



# TOWN OF BABYLON COMMUNITY DEVELOPMENT HOME IMPROVEMENT PROGRAM



ADMINISTERED BY  
COMMUNITY DEVELOPMENT CORPORATION OF LONG ISLAND, INC.

## 1. APPLICANT INFORMATION

<b>a) Primary Applicant Information</b>					
First:		M.I.:	Last:		
Address:					
City:		State:	Zip:		
Home Telephone #(xxx)xxx-xxx:			Cell Phone #(xxx)xxx-xxx:		
Work Telephone #(xxx)xxx-xxx:			E-mail:		
<b>b) Co-Applicant Name</b>					
First:		M.I.:	Last:		
Address:					
City:		State:	Zip:		
Home Telephone #(xxx)xxx-xxx:			Relationship to Primary Applicant:		
Cell Phone #(xxx)xxx-xxx:			E-mail:		

## 2. HOUSEHOLD INFORMATION

<b>a) Total Number of Household Members that Occupy the Home:</b>					
<b>b) Complete the following information for each household member that will occupy the home being renovated.</b>					
Name (Last, First, M.I.)	Relationship to Applicant	Sex (M/F)	Birth Date (mm/dd/yyyy)	Full- Time Student (Y/N)	Social Security Number (xxx-xx-xxxx)
1.	Applicant				
2.					
3.					
4.					
5.					
6.					
7.					
8.					





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**3. ECONOMIC PROFILE**

**a) Current Employment: List any and all current employers for each wage earner over "18" years old listed as a household member. Do not list past employers. Please include a separate sheet for any other employers.**

Name:	Employed by:	Gross Annual Income:\$
	Location Address:	Employer Telephone #(xxx)xxx-xxx:
	Job Title:	Full Time employee? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Hired (mm/dd/yyyy):	Please check one
Name:	Employed by:	Gross Annual Income:\$
	Location Address:	Employer Telephone #(xxx)xxx-xxx:
	Job Title:	Full Time employee? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Hired (mm/dd/yyyy):	Please check one
Name:	Employed by:	Gross Annual Income:\$
	Location Address:	Employer Telephone #(xxx)xxx-xxx:
	Job Title:	Full Time employee? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Hired (mm/dd/yyyy):	Please check one
Name:	Employed by:	Gross Annual Income:\$
	Location Address:	Employer Telephone #(xxx)xxx-xxx:
	Job Title:	Full Time employee? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Hired (mm/dd/yyyy):	Please check one





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**b) Supply dollar amount from each income source the Household receives. Sources of income include earned income from employment as well as social security, pensions, dividends, alimony, etc.**

INCOME TYPE	Family Member Name			
	a. Applicant	b. Co-Applicant	c.	d.
Self-Employment				
Alimony				
Investment Income				
Pensions				
Social Security				
Unemployment				
Taxable Interest				
IRA Distributions				
SSI				
SSDI				
Child Support				
Other Income				

**c) Please provide the following information:**

Current Value of Home (\$ amount):

Date you purchased your Home (mm/dd/yyyy):

Age of House (in years):

Do you currently have another Home Improvement Loan Application pending?  YES  NO

List all mortgages on property:

- 1.
- 2.
- 3.

Is anyone in your household disabled?  YES  NO

(IF YES, PLEASE PROVIDE NAME OF HOUSEHOLD MEMBER AND DESCRIBE DISABILITY)

Have you received assistance from this program prior to this application?  YES  NO





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**4. INFORMATION FOR HUD MONITORING PURPOSES**

This question is being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program. If you do not wish to furnish the below information, please check the box below. We must review the below material to assure that the disclosure satisfies all requirements of HUD.

<b>a) Ethnicity of Head of Household: Are you Hispanic/Latina?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish To Answer	
<b>b) Race of Head of Household:</b>	
<input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native and White	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/ African American and White <input type="checkbox"/> Amer. Indian/ Alaskan Native and Black/African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Do Not Wish To Answer

**5. LIST OF RECOMMENDED REPAIRS**

Please list below the items required to repair your home and bring it up to code. These are suggestions and there is no guarantee that these specific items will be completed as part of the project's scope of work.

1.
2.
3.
4.





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This application will be used to determine eligibility for the Town of Babylon's Home Improvement Program. Questions about the application should be directed to CDCLI at [homeimprovement@cdcli.org](mailto:homeimprovement@cdcli.org) or by calling CDCLI at 631-471-1215 x102

Please **FULLY** complete the application and provide **ALL** supporting documents **as soon as possible**. APPLICATIONS THAT ARE INCOMPLETE OR LACKING ALL DOCUMENTATION WILL BE INELIGIBLE. Applications may be (1) completed on-line at CDCLI's website at [www.cdcli.org](http://www.cdcli.org), (2) faxed to CDCLI at 631-471-5341, or (3) delivered to CDCLI either in-person or by mail to CDCLI office located at 2100 Middle Country Road, Centereach, NY 11720 ATTN: TOB Home Improvement Program.

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I/We understand that providing false information may disqualify me/us for consideration in the Home Improvement Program. If any of the information provided by me/us changes, including information on income or status prior to a signed contract, it is my/our responsibility to notify the CDCLI so that an updated determination can be made on my/our status. This may affect my/our ability to qualify for the Home Improvement Program. I/We understand that after review of my application and supporting documentation, CDCLI may determine that I/We do not qualify for the Home Improvement Program. CDCLI has the right to re-verify my/our program status at any time. I/We also certify, under the penalties and provisions of 18 U.S.C. §1001, and any other applicable laws, that the information submitted has been examined and approved and is true, correct, and complete. I/We also understand that apart from the penalties and provisions of 18 U.S.C. §1001, and any other applicable laws, falsification of any item in this application may result in the FORFEITURE OF ALL REHABILITATION FUNDS FROM THE TOWN OF BABYLON.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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**REQUIRED DOCUMENTS FOR HOME IMPROVEMENT PROGRAM APPLICATION  
INCLUDE COPIES ONLY OF THE INFORMATION AT 3-14**

1. Completed, signed and dated Application
2. Completed, signed and dated Certification, Authorization & Disclaimer Form
3. Copies of Signed 1040 Federal Tax Returns, with required schedules and W-2 Statement for the last three (3) years. If you have not filed taxes in the past 3 years, please submit verification of non-filing from the IRS
  - 2019
  - 2018
  - 2017
4. Completed and signed Form 4506 or 4506T request for copy of tax return
5. If applicable, four (4) most recent consecutive pay stubs that indicate year-to-date gross income. If year-to-date is not included on pay stub, a letter from your employer on company stationery is required
6. If applicable, documentation for current Social Security benefits, child support, pensions, disability, unemployment, etc.
7. If applicable, complete separation agreement or divorce decree
8. Copy of Permanent Residency ID Card, if applicable
9. Copy of most current paid Tax Bill
10. Copy of Deed
11. Copy of Survey
12. Copy of current Mortgage Statement or Satisfaction of Mortgage
13. Copy of current Homeowners Insurance Policy Paid to Date
14. Copy of current Flood Insurance, if applicable, Paid to Date

All household members age 18 and older must submit the information requested listed in numbers 1-14, if applicable. If any of the above documents do not pertain to household members 18 and older, please submit a notarized letter stating so.

**FULL AND COMPLETE DOCUMENTATION MUST BE PROVIDED WITH THE APPLICATION. INCOMPLETE APPLICATIONS OR DOCUMENTATION WILL RESULT IN INELIGIBILITY FROM THE PROGRAM.**





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**CERTIFICATION, AUTHORIZATION & DISCLAIMER**

**AUTHORIZATION FOR CREDIT AND TITLE REPORTS:**

I/we authorize CDCLI to obtain and review my/our credit report and score, from a Consumer Credit Reporting Agency as CDCLI shall choose, and to use and share information contained therein for purposes of my application for the Home Improvement Program. I/we authorize CDCLI to obtain and review a title report on my property from such entity as CDCLI shall choose, and to use and share information contained therein for purposes of my application for the Home Improvement Program.

**AUTHORIZATION TO RELEASE INFORMATION:**

I/We authorize CDCLI to verify all information contained in my/our Application with employers and third parties, and I/we authorize any such employer and third parties to release and disclose such information, including work history and salary, to CDCLI, the Town of Babylon, or their designees.

**UPDATED AND FALSE INFORMATION:**

I/We understand that providing false information may disqualify me/us for consideration in the Home Improvement Program. If any of the information provided by me/us changes, including information on income or status prior to a signed contract, it is my/our responsibility to notify the CDCLI so that an updated determination can be made on my/our status. This may affect my/our ability to qualify for the Home Improvement Program. I/We understand that after review of my application and supporting documentation, CDCLI may determine that I/We do not qualify for the Home Improvement Program. CDCLI has the right to re-verify my/our program status at any time. I/We also certify, under the penalties and provisions of 18 U.S.C. §1001, and any other applicable laws, that the information submitted has been examined and approved and is true, correct, and complete. I/We also understand that apart from the penalties and provisions of 18 U.S.C. §1001, and any other applicable laws, falsification of any item in this application may result in the FORFEITURE OF ALL REHABILITATION FUNDS FROM THE TOWN OF BABYLON.

**NO GUARANTEE:**

I/we understand that this application does not guarantee that assistance will be granted but will be used in determining my/our eligibility for the program. Whether or not I/we, if eligible, will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the program.

**RIGHT TO INSPECT:**

I/We am/are aware that the benefits available under this program are for **Resident Property Owners Only** and I/We consent to the inspection of my/our house by authorized personnel of CDCLI, the Town of Babylon, and each of their authorized designees, for the purpose of assessing and itemizing the rehabilitation work for which I/We am/are applying which includes a lead inspection and asbestos inspection.

**DISCLAIMER:**

It is understood that this is not an offer and that the Town of Babylon (TOB) or CDCLI may change the terms and conditions at any time. It is further understood that notices by the TOB or CDCLI may be made in such manner as the TOB or CDCLI may determine, including solely by advertisement. TOB and CDCLI are not responsible to any party for any damage(s) caused or which may be caused as a result of the information collected for this application. TOB and CDCLI have the right to reject any application for any non-discriminatory reason. Decisions by TOB and CDCLI are final.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date

