

## **Incorporated Village of Sea Cliff Community Development**

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P.O. Box 340, Sea Cliff, NY 11579 Tel: (516) 671-0080 Email: emcdonnell@seacliff-ny.gov

**The Village of Sea Cliff Community Development Program announces the opening of the Residential Rehabilitation Program Wait List for new applications FROM JUNE 5, 2017 THROUGH JUNE 30, 2017.** Applications are available at Sea Cliff Village Hall, 300 Sea Cliff Avenue, Sea Cliff, NY 11579 and online at [www.seacliff-ny.gov](http://www.seacliff-ny.gov) .

### **WHAT IS THE RESIDENTIAL REHABILITATION PROGRAM?**

The Residential Rehabilitation Program is a locally administered federal grant resource that allows low income families in the Village of Sea Cliff to have certain types of improvement work performed on their owner occupied homes. Households must not exceed HUD defined federal low income limits, among other requirements, to qualify for assistance. Please see the application for income limits.

The Village of Sea Cliff Housing Community Development Program administers the Residential Rehabilitation program for the Village of Sea Cliff. The Nassau County Office of Community Development determines final eligibility and actual work to be performed; Nassau County will require the information on the Village of Sea Cliff form as well as additional information before work on the home is approved.

### **Village of Sea Cliff Residential Rehabilitation 2017 Application Process**

All items listed on the application must be complete. Completed applications must be sent by regular mail (not registered or certified mail) and be in a standard business envelope (4 1/8" by 9 1/2"). There is a limit of one application per envelope. If an envelope contains more than one application, all applications in the envelope will be disqualified. **SEND ONLY ONE (1) COMPLETED APPLICATION.** Individuals submitting more than one application will be disqualified.

A lottery drawing is used to select applicants for the wait list. The Village of Sea Cliff Community Development Program will draw 10 applicants at random on July 10, 2017 from the pool of timely filed and completed applications. All applicants will be notified of their status by July 31, 2017. All applications not selected for the wait list will be destroyed.

### **Mail applications to**

**Residential Rehabilitation Wait List, PO Box 340, Sea Cliff, NY 11579**

**Completed application MUST have a valid postmark on or between June 5, 2017 and June 30, 2017**

**For a disability related reasonable accommodation to complete an application, please call (516) 671-0080 extension 120 or email emcdonnell@seacliff-ny.gov**



**Sea Cliff Village Community Development**

P.O. Box 340, Sea Cliff, NY 11579

Tel: (516) 671-0080

Fax: (516) 671-6508

RECEIVED

WAITING LIST DATE

Thank you for your interest in the Community Development Residential Rehabilitation Program. Please complete the following questions to determine initial eligibility for the Program. If your household meets Program guidelines, you will be placed on a wait list. Projects are considered in wait list order AS FUNDING BECOMES AVAILABLE; placement on the wait list DOES NOT GUARANTEE renovation(s) will be completed. Nassau County determines final eligibility and actual work to be performed; Nassau County will require the information on this form as well as additional information before work on the home is approved.

**Contact Information**

|                                       |                  |
|---------------------------------------|------------------|
| <b>Name</b>                           | <b>Phone</b>     |
| <b>Address</b>                        | <b>Alt Phone</b> |
| <b>Mailing Address (if different)</b> | <b>Email</b>     |

**Household Composition and Income:** List all persons who will live in the household and include income for **ALL HOUSEHOLD MEMBERS**. Income can be from and not limited to work (including overtime), government assistance (food stamps/EBT, TANF/AFDC, Social Security benefits, etc.), pensions, unemployment benefits, child and/or spousal support, dividends, income from assets, contributions from others, student loans and rent from tenants.

| FULL NAME | SOURCE OF INCOME | AGE | GENDER | DISABLED (Y/N) | GROSS INCOME |
|-----------|------------------|-----|--------|----------------|--------------|
|           |                  |     |        |                | \$           |
|           |                  |     |        |                | \$           |
|           |                  |     |        |                | \$           |
|           |                  |     |        |                | \$           |
|           |                  |     |        |                | \$           |
|           |                  |     |        |                | \$           |
|           |                  |     |        | TOTAL INCOME   | \$           |

Please check all that apply for the **Head of Household**. This information is for statistical purposes only. Your answers will in no way affect your eligibility.

|       |              |       |                         |
|-------|--------------|-------|-------------------------|
| _____ | White        | _____ | American Indian/Alaskan |
| _____ | Black        | _____ | Asian/Pacific Islander  |
| _____ | Hispanic     | _____ | Other                   |
| _____ | Non-Hispanic | _____ | Other                   |

**Head of Household is**

|       |      |       |        |
|-------|------|-------|--------|
| _____ | MALE | _____ | FEMALE |
|-------|------|-------|--------|

