TCPDC TIOGA COUNTY PROPERTY DEVELOPMENT CORPORATION
607.687.8255 | www.tiogacountyny.com | 56 Main St. Owego NY 13827

VRP Program Application

The following application will need to be completed and submitted for TCPDC staff review for determination of eligibility. If your application is deemed eligible by TCPDC staff, it will be advanced for consideration of award to the TCPDC Board of Directors in the order in which they are received and meet the prioritization criteria until funds are fully allocated.

PROPERTY OWNER INFORMATION

Name(s):_____

Physical Address:_____

_____

Phone: _____ Phone: _____

Email: _____

Number of years residing at the above address: _____

	Yes	No
Do you have a personal or professional relationship with the TCPDC, and of its Directors or employees?	_____	_____

EMPLOYMENT INFORMATION

Please list the following information about EACH PERSON that owns the property:

Name	Employer Name	Number of Years	Self Employed? Y/N	Employer Address	Position	Annual Income

*Please attach additional pages if necessary.

SUBJECT PROPERTY INFORMATION

Address:

_____

_____

Deed/Title in name of: _____

Current Property Type: _____
(e.g., Single-Family, Two-Family, Three-Family, Multi-Purpose, Multi-Structure, etc.)

Number of Units: _____ Number of Units Requested for Assistance: _____

Is the subject property titled under a Certain Business Entity (e.g., [[C)? Yes No

If yes, please complete the chart below with ownership information:

Name	Physical Address	Percentage of Ownership

*Please attach additional pages if necessary

	Yes	No
Do you currently reside in one of the units? *If yes, please note that your unit is ineligible for assistance.*	_____	_____
Are the unit(s) requested for assistance vacant?	_____	_____
Are the unit(s) requested for assistance uninhabitable?	_____	_____
Are the unit(s) requested for assistance unmarketable?	_____	_____
Do you have open code violations?	_____	_____
Do you have any open building permits? *If yes, please note that the TCPDC reserves the right to review the status of each open building permit and whether to issue an award.*	_____	_____

In the past 3 years regarding the property you are applying for, do you have a substantial history of:

a. Outstanding federal, state, or local liens	_____	_____
b. Delinquencies on any local, County and school tax bills	_____	_____
c. Delinquencies on any municipal utility bills	_____	_____
d. Delinquencies on any mortgage payments	_____	_____

The term "substantial history" means no more than six (6) delinquent utility and/or mortgage payments and no more than two (2) delinquent tax bills during the past three (3) years.

	Yes	No
In the past 3 years regarding all properties in your real estate portfolio, do you have a history of:		
a. Bankruptcy or foreclosure	_____	_____
b. Investigation by the Department of Health, EPA, HUD, state agency or local government for law or regulation violation including Fair Housing regulations	_____	_____
Are you compliant with any and all previous loan/grant programs?	_____	_____
Do you maintain current comprehensive property insurance policies?	_____	_____
Is your property located in a Special Flood Hazard Area ("SFHA")?[4]	_____	_____
If you answered yes above, do you carry a flood insurance policy?	_____	_____

Please describe all requested improvements and/or repairs with estimated costs if known:

Improvement/Repair Item	Type of Improvement/Repair	Estimated Cost
1.		
2.		
3.		
4.		
5.		
6.		
	TOTAL	

*Please attach additional pages if necessary

	Yes	No
Do you have estimates for the improvements and/or repairs requested? *If yes, please submit the estimates with your application. If not, we will obtain them later.*	_____	_____

[4] **Please visit https://msc.fema.gov/portal/home if you are unsure whether your property is located in a SFHA.**

VRP AWARD INFORMATION AND REQUEST

The TCPDC will offer two award options until all funds are expended:

- Standard Award: up to $50,000 per eligible unit. The compliance requirement for this award is to rent to tenants with household income up to 80% Area Median Income ("AMI") at a rate affordable to the 80% AMI level.
- Enhanced Award: up to $75,000 per eligible unit. The compliance requirement for this award is to rent to tenants with household income up to 60% AMI at a rate affordable to the 60% AMI level.

Please select the award option per unit requested for assistance you would like to be considered by the TCPDC Board of Directors:

Standard (up to $50,000): _____ Units Requested for Standard Award: _____ Total:_____

Enhanced (up to $75,000): _____ Units Requested for Enhanced Award: _____ Total:_____

OTHER REAL PROPERTY INFORMATION

	Yes	No
Do you own or have interest in any other properties in Tioga County or an adjoining County?	_____	_____

If yes, list all property addresses below:

Street Address	City	Zip Code	County	Number of Residential Units	Number of Commercial Units
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
			TOTAL		

*Please attach additional pages if necessary

	Yes	No
If you own or have interest in any other properties in Tioga County or an adjoining County, are any of them titled under a Certain Business Entity (e.g., LLC)?	_____	_____

If yes, please complete the chart below:

Street Address	Certain Business Entity Name	Your Percentage of Ownership

*Please attach additional pages if necessary

REQUIRED SUPPORTING DOCUMENTS

Use the checklist below to ensure your application is complete. As part of the selection process, consideration of submitted applications will be prioritized for award based on the order in which they are received and further prioritization criteria listed on page 7 of the TCPDC's VRP handbook. In cases where incomplete applications are submitted or the TCPDC identifies a need to request additional information or documentation from an applicant, the TCPDC reserves the right to delay consideration of an award and instead advance completed applications. The TCPDC will advise applicants in writing of the status of an application within 30 days of a completed application and determination of eligibility.

Please include all applicable supporting documentation:

- ☐ A list of all residential and non-residential real estate owned by – or interest – the applicant in Tioga County and any adjoining County.
- ☐ A copy of the recorded deed to the property with legal description attached (Schedule A) proving legal ownership.
- ☐ Documentation for applicant eligibility as applicable:
  - ☐ Private individual(s) – copy of respective IDs
  - ☐ Certain Business Entities (e.g., LLCs) – list all owner names, percentage of ownership, copies of respective IDs and a copy of the operating agreement
  - ☐ Not-for-Profit Organizations – Certificate of Incorporation
  - ☐ Public or Quasi-Public Entities – Certificate of Incorporation
- ☐ The units submitted for funding must be vacant and uninhabitable and/or unmarketable.
  - ☐ Vacancy – copies of the past 6 months of utility bills – either NYSEG or municipal water/sewer – that reflect little to no usage.
    - ☐ Signed attestation that the unit(s) is vacant and that an existing tenant was not temporarily or permanently displaced for the purposes of making a unit eligible for program funds.
  - ☐ Uninhabitable – copies of municipal code violations and/or photos depicting the current state of the unit(s).
  - ☐ Unmarketable – if the unit is habitable but unmarketable, please provide a written opinion from a real estate professional that the unit does not meet acceptable conditions for decent and quality housing and the reasons why.
- ☐ A signed copy of the Responsible Owner Attestation Form.
- ☐ A signed copy granting permission for the TCPDC to undertake a Lead-Based Paint Risk Assessment for the assisted units.
- ☐ A signed copy of a New York State Fair Housing Acknowledgement Form.
- ☐ A signed copy of the Property Rent Limit Attestation
- ☐ 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. TCPDC requires that the property assisted must be insured for the full (100%) replacement value. 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.
- ☐ A copy of the property owner's most recent PAID County (and City/Village/Town) and School tax bill if applicable.
- ☐ A copy of the property owner's most recent PAID Mortgage Statement if applicable.
- ☐ A copy of the property owner's most recent PAID municipal utility bill if applicable.

- ☐ A signed copy of the VRP Program Acknowledgement.
- ☐ Copies of improvement/repair estimates if applicable.

Optional documentation to substantiate local residency:

- ☐ Copies of the past 12 months of utility bills (e.g., NYSEG, municipal water/sewer, Spectrum, etc.) that proves residency in Tioga County or an adjoining County.

AUTHORIZATION & CONSENT

I (we) hereby apply for assistance from the Tioga County Property Development Corporation's ("TCPDC") Vacant Rental Program ("VRP"). I (we) have read the accompanying Handbook and if selected, agree to comply with all expectations and requirements as outlined in "Qualifying for the Program" on pages 5 through 7 and "Program Obligations" on pages 8 through 10 including but not limited to executing a rental restrictive covenant enforced by the TCPDC.

I (we) hereby authorize TCPDC and its authorized agent(s) to verify any and all information contained in this application with other parties and to report its findings with me (us) as well as obtain additional information required for compliance within the regulations of the program. I (we) authorize the TCPDC to share information and supporting documentation I (we) have provided in this application and any other information relevant to any and all assistance awarded with any and all VRP partners including but not limited to the New York State Office of Community Renewal ("OCR"), the New York State Housing Trust Fund Corporation ("HTFC"), and local Code Enforcement Offices.

I (we) hereby certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant will disqualify the applicant from participation in the program.

This application does not guarantee or imply award of VRP funding. All awards are subject to approval by the Tioga County Property Development Corporation Board of Directors.

_____ _____

Signature (applicant) Date

_____ _____

Signature (co-applicant) Date

_____

Name (print)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. The Tioga County Property Development Corporation is committed to serving its community without discrimination and will comply with all rules and regulations in regard to its funding programs.

Applicant ❑ I do not wish to furnish this information			**Co-Applicant** ❑ I do not wish to furnish this information		
Ethnicity:			Ethnicity:		
❑ Hispanic or Latino	❑Not Hispanic or Latino		❑ Hispanic or Latino	❑Not Hispanic or Latino	
Race:					
❑ Black/African American	❑ White		❑Black/African American	❑ White	
❑ American Indian/Alaskan Native	❑ Asian		❑American Indian/Alaskan Native	❑ Asian	
	❑ Asian & White			❑ Asian & White	
❑ Native Hawaiian/Other Pacific Islander	❑ American Indian/Alaskan Native & White		❑Native Hawaiian/Other Pacific Islander	❑ American Indian/ Alaskan Native & White	
❑ Black/African American & White	❑ American Indian/Alaskan Native & Black/African American		❑Black/African American & White	❑ American Indian/ Alaskan Native & Black/African American	
❑ Asian/Pacific Islander			❑Asian/Pacific Islander		
❑ Other Multi-Racial			Other Multi-Racial		
Sex: ❑ Male	❑ Female	❑ Other	Sex: ❑ Male	❑ Female	❑ Other

Please sign, date and return to:

Tioga County Property Development Corporation
Attn: Tara Patton
56 Main Street
Owego, NY 13827

Or email to: TCPDC@tiogacountyny.gov

VRP Program Acknowledgement

The following program acknowledgement form shall be submitted in conjunction with a completed application.

I (we), _____ , hereby acknowledge that I (we) have received a copy of the Tioga County Property Development Corporation's Vacant Rental Program Handbook, have read and understand the expectations and requirements of the program, and agree to comply with the expectations and requirements of the program in regard to my (our) request for assistance in the amount not to exceed
$_____ for
[INSERT TOTAL AMOUNT OF ASSISTANCE REQUESTED]
_____

[INSERT ADDRESS]

that consists of _____ vacant units requested for assistance if selected for an award by the
[INSERT NUMBER OF VACANT UNITS]

TCPDC's Board of Directors.

_____ _____
SIGNATURE PRINTED NAME

_____ _____
SIGNATURE PRINTED NAME

_____
DATE

Vacant Unit Attestation

The following attestation shall be submitted in conjunction with a completed application.

I (we),_____ , hereby attest that _____ unit(s) requested for assistance are vacant and that an existing tenant(s) was not temporarily or permanently displaced for the purposes of making said unit(s) eligible for VRP program funds.

I (we) hereby attest under penalty of perjury that the above statement is true, accurate and complete to the best of my (our) knowledge and belief. I (we) acknowledge that false statements made knowingly by me (us) will disqualify me (us) from participation in the program. I (we) agree to provide, upon request, additional information or documentation to the TCPDC to further verify and confirm vacancy of a unit(s) requested for assistance.

_____ _____

SIGNATURE PRINTED NAME

_____ _____

SIGNATURE PRINTED NAME

_____

DATE

Responsible Owner Attestation

The following attestation shall be submitted in conjunction with a completed application.

I (we), _____ _____ , hereby attest that I (we) do not have a substantial history of outstanding federal, state, or local liens, and/or delinquent tax, utility or mortgage payments for my (our) property located at

.

I (we) attest that I (we) have not had more than six (6) delinquent utility and/or mortgage payments and have not had more than two (2) delinquent tax bills during the past 3 (three) years for the aforementioned property requested for assistance. Further, I (we) attest that I (we) have no history of bankruptcy or foreclosure and/or investigation by the Department of Health, EPA, HUD, state agency or local government for law or regulation violation including Fair Housing regulations for all properties in my (our) real estate portfolio during the past 3 (three) years.

I (we) further acknowledge and authorize the TCPDC to verify this attestation with entities including but not limited to the Tioga County Real Property Tax Service, Tioga County Clerk's Office, respective Fair Housing Officers, municipal Treasurers Offices, utility companies, etc.

I (we) hereby attest under penalty of perjury that the above statement is true, accurate and complete to the best of my (our) knowledge and belief. I (we) acknowledge that false statements made knowingly by me (us) will disqualify me (us) from participation in the program. I (we) agree to provide, upon request, additional information or documentation to the TCPDC to further verify and confirm that I (we) am a Responsible Owner.

_____ _____

SIGNATURE PRINTED NAME

_____ _____

SIGNATURE PRINTED NAME

_____

DATE

Permission to Conduct Lead-Based Paint Risk Assessment

The following permission statement shall be submitted in conjunction with a completed application.

I (we), _____ have received the EPA booklet, *Renovate Right* and *Protect Your Family from Lead in Your Home*, or have validated that I (we) received the electronic link to the pamphlets and reviewed the content; I (we) am aware of the possible hazards lead-based paint pose. In order to protect my (our) interests as well as to protect occupants and workers, I (we) and the TCPDC need information about the location of lead-based paint within my (our) unit(s) requested for assistance if the property was built before 1978.

The funding I (we) are receiving may require that I (we) undertake a formal assessment of the lead hazards within my (our) unit(s) requested for assistance; called a risk assessment. The risk assessment requires that a certified firm measure the level of lead-based paint of any deteriorated painted surfaces and other building components that will be disturbed during the project. This risk assessment will also include measuring the level of lead in dust and may examine soil for lead hazards.

By law, I (we) acknowledge that the results of the risk assessment must be disclosed to all future purchasers and tenants. If no lead-based paint is identified, then no special precautions will need to be taken during the project. Should lead-based paint be identified above allowable levels, then the EPA certified contractors will take special precautions to ensure occupant and worker safety. For projects where lead-based paint has been positively identified, a third-party clearance test will likely be required at the conclusion of work to ensure that lead levels are below allowable EPA levels. By law, I (we) acknowledge that the results of the clearance tests must be disclosed to all future purchasers and tenants.

I (we) give the TCPDC permission to act as my (our) agent to arrange for all lead testing. I (we) give the TCPDC permission to perform a lead risk assessment according to EPA and OCR requirements.

_____ _____

SIGNATURE PRINTED NAME

_____ _____

SIGNATURE PRINTED NAME

_____

DATE

New York State Fair Housing Acknowledgement

The following NYS Fair Housing acknowledgement form shall be submitted in conjunction with a completed application.

I (we), _____, hereby acknowledge that Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. I (we) acknowledge that it is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include but are not limited to race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status. I (we) acknowledge that if we procure a real estate professional to market units assisted with VRP funds, they must also comply with all Fair Housing and Anti-discrimination Laws.

_____ _____

SIGNATURE PRINTED NAME

_____ _____

SIGNATURE PRINTED NAME

_____

DATE

Property Rent Limit Attestation

The following rent limit attestation form shall be submitted in conjunction with a completed application.

Please select and complete the field within one of the following:

☐ I (we), _____, hereby agree and attest that I (we) will comply with the VRP rent limit maximums for the 10-year regulatory period which are as follows:

	UNIT SIZE (BEDROOMS)	80% AMI (STANDARD)	60% AMI (ENHANCED)
FY2026	1	$1,350	$1,012
	2	$1,620	$1,215
	3	$1,870	$1,402
	4	$2,086	$1,564

I (we) further agree and attest that I (we) will comply with the Utility Allowance schedule provided by the TCPDC and appropriately apply said allowances if my (our) tenants are responsible for any utilities. I (we) acknowledge that the aforementioned rent limits and utility allowance schedule are subject to change on an annual basis and that it is my (our) responsibility to comply during the 10-year regulatory period.

☐ I (we),_____, hereby agree and attest that I (we) if awarded funding through TCPDC's Vacant Rental Program, the assisted unit(s) will be rented at rates below the applicable Fair Market Rent (FMR) limits for the duration of the 10-year regulatory period.
Applicable FMR: $_____ per month; Proposed Monthly Rent $_____ per month.

I (we) further agree and attest that I (we) will comply with the Utility Allowance schedule provided by the TCPDC and appropriately apply said allowances if my (our) tenants are responsible for any utilities. I (we) acknowledge that the aforementioned rent limits and utility allowance schedule are subject to change on an annual basis and that it is my (our) responsibility to comply during the 10-year regulatory period.

_____ _____
SIGNATURE PRINTED NAME

_____ _____
SIGNATURE PRINTED NAME

_____
DATE

Reservation Deposit Acknowledgement & Agreement

The following Reservation Deposit Acknowledgement & Agreement form shall be submitted in conjunction with a completed application.

The purpose of the Reservation Deposit is to demonstrate the Applicant's commitment to completing the Vacant Rental Program rehabilitation project and to reserve program funding while TCPDC incurs costs associated with project development.

I (we), _____, acknowledge and agree to the following:

☐ I understand that I am required to submit a $500 Reservation Deposit before TCPDC schedules the initial project site inspection.

☐ I understand that the Reservation Deposit is not a program fee and is intended to demonstrate my commitment to completing the project.

☐ I understand that TCPDC will begin incurring project development expenses after receipt of the Reservation Deposit, including but not limited to construction management, inspections, environmental review, project development, procurement, and administrative costs.

☐ I understand that the Reservation Deposit will be refunded upon successful completion of the project and satisfaction of all program requirements.

☐ I understand that if TCPDC determines my project is not feasible or funding is unavailable through no fault of my own, my Reservation Deposit will be refunded.

☐ I understand that if I voluntarily withdraw from the program after TCPDC has incurred project development costs, or fail to comply with program requirements, TCPDC may retain all or a portion of my Reservation Deposit in accordance with program policies.

☐ I understand that any determination regarding the refund or retention of the Reservation Deposit will be made by TCPDC in accordance with the Vacant Rental Program policies and any executed program agreements.

I have read and understand the Reservation Deposit requirements and agree to comply with them.

_____ _____

PROPERTY OWNER SIGNATURE PROPERTY OWNER PRINTED NAME

_____

DATE

_____

TCPDC REPRESENTATIVE SIGNATURE

_____

DATE