



BUILDING FAÇADE GRANT PROGRAM APPLICATION



HOMEOWNER CONTACT INFORMATION

1 Primary Applicant/Mortgage Holder Contact:

Applicant Name: _____	Telephone Number: _____
Project Property Address: _____	Troy, NY 12180
Mailing Address (if different than project address): _____	
E-mail Address: _____	
Mortgage Holder Name (if different than Applicant): _____	Telephone Number: _____
Mortgage Holder Address: _____	

2 Additional Homeowner/Mortgage Holder Contact Information:

Addtl Mortgage Holder Name: _____	Telephone Number: _____
Property Address: _____	Troy, NY 12180
Mailing Address (if different): _____	
E-mail Address: _____	

INCOME

List ALL your income and the income of any other owners of the home. This includes, but is not limited to wages, income from self-employment (minus the cost of producing self-employment), child support, pensions, veterans benefits, disability, social security or SSI, grants or scholarships for housing or food, and income from friends and relatives.

Name of Person Receiving Income	Source of Income	Hours Worked per Month	Payment Frequency (weekly, bi-weekly, monthly, etc.)	Gross Amount Received Before Deductions



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HOMEOWNER ELIGIBILITY & DOCUMENTATION

1. Are you the Property owner?

- YES
- NO

2. I have owned the property since: _____ / _____ / _____
Month Day Year

3. The property is up to date on mortgage, municipal fees, property taxes and homeowners insurance at the time of application and will be upon start of work.

- YES
- NO

4. Applicant has a household income at or below 80% AMI

- YES
- NO

80% of the Area Median Income, By Number of Persons Rensselaer County					
1	2	3	4	5	6
\$53,550	\$61,200	\$68,850	\$76,500	\$82,650	\$88,750
7	8	9	10	11	12
\$94,900	\$101,000	\$107,100	\$113,200	\$119,350	\$125,450

5. If \$18,000 is not enough to complete the work you would like done, are you able to cover some costs yourself?

- YES
- NO

6. The following items must be submitted with application.

- a. Proof of ownership of the project location: Deed, tax bill, or mortgage payment receipt.
- b. Proof of insurance: Certificate of Insurance
- c. Proof of income - W2's or other wage statements, IRS Form 1099's, Tax Filings

7. Application and materials should be submitted to:

TCLB Façade Program c/o TAP, Inc.
210 River Street
Troy, NY 12180

8. Please use space below to provide additional applicant, homeowner or eligibility information

PROJECT DESCRIPTION

A. Please Select All that Apply

- | | |
|---|--|
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Roofing and/or Gutters |
| <input type="checkbox"/> Repair to Siding and/or Trim | <input type="checkbox"/> Accessibility Improvements (ramps, sidewalks) |
| <input type="checkbox"/> Repairs to Masonry | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Window Replacement | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Repair/Replacement of stoops, or porches | <input type="checkbox"/> Other: _____ |

B. Please use this space to describe the work you would like to complete with Façade Program assistance:



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TERMS AND CONDITIONS & How the Façade Grant Program Works

- Applicant must complete and sign an application and provide all required supportive documentation to be eligible for consideration.
 - Owner must allow visits by staff members of TAP.
 - Owner must work with TAP to develop work scope and eventually approve the created/proposed work plan.
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- Applications will be reviewed and accepted or denied based on a first-come, first-served basis. Applications will be date and time stamped upon receipt.
 - If a packet is missing document(s); applicant will have 2 weeks to provide documents in order to preserve their place on the waitlist
 - Owner occupants who have resided in their home for over ten years (10) will have priority. Their applications will be selected from the wait list first.
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- After receipt of completed application, The Troy Community Land Bank and TAP will review for eligibility.
 - If applicant is eligible, an appointment will be scheduled for TAP staff to visit the property to review needs and discuss project work eligibility with the homeowner.
 - TAP staff will determine a scope of work for improvements to the façade, and will also ask homeowner if they would like an energy assessment, free of charge.
 - If applicant is interested, TAP staff will also arrange an energy audit and provide guidance for the homeowner to seek separate funding to address energy consideration work.
(Energy assistance grant funds are not included in this program. A free energy assessment is included)
 - TAP staff will return for an appointment to review the proposed scope of Façade Program work and obtain homeowner approval.
 - Grant agreements will be mailed or emailed to the homeowner.
 - Homeowners will be required to sign and return to the grant agreement within 30 days of receipt.
 - Work will be scheduled for Fall of 2024 depending on contractor availability and weather.
 - Homeowners must be willing to allow contractors to complete work on their homes when scheduled. There will be minimal opportunities for scheduling changes.
If a homeowner is not able to accommodate the planned construction schedule within a reasonable time frame, the grant funds could be rescinded.
 - TAP and the Troy Community Land Bank will oversee the construction. All work will be done professionally and to the City of Troy code enforcement standards.
 - Troy Community Land Bank will pay the contractor for work performed.
 - When TAP confirms that the work is complete, there is no further requirement by the homeowner or by Troy Community Land Bank. The grant agreement will be closed out.
 - The Troy Community Land Bank reserves the right to make amendments to these guidelines at any time.

By signing this application, I certify that I have read and agree to the statements listed on this application, and that all applicant answers and supporting materials do not contain any untrue information and do not omit information or fail to state a material fact that would render the provided information incomplete or misleading.

Applicant Signature:	Date Signed:
Printed Name:	