fields marked * are required. Print clearly or fill digitally.

Owner Occupied Repair Program — Pre-Application Narrative

Equal Housing Opportunity

The Franklin County Land Bank is committed to providing equal housing opportunities for all individuals. We do not discriminate based on race, color, religion, sex, disability, familial status, national origin, or any other protected class. All applicants will be treated fairly and consistently, in full compliance with applicable laws.

Fair Housing Disclaimer

The Franklin County Land Bank abides by the Fair Housing Act and all applicable federal, state, and local fair housing laws. We are dedicated to ensuring equal access to housing opportunities. Discrimination based on race, color, religion, sex, national origin, familial status, disability, or any other protected characteristic is strictly prohibited.

Selection

The selection of households for the Land Bank Repair Program will be conducted through a standardized, blind application review process designed to ensure fairness, consistency, and compliance with all applicable fair housing laws. Prior to review, all personally identifiable information—including names and other non-essential identifying details—will be redacted.

Completed applications will be evaluated by the review committee using objective, pre-established criteria related to program eligibility, financial readiness, and capacity to successfully complete homeownership requirements. At no time will selection decisions be based on any protected characteristic, including but not limited to race, color, religion, sex, gender identity, sexual orientation, familial status, national origin, disability, or any other classification protected under federal, state, or local law.

This process is intended to promote equitable access to housing opportunities and to ensure that all applicants are considered solely on the merits of their application and program qualifications.

Eligible Participants — Participants must meet the following criteria:

- Ownership of a 1–4 unit residential property
- Property located within target service area
- Property must be the primary residence
- Income Eligibility
- Household income must not exceed 120% of Area Median Income (AMI) based on HUD income limits
- Income must be verified and documented
- The LPA may utilize proxy documentation (e.g., participation in SNAP, WIC) with prior HCR approval.

Required documentation includes:

1. **Proof of ownership within eligible area:**
   Copy of your Deed
2. **Verification of primary residence:**
   Utility bill
3. **Income eligibility documentation:**
   Most recent tax returns - State and Federal and/or Social Security Benefits Statement
4. **Asset verification:**
   All assets must be disclosed, including checking, savings, 401(k) accounts, and stocks. For bank accounts, you must use our form, signed by an authorized representative of your bank.
5. **Proof of current homeowner's insurance:**
   Policy or Certificate of Insurance
6. **Verification of current property taxes:**
   Tax statement from the Franklin County Clerk's Office
7. **Deed Restrictions:**
   Copy of your Deed

Participants must comply with occupancy and maintenance requirements for a defined regulatory period:

- $0 to $3,000 — no regulatory period
- Over $3,001 — 3 years

During this period:

- Property must remain primary residence
- LPA approval is required for sale, transfer, or major changes
- Non-compliance may result in repayment of funds

Scope of Work — For each approved project:

- A professional inspection will be conducted
- A detailed written scope of work will be prepared
- Documentation will include photographs and justification of repairs
- An internal cost estimate will be developed

Awards are not expected to exceed $10,000; however, higher amounts may be considered where justified by demonstrated need.

Income Guidelines and Eligibility

Income Guidelines — 120% AMI Annual Income Limits (by household size)

Family Size	120% Annual Income
1	$74,400
2	$85,000
3	$95,600
4	$106,200
5	$114,700
6	$123,200
7	$131,800
8	$140,300

Family Size *

Select...

Project and Property Information - Property Subject to the Grant

Is the Applicant the owner of the property subject to the grant? The Applicant must be an owner, or co-owner of the property. *

☐ Yes ☐ No

What general community is the property located in? *

Select...

How many units are in the property? A maxiumum of 4 units are permitted to receive the grant. *

Select...

Are your property and/or school taxes up to date? *

☐ Yes ☐ No

Do you currently have homeowners insurance? Homeowners insurance is required to receive the grant. *

☐ Yes ☐ No

Have you received any grants for the property in the last 3 years *

☐ Yes ☐ No

Applicant Grant 1 - Provider Name *

Applicant Grant 1 - Grant Name *

Applicant Grant 1 - Grant Date *

MM/DD/YYYY

Applicant Grant 1 - Grant Amount *

Describe the property project for grant one *

Do you have another grant to add? *

☐ Yes ☐ No

Applicant Grant 2 - Provider Name *

Applicant Grant 2 - Grant Name *

Applicant Grant 2 - Grant Date *

MM/DD/YYYY

Applicant Grant 2 - Grant Amount *

Describe the property project for grant two *

Applicant Information

Applicant Name *

Applicant Primary Phone *

Applicant Email *

Applicant Physical Address (This is the property you are applying to receive the grant for) *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Is the Applicant's mailing address different from their physical address? *

☐ Yes ☐ No

Applicant Mailing Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

How many years have you lived at your current physical address? *

Select...

Applicant Previous Addresses - Past 5 Years

List each entry; attach a separate sheet if you need more space.

Applicant Previous Address 1 *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Family Composition - Household Members

List each entry; attach a separate sheet if you need more space.

Member Name *

Relationship to Applicant *

Applicant Employment Status *

☐ Currently Employed ☐ Retired ☐ Unemployed ☐ Other

Current Employment - Applicant

Applicant - Name of Current Employer *

Applicant Current Employer Phone *

Applicant Date Employed From *

MM/DD/YYYY

Applicant Current Job Title / Position *

Applicant's Gross Monthly Pay *

Applicant Current Employer Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

How long has the Applicant been working for their Current Employer? *

Select...

Previous Employment - Applicant

Applicant Previous Employer Name *

Applicant Previous Employer Phone *

Applicant Previous Employer Date From *

MM/DD/YYYY

Applicant Previous Employer Date To *

MM/DD/YYYY

Applicant Previous Job Title / Position *

Applicant Previous Employer Address *

Street Address

Apartment / Suite Number (optional)

City

State

ZIP

Applicant's Retirement Net Monthly Income

Does the Applicant have any additional sources of income? *

☐ Yes ☐ No

Additional Sources of Income - Applicant

Additional Income Source 1 - Applicant *

Additional Monthly Income Amount 1 - Applicant *

Does the Applicant have another additional source of income? *

☐ Yes ☐ No

Additional Income Source 2 - Applicant *

Additional Monthly Income Amount 2 - Applicant *

Applicant Personal References

Applicant Personal Reference One - Name *

Applicant Personal Reference One - Phone *

Applicant Personal Reference One - Releationship *

Select...

Applicant Personal Reference One - Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Applicant Personal Reference Two - Name *

Applicant Personal Reference Two - Phone *

Applicant Personal Reference Two - Releationship *

Select...

Applicant Personal Reference Two - Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Is there a Co-Applicant for this grant? *

☐ Yes ☐ No

Co-Applicant Information

Co-Applicant Name *

Co-Applicant Primary Phone *

Co-Applicant Email *

Co-Applicant Physical Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Is the Co-Applicant's mailing address different from their physical address? *

☐ Yes ☐ No

Co-Applicant Mailing Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Co-Applicant Employment Status *

☐ Currently Employed ☐ Retired ☐ Unemployed ☐ Other

Current Employment - Co-Applicant

Co-Applicant Current Employer *

Co-Applicant Current Employer Phone *

Co-Applicant Date Employed From *

MM/DD/YYYY

Co-Applicant Current Job Title / Position *

Co-Applicant's Gross Monthly Pay *

Co-Appliant Current Employer Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

How long has the Co-Applicant been working for their Current Employer? *

Select...

Previous Employment - Co-Applicant

Co-Applicant Previous Employer *

Co-Applicant Previous Employer Phone *

Co-Applicant Date Previous Employer From *

MM/DD/YYYY

Co-Applicant Date Previous Employer To *

MM/DD/YYYY

Co-Applicant Previous Job Title / Position *

Co-Appliant Previous Employer Address *

Street Address

Apartment / Suite Number (optional)

City | State | ZIP

Co-Applicant's Retirement Net Monthly Income *

Does the Co-Applicant have an additional source of income? *

☐ Yes ☐ No

Additional Sources of Income - Co-Applicant

Additional Income Source 1 - Co-Applicant *

Additional Income Amount 1 - Co-Applicant *

Does the Co-Applicant have another additional source of income? *

☐ Yes ☐ No

Additional Income Source 2 - Co-Applicant *

Additional Income Amount 2 - Co-Applicant *

Co-Applicant Personal References

Co-Applicant Personal Reference One - Name *

Co-Applicant Applicant Personal Reference One - Phone *

Co-Applicant Applicant Personal Reference One - Releationship *

Select...

Co-Applicant Applicant Personal Reference One - Address *

Street Address

Apartment / Suite Number (optional)

City State ZIP

Co-Applicant Applicant Personal Reference Two - Name *

Co-Applicant Applicant Personal Reference Two - Phone *

Co-Applicant Applicant Personal Reference Two - Releationship *

Select...

Co-Applicant Applicant Personal Reference Two - Address *

Street Address

Apartment / Suite Number (optional)

City State ZIP

Documents Upload

☐ Attached — Federal Tax Return (2024 or 2025)
☐ Attached — New York State Tax Return (2024 or 2025)
☐ Attached — Applicant Social Security Benefits Statement
☐ Attached — Policy or Certificate of Insurance
☐ Attached — Proof of Primary Residency: Please provide a most recent utility bill (e.g. Internet service, fuel, electric, etc.) showing your name and the address of the property.

- [ ] Attached — Property Deed
- [ ] Attached — Proof of Taxes up to date (certificate or recipt from the Franklin County Clerk that your property and school taxes are up to date)

Total Gross Income

Total gross annual household income *

Certification

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee funds for critical repairs. I acknowledge that should I receive funds through this program I am subject to the program regulatory requirements and agree to comply with occupancy and maintenance requirements for a defined regulatory period, that the property must remain my primary residence, that LPA approval is required for sale, transfer, or major changes, and that non-compliance may result in repayment of funds.

- [ ] I, the Applicant, have read and agree to the certification above.

Applicant Signature (sign)

Applicant Date Signed *

MM/DD/YYYY

Certification

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee funds for critical repairs. I acknowledge that should I receive funds through this program I am subject to the program regulatory requirements and agree to comply with occupancy and maintenance requirements for a defined regulatory period, that the property must remain my primary residence, that LPA approval is required for sale, transfer, or major changes, and that non-compliance may result in repayment of funds.

- [ ] I, the Co-Applicant, have read and agree to the certification above.

Co-Applicant Signature (sign)

Co-Applicant Date Signed *

MM/DD/YYYY