



APPLICANT INFORMATION

Owner Name: _____ Phone: _____

Additional Owners: _____ Email: _____

Owner Permanent Residence Address

Street Address: _____

City, Zip: _____

Total Number of Properties Owned by or Under Control of Applicant: _____ Total Number of Residential Rental Units owned by or Under Control of Applicant: _____

PROPERTY INFORMATION

Street Address: _____

City, Zip: _____

Property Deed/Title in the name of: _____

Number of Housing Units (*current*): _____

Number of Housing Units Anticipated (*post-rehabilitation*): _____

Number of Eligible Vacant Units: _____

Number of Units to be Assisted with VRP Grant Funds: _____

Year Built: _____

Is Property Insured? _____

Are Property Taxes Current? _____

Is Property in Foreclosure? _____

Is Property a Mixed-Used Building? _____

Does the property contain commercial space on the first floor? _____

Describe property including any current uses and occupancy:

GRANT REQUEST

Type of Grant Award Requested:

- Standard Up to \$50,000 per eligible unit - *units affordable to 80% AMI level*
- Enhanced Up to \$75,000 per eligible unit - *units affordable to 60% AMI level*

Estimated Total Grant Funds Requested: _____

AMI:

- 4 family 80% AMI Essex: \$69,050
Warren/Washington: \$73,900
- 4 family 60% AMI Essex: \$51,780
Warren/Washington: \$55,440

VACANT RENTAL PROGRAM (VRP)

WORK SCOPE

Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance

ACKNOWLEDGMENTS *(initial each)*

My eligibility for the program includes verification by NRDC that I am a "Responsible Owner" (See attached *Responsible Landlord Checklist*).

I, or an immediate family member, may not serve as the contractor for the rehabilitation work.

I have not, and will not, displace a tenant for the purposes of making a unit eligible for grant assistance.

NRDC will conduct a property site inspection to verify eligibility for grant assistance.

If my property is constructed prior to 1978, the grant program requires a Lead Risk Assessment to be conducted in any unit receiving assistance (and any tenant means of egress) and that the rehabilitation scope of work is required to address any identified lead hazards.

Units that receive VRP grant assistance are subject to affordability requirements for 10 years, including selecting income-qualified tenants and a limit to the monthly rent charged to tenants. NRDC will be in charge of income qualifying tenants.

If selected for a VRP award, I will be required to execute an agreement with LPA and file a Declaration of Interest on the Property with the County Clerk.

I agree to take Fair Housing training and sign an annual Fair Housing Attestation.

VACANT RENTAL PROGRAM (VRP)

RESPONSIBLE LANDLORD CHECKLIST

Applicants must answer Yes or No to the following questions to confirm they are a responsible landlord.

A "Yes" answer to all questions will confirm responsible landlord status.

Property Ownership: Do you own the property for which you are applying for rehabilitation?

Yes

No

Code Compliance: Are you actively addressing any existing code violations or loss of occupancy certification with plans for compliance?

Yes

No

Fair Housing Compliance: Have you agreed to undergo Fair Housing training and sign an annual Fair Housing attestation?

Yes

No

Maintenance and Management: Do you maintain your properties to ensure they meet safety, cleanliness, and habitability standards?

Yes

No

Tenant Relations: Are you responsive to tenant needs and concerns, addressing maintenance and resolving issues in a timely manner?

Yes

No

Legal Compliance: Have you had any history of fair housing complaints, criminal judgments, or civil judgments related to your properties or tenants in the last 10 years?

Yes

No

VACANT RENTAL PROGRAM (VRP)

All information provided will be kept confidential. All applications received will become the property of North Country Rural Development Coalition (NRDC). I (We) hereby apply for assistance from NRDC. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participating in the program. I (We) hereby consent to and authorize NRDC to obtain verification of information required for compliance with the regulations of the VRP program.

Signature of Owner

Date

Signature of Co-Owner

Date



P.O. BOX 348
Ticonderoga, NY 12883



Phone (9am-4pm): 518-585-6366
info@northcountryruraldevelopment.org