

NYS VACANT RENTAL PROGRAM (VRP) APPLICATION

The Vacant Rental Improvement Program (“VRP”) is intended to support repairs and rehabilitation of vacant rental units and other vacant spaces to increase the supply of apartments for low and moderate income renters.

APPLICATION PROCEDURE

If the question does not apply, please type N/A or check no.

1. Fill out the application and submit all required documents listed on the checklist. Applications are considered INCOMPLETE if the follow items are not present:
 - a. Application
 - b. Required documents
2. Completed applications may be faxed, mailed, or dropped off at the ACCORD.
 - a. Fax number (585) 449-0292 Attn: Housing
 - b. Mailed or dropped off to:
 ACCORD
 Attn: Housing Department
 84 Schuyler Street
 PO Box 573
 Belmont, NY 14813
 - c. Emailed to: rehab@accordcorp.org
3. Applications will be date stamped when received. Projects will be selected based on eligibility requirements and prioritization.
4. Applicants will be notified in writing within thirty (30) calendar days of the application date.
5. Additional information can be found on www.accordcorp.org and <https://hcr.ny.gov/VRP>

TO ALL APPLICANTS FOR THE VACANT RENTAL PROGRAM

The following is a list of information that MUST be included with your completed application.

CHECKLIST	
<input type="checkbox"/>	Application must be filled out with appropriate pages signed and dated
REQUIRED INFORMATION	
<input type="checkbox"/>	A list of all residential and non-residential real estate owned (or have interest in) by the applicant(s) in Allegany County.
<input type="checkbox"/>	A copy of the recorded deed to the property with legal description attached (Schedule A) proving legal ownership.
<input type="checkbox"/>	Proof owner is current on utilities for the unit– copies of the most recent utility bills – electric, heat, water/sewer.
<input type="checkbox"/>	A copy of the declarations pages of the applicant’s current property insurance policy stating the policy period, amount of coverage and listing of all mortgages and/or liens against the property. The property owner must also maintain fire insurance coverage. If the property is located in a floodplain, the property owner must currently have or must obtain flood insurance in order to be considered eligible for program funds.
<input type="checkbox"/>	A copy of the property owner’s most recent PAID County (and City/Village/Town) and School tax bill if applicable.
<input type="checkbox"/>	A copy of the property owner’s most recent PAID Mortgage Statement if applicable
<input type="checkbox"/>	Copies of the most recent utility bills (e.g., electric, heat, municipal water/sewer, Spectrum, etc.) and identification that proves the owners residency in Allegany County.

NYS VACANT RENTAL PROGRAM (VRP)

Property Owner Grant Assistance Application

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			
Mailing Street Address:			
City, Zip:			
Property Deed/Title in the name of:			
Number of Housing Units (<i>current</i>)		Year Built:	
Number of Housing Units Anticipated (<i>post-rehabilitation</i>)		Is Property Fully Insured?	
Number of Eligible Vacant Units		Are Property Taxes Current?	
Number of Units to be Assisted with VRP Grant Funds		Is Property in Foreclosure?	
Describe property including any current uses and occupancy			
GRANT REQUEST			
Type of Grant Award Requested	<input type="checkbox"/> Standard <i>Up to \$50,000 per eligible unit - units affordable to 80% AMI level)</i>		<input type="checkbox"/> Enhanced <i>Up to \$75,000 per eligible unit - units affordable to 60% AMI level</i>
Estimated Number of Vacant Units to be Assisted with VRP Grant Funds		Estimated Total Grant Funds Requested	

ACKNOWLEDGEMENTS *(initial each)*

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

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PRIORTIZATION AREAS

I have participated in a rental assistance program for at least one year out of the last 3 years.

Please list the rental assistance programs that you have participated in.

Owner has been a landlord since:

Co-owner has been a landlord since:

ACKNOWLEDGEMENTS *(initial each)*

My eligibility for the program includes verification by ACCORD that I am a "Responsible Owner"

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

ACCORD 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

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

SIGNATURES

Signature of Owner	Signature of Co-Owner
Date	Date