

## Wayne County Landlord Intake Application

### Program Overview:

The purpose of the program is to increase the amount of quality apartments available for Section 8 clients by working with local, small business landlords to make repairs and bring housing into compliance with Housing Quality Standards, to be eligible for Section 8 residents. This program will assist landlords in improving their business practices, managing their relationship with tenants and improve their knowledge of fair housing practices. Upon receipt of assistance the landlord will be required to sign an affordable rent agreement.

### Eligible Landlords/Requirements:

- Own property in Wayne County that is, or will be, leased to a Section 8 Voucher holder;
- Current on mortgage and taxes;
- No outstanding code violations (unless issues are to be corrected with the grant funded rehab);
- Owns 15 or fewer units;
- Must agree to attend at least one 2-hour training session.

### Eligible Costs:

- Rehab to remedy issues identified in HQS inspection;
- Rehab to remedy code violations;
- Rehab to address health and safety issues (lead hazards);
- Work to enhance energy efficiency;
- Renovation, Repair and Painting (RRP) training for LL's who will complete work themselves; and/or
- Materials for LL's who will complete work themselves for the type of improvements listed above.

Please complete the initial intake form to determine eligibility. Intakes are reviewed on a first-come-first-served basis. Please allow up to 14 days for review. We will contact you by email or letter confirming receipt of application and completeness of the application. Please submit your application and required documentation by email to [thclandlord@pathstone.org](mailto:thclandlord@pathstone.org), fax 585-546-2946, mail to The Housing Council 75 College Ave 4<sup>th</sup> floor Rochester, NY 14607, or our drop box located at our mailing address.



**Required Application Documentation:**

- Completed Landlord Assistance Program Intake form
- Copy of Deed
- Copy of Photo ID for all property owners
- Copy of current paid tax receipt
- Declaration page for homeowners' insurance
- Recent mortgage statements if applicable
- Scope of Work/Budget for eligible activities each project
- Signed W-9 form for reimbursement
- Notarized Property Attestation Form

**PROPERTY OWNER INFORMATION** *Please print clearly*

Property Owner/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Co-Owner/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Do you receive texts? (Y/N) Email: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

**PROPERTY OWNER DEMOGRAPHICS (required)**

**Applicant:**

- Handicapped / Disabled
- Veteran
- Foreign-Born
- Active Military

**Marital Status:**

- Single
- Married
- Divorced
- Widowed
- Civil Union

**Gender ID:**

- Female
- Male
- \_\_\_\_\_
- Prefer Not To Answer

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not To Answer

Household Size Including Dependents: \_\_\_\_\_

Annual Household Income (from all sources): \_\_\_\_\_

**Race:**

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- White
- American Indian / Alaskan Native & White
- Asian & White
- Black / African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Race: \_\_\_\_\_
- I do not wish to provide this information

**Education Level of Applicant:**

- No High School Diploma/GED
- High School Diploma/GED
- 2-year College Degree
- Bachelor's Degree
- Master's Degree
- Above Master's Degree

**Applicant Household Type:**

- Single Adult
- Married with Children
- Married without Children
- 2 or more Unrelated Adults



**Property Information Page** Fill in for all properties owned even if not applying. Print Additional Copies as needed

Building Property Address: \_\_\_\_\_

Does this property have a mortgage (Y/N)? Owed: \_\_\_\_\_ If yes, are you current on payments (Y/N)?

Are taxes current (Y/N)? Amount Owed: \_\_\_\_\_

Total Number of Units in Building: \_\_\_\_\_ How many units require repairs? \_\_\_\_\_

How many units have code violations? \_\_\_\_\_

Bedroom count of each unit; Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_ Unit 4 \_\_\_\_\_

Lease Agreement Y/N: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_ Unit 4 \_\_\_\_\_

Rent Amount: Unit 1 \$ \_\_\_\_\_ Unit 2 \$ \_\_\_\_\_ Unit 3 \$ \_\_\_\_\_ Unit 4 \$ \_\_\_\_\_

Describe necessary repairs assistance requested:

\_\_\_\_\_  
\_\_\_\_\_

Building Property Address: \_\_\_\_\_

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\_\_\_\_\_  
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Describe necessary repairs assistance requested:

\_\_\_\_\_  
\_\_\_\_\_



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**Total Number of Units in Building:** \_\_\_\_\_ **How many units need repairs?** \_\_\_\_\_

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**Rent Amount:** Unit 1 \$ \_\_\_\_\_ Unit 2 \$ \_\_\_\_\_ Unit 3 \$ \_\_\_\_\_ Unit 4 \$ \_\_\_\_\_

**Describe necessary repair assistance requested:**

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I \_\_\_\_\_ hereby certify that the information provided in this application is true and accurate. I acknowledge that any false or misleading information may disqualify me for the Landlord Ambassador Extension Program.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Authorization for Release of Information

I hereby authorize **The Housing Council at PathStone** to release/exchange information from my records in order to assist me in obtaining a grant.

This information will be released only to those companies and public agencies that our organization believes can provide the necessary information needed to obtain our grant. The Housing Council may need to contact the following entities; county clerk office, tax offices, Code Enforcement, Newark Housing Authority and your contractor (if applicable). If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to the specific information needed to assess your situation further.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original.

Property Owner #1 (print name) \_\_\_\_\_

Property Owner #1 Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Owner #2 (print name) \_\_\_\_\_

Property Owner #2 Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Entity to release information to: \_\_\_\_\_





**WORK WRITE-UP AND COST PROPOSAL**

<b>DESCRIPTION AND WRITE-UP</b>	<b>COST ESTIMATE</b>
See attached estimate	\$
<b>TOTAL ESTIMATED COST OF REPAIRS:</b>	\$

## Property Attestation Form

I \_\_\_\_\_ hereby certify that I own # \_\_\_\_\_ units in my name and/or where I have controlling interest. I understand to be eligible for financial assistance I have to own 15 or less units.

The following are the properties I own and/or controlling interest:

(List addresses, # of units)

- Property 1: \_\_\_\_\_
- Property 2: \_\_\_\_\_
- Property 3: \_\_\_\_\_
- Property 4: \_\_\_\_\_
- Property 5: \_\_\_\_\_
- Property 6: \_\_\_\_\_
- Property 7: \_\_\_\_\_
- Property 8: \_\_\_\_\_
- Property 9: \_\_\_\_\_
- Property 10: \_\_\_\_\_

The Property Owner acknowledges that providing false or misleading information may result in a determination by The Housing Council at PathStone that the Property Owner is not eligible to receive financial assistance.

\_\_\_\_\_  
 Type Name Here

State of New York  
 County of Monroe

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by /her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
 Notary Public Rev.2/02

