

RESTORE EMERGENCY REPAIR

For Full-Time City Residents Aged 60 and Up

The City of Jamestown is offering emergency repair assistance to income eligible homeowners. The funding is provided by the New York State Homes and Community Renewal (HCR) RESTORE NY Program and is being used for specific emergency home repairs to eliminate conditions detrimental to the safety and health of the residents.

An emergency is defined as an unexpected occurrence or combination of events calling for immediate action. This program applies only to owner occupied single and multi-family dwellings. All units being assisted must be occupied by households of low to moderate income.

I. PROGRAM GUIDELINES

Emergency repairs undertaken by this program include plumbing, electrical, heating systems, and roof patches. The Code Enforcement/Rehab Specialist inspects each property to determine the seriousness of the condition. All repairs need to be deemed as an emergency by the inspector, and then those items will be addressed with this program.

Homes will not be fully rehabilitated. Any repair activity that consists of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, garages, or any structure not attached to the living unit are considered ineligible for this program. All work must comply with all applicable local, State and Federal laws, regulations, ordinances, codes.

The maximum amount of the grant is **\$20,000**. Due to restricted funding, applicants will be limited to one grant during the current HCR fiscal year (July 1 – June 30), and no more than one grant over the lifetime of the ownership of their home.

The emergency repair project cost will be the accepted bid provided by an approved contractor submitted in writing. If the bid for the emergency repair is more than the funds provided by the grant, the City of Jamestown will prioritize repairs to keep the costs within \$20,000. If the nature and extent of work exceeds the grant maximum, and the owner has no financial resources to supplement the grant, the City reserves the right to reject the application for the emergency repair program.

Grant funds are limited, and applications must be accepted on a “first come, first served” basis.

If you have received HCR grants previously, you may not be eligible or eligible. Contact the Department of Development for clarification.

ELIGIBLE REPAIRS

Repairs that generally qualify as an emergency repair include, but are not limited to:

1. Repair or replacement of non-functioning heating system during winter months;
2. Repair or replacement of non-functioning plumbing repairs (i.e. repair/replacement of hot water heater, faulty toilet, etc.), and repair or replacement of faulty water pipes on home side of water meter
3. Electrical repairs where a hazard exists such as unsafe electrical wiring, non-working heater due to electric issues in winter; loss of electricity due to faulty service on home side of meter; electrical shock hazards, and electrical fire-safety hazards.
4. Roof repair with patching where there is an active leak, or replacement of a roof with an active leak and deemed by our inspector to be an emergency

Urgent work required for accessibility modifications (i.e. wheelchair ramps, doorway widening, grab bars, etc.) will be first addressed through other outside agency accessibility grants. When that funding is expended, the Emergency Repair Program will perform the necessary modifications.

Working smoke and/or carbon monoxide detectors must be observed prior to work completion.

Non-emergency repairs are considered ineligible activities and will not be reimbursable. These ineligible activities include doors, windows, flooring, kitchen and bathroom cabinetry, appliances, bathroom and kitchen fixtures. The Jamestown Urban Renewal Agency (JURA) will reserve the right to make the final determination as to appropriateness, suitability and necessity of requested work items.

II. PROGRAM REQUIREMENTS AND ELIGIBILITY

To be eligible for assistance from this program applicants' gross annual household income cannot exceed 80% of the median family income for Jamestown as determined by HUD:

2024	1 PER.	2 PER.	3 PER.	4 PER.	5 PER.	6 PER.	7 PER.	8 PER.
Household	46,800	53,450	60,150	66,800	72,150	77,500	82,850	88,200
Income								

Eligibility is also dependent on the following conditions being met by the applicant:

1. The applicant must be the owner of the home within the City of Jamestown, must live in the home as a primary permanent residence, and be able to provide proof of home ownership.
2. The home and property must be free of junk and debris, unregistered vehicles, and tall grass.
3. All real estate taxes and all municipal liens (water & sewer) due to the City of Jamestown must be paid to date before receiving any funding.
4. Homeowner insurance must be current and active and proof of such provided.
5. Proof of income for all members of household over the age of eighteen (18) must be provided.

RESTORE APPLICATION

ADDRESS _____ OWNER _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

_____ NUMBER OF PEOPLE LIVING IN THE HOUSE

NUMBER OF CHILDREN UNDER AGE 6 _____

_____ NUMBER OF PEOPLE BETWEEN 7 & 18 YEARS OF AGE

PLEASE CHECK RACE & ETHNICITY OF HEAD OF HOUSEHOLD

_____ White _____ Hispanic or Latinx

_____ Black or African American _____ Other Multi-Racial

_____ Asian / Pacific Islander _____ Native American

PLEASE CHECK ALL THAT APPLY TO HEAD OF HOUSEHOLD

_____ 62 Years of Age or older _____ Disabled

_____ Veteran _____ Single Parent with Dependent Children

Information relating to race, sex, age, and disability for the head of household is required by New York States Home and Community Renewal for record keeping purposes. This information is not used to determine a candidate's eligibility for participation in rehab or other housing related programs pursuant to section 109 of the Housing and Community Development Act of 1974, as amended. It is required that no person in the United States shall be excluded on the grounds of race, race, color, national origin, sex, familial status, or disability.

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____ (use attached worksheet)

DESCRIBE REHAB ACTIVITIES YOU WISH TO HAVE PERFORMED WITH THIS FUNDING?

HOUSING REHAB HISTORY: list all agencies that have funded repair projects at your property, and the year these occurred, i.e. CHRIC, CODE, COI, City of Jamestown.

PROPERTY OWNERS MUST SUBMIT ALL DOCUMENTS LISTED BELOW.

1. Proof of paid City of Jamestown taxes. _____
2. Proof of annual household income including all persons over 18 years of age. _____
3. Most current taxes of all persons over 18 years of age. *If you do not file taxes, you must obtain a tax transcript from the IRS. To request, go to: www.irs.gov/individuals/get-transcript* _____
4. Proof of property insurance. _____
5. Proof of current mortgage payment status. _____
6. Copy of deed of ownership. _____
7. Occupant income worksheets for each adult. _____

Income includes wages, overtime pay, tips, bonuses, welfare assistance, social security, pensions, retirement, death benefits, earned interest, alimony, child support, unemployment, compensation, any and all income.

If the project disrupts any lead or asbestos covered surfaces, testing and remediation will be required as a part of this grant. Any costs exceeding the grant amount will be the responsibility of the homeowner.

I certify that all statements made on this application are true and correct, to the best of my belief, and I understand that any willful withholding of material fact will be grounds for disqualification, or the recouping of any expended grant funds, or prosecution.

Signatures: _____

Homeowner's Signature

Date

Received by: _____

Department of Development Representative

Date

EMERGENCY REHABILITATION PROGRAM
OCCUPANT INCOME WORKSHEET

ADDRESS: _____ Jamestown, NY

NUMBER OF PEOPLE RESIDING IN THE HOUSE: _____ NUMBER OF BEDROOMS: _____

HOUSEHOLD MEMBERS (OCCUPANT NAMES and AGES): _____

PROVIDE DOCUMENTS TO SHOW PROOF OF ANY OF THE FOLLOWING:

	Per Month	Per Year
CURRENT WAGE INCOME: (provide 3 months of recent pay stubs)	\$ _____	\$ _____
	\$ _____	\$ _____
INTEREST INCOME:	\$ _____	\$ _____
DIVIDEND INCOME:	\$ _____	\$ _____
PENSIONS:	\$ _____	\$ _____
SOCIAL SECURITY BENEFITS:	\$ _____	\$ _____
DISABILITY BENEFITS:	\$ _____	\$ _____
ANNUITIES:	\$ _____	\$ _____
CHILD SUPPORT:	\$ _____	\$ _____
ALIMONY:	\$ _____	\$ _____
IRA DISTRIBUTIONS:	\$ _____	\$ _____
UNEMPLOYMENT COMPENSATION:	\$ _____	\$ _____
WORKERS COMPENSATION:	\$ _____	\$ _____
ALL OTHER INCOME (IDENTIFY):	\$ _____	\$ _____
TOTAL HOUSEHOLD INCOME:	\$ _____	\$ _____

Name of Occupant: _____ **DATE:** _____

DOD Review by: _____ *Date:* _____ *Below 80% of Median:* Y/N

EMERGENCY REHABILITATION PROGRAM
OCCUPANT INCOME WORKSHEET

ADDRESS: _____ Jamestown, NY

NUMBER OF PEOPLE RESIDING IN THE HOUSE: _____ NUMBER OF BEDROOMS: _____

HOUSEHOLD MEMBERS (OCCUPANT NAMES and AGES): _____

PROVIDE DOCUMENTS TO SHOW PROOF OF ANY OF THE FOLLOWING:

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CHILD SUPPORT:	\$ _____	\$ _____
ALIMONY:	\$ _____	\$ _____
IRA DISTRIBUTIONS:	\$ _____	\$ _____
UNEMPLOYMENT COMPENSATION:	\$ _____	\$ _____
WORKERS COMPENSATION:	\$ _____	\$ _____
ALL OTHER INCOME (IDENTIFY):	\$ _____	\$ _____
TOTAL HOUSEHOLD INCOME:	\$ _____	\$ _____

Name of Occupant: _____ **DATE:** _____

DOD Review by: _____ *Date:* _____ *Below 80% of Median:* **Y / N EMERGENCY**

REHABILITATION PROGRAM
OCCUPANT INCOME WORKSHEET

ADDRESS: _____ Jamestown, NY

NUMBER OF PEOPLE RESIDING IN THE HOUSE: _____ NUMBER OF BEDROOMS: _____

HOUSEHOLD MEMBERS (OCCUPANT NAMES and AGES): _____

PROVIDE DOCUMENTS TO SHOW PROOF OF ANY OF THE FOLLOWING:

	Per Month	Per Year
CURRENT WAGE INCOME: (provide 3 months of recent pay stubs)	\$ _____	\$ _____
	\$ _____	\$ _____
INTEREST INCOME:	\$ _____	\$ _____
DIVIDEND INCOME:	\$ _____	\$ _____
PENSIONS:	\$ _____	\$ _____
SOCIAL SECURITY BENEFITS:	\$ _____	\$ _____
DISABILITY BENEFITS:	\$ _____	\$ _____
ANNUITIES:	\$ _____	\$ _____
CHILD SUPPORT:	\$ _____	\$ _____
ALIMONY:	\$ _____	\$ _____
IRA DISTRIBUTIONS:	\$ _____	\$ _____
UNEMPLOYMENT COMPENSATION:	\$ _____	\$ _____
WORKERS COMPENSATION:	\$ _____	\$ _____
ALL OTHER INCOME (IDENTIFY):	\$ _____	\$ _____
TOTAL HOUSEHOLD INCOME:	\$ _____	\$ _____

Name of Occupant: _____ **DATE:** _____

DOD Review by: _____ *Date:* _____ *Below 80% of Median: Y/N*