

Send Required Documents to:
Arbor Housing & Development ATTN: Georgia
26 Bridge Street, Corning, NY 14830
GStewartTuck@arbordevelopment.org

Fax: 607-973-2202 ATTN: Georgia Phone: (607) 654-7487 x2049

## **Required Documents**

(see back for additional ACCESS Grant required documents)

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	<u>Property Deed</u> – Copy of Property Deed detailing a land description, filing date, liber, and page number. *Land Contracts are not eligible*. If a deceased person is listed on the deed, we also need a copy of the death certificate					
	Mortgage Statement – most recent Mortgage statement showing payments are current					
	<u>Proof of Ownership</u> – If you own a mobile home but do <b>not</b> own the land, please submit proof of ownership of the mobile home (Title or sales receipt).					
Incom	ne/Asset Verification:					
□	<u>Social Security/SSI/SSD</u> - Benefit Change Letter or call $\underline{1-800-772-1213}$ to request print out. (bank statements cannot be accepted as verification)					
	Unemployment/Temporary Disability/Cash Assistance – Award Letter					
	<u>Pension/Retirement/VA Benefits</u> - Current letter or printout from company (bank statements <u>cannot</u> be accepted as verification.)					
	Rental Income – receipts for rental income received					
	Filed income Tax Return - Full copy of last year's filed income tax return for everyone living in the home who files income taxes. Include all W-2 / 1099 forms					
lf y	you do not file income tax, please check the box below and initial:  I do not file yearly income tax returns: (must be initialed)					
	<u>Paycheck Stub or Workers Compensation</u> - last <b>four (4) consecutive paystubs</b> (must reflect 2 months) from everyone living in the home who works or receives workers compensation					
	<u>Self-Employment</u> - last 3 years filed income tax returns with Schedule C-Profit & Loss Statements					
	<u>Alimony/Child Support</u> - court papers or current support collection printout					
	<u>Zero Income Affidavit</u> – for household members age 18 or older with no income of any kind and with no imminent change expected in their financial/employment status during the next 12 months					
	<u>Property Taxes</u> – paid receipts from county clerk & school district for current (1)School, (2)County, (3)Village/City/Town tax records					
	<u>Homeowners Insurance</u> - Homeowners Insurance Face Sheet/Declaration Page noting coverage amounts, deductible, and current coverage period (escrow statements cannot be accepted)					
	<u>Assets</u> - Submit copies of verification for <u>all</u> assets, such as 401K, CDs, IRAs (current statement showing asset value)					
	<u>Bank Statements</u> - Copy of 2 most recent FULL bank statements from all Checking and/or Savings accounts. This includes everyone living in the home that has Checking and/or Savings accounts.					

## **ACCESS Grant Applicants only:**

Nature of Disability:
<u>Medical Professional's verification of Disability</u> – please provide a medical professional's verification of your disability.
Medicaid Card – if you are a Medicaid recipient, submit a copy of NYS Medicaid Benefit Card
<u>DD214</u> – if you are a veteran who was released from active duty with a disability, submit a copy of your DD214 (military release/discharge document)
<u>Landlord Requirements &amp; Contact Information</u> – if you RENT your home and need improved access due to a disability, your landlord must be in agreement with access modifications to the property as well as a 5 year lien on the property. The landlord will need to submit a copy of the land deed and schedule A, as well as proof of paid property taxes. The landlord's notarized signature will be required on the Property Maintenance Declaration and Consent to Proceed form prior to construction.
Landlord Name: Phone #: