



# Onondaga County Community Development Division

## SHAPE-UP VETERANS APPLICATION

Town/City/Village of: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Also Contact \_\_\_\_\_

Complete and return to:  
Onondaga County Community Development  
421 Montgomery St., 11<sup>th</sup> Fl.  
Syracuse, NY 13202

Fill in all spaces or write N/A (not applicable).  
Incomplete applications will be returned.

Remember to include copies of all applicable  
documents listed in the attached checklist.

Questions? Call (315) 435-3558

### OWNERSHIP: (Tenants, please provide owner name, address & phone number)

Owner's Name \_\_\_\_\_

Owner's Address / Phone \_\_\_\_\_

Do you have a mortgage? Y / N    Name of Lender: \_\_\_\_\_

Do you have homeowner's insurance? Y / N  
Name of Insurance Provider: \_\_\_\_\_

### OCCUPANTS: List each person living in the residence, including yourself.

Name	Relationship	Date of Birth	Sex	Medi-caid?	Full-time Student?
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N

Is there a child under the age of 6 living in the residence? Y/N  
If Yes, provide the results of his / her blood lead level test. (Results must be within 3 months of application.)

Does a child under the age of 6 spend a significant amount of time visiting? Y/N How many? #    
If Yes to either question, please complete the attached "Residing / Visiting Child Verification Form".

Is any household member pregnant? Y/N How did you hear about our program? \_\_\_\_\_

Do you file Income Tax? Y/N If Yes, provide a copy of your Federal income tax return.

Do you have a checking account? Y/N Do you have a savings account? Y/N

**INCOME:** List all income for each person living in the residence.

Name	Name & Address of Income Source	Rate	Annual Amt
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \_\_\_\_\_

**Assets** (Include all sources such as bank accounts/interest/dividends etc.)

Family Member	Description	Annual Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \_\_\_\_\_

## Onondaga County Community Development Grant Application Certification Page

**Applicant** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Community Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Community Development funds.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity:  
Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)  
White \_\_\_\_\_ Black or African American \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_

12/2012



## ONONDAGA COUNTY COMMUNITY DEVELOPMENT

### SHAPE-UP for Veterans PROGRAM

#### APPLICANT'S CHECKLIST

Thank you for your interest in the SHAPE-UP Program. The following documents are required in order to complete your application. **Please provide photocopies.**

\***Proof of Ownership** - deed or abstract.

\***Proof of Household Income** - Copies of last two months of check or pay stubs for full or part-time employment (eight if paid weekly, four if paid bi-weekly), Social Security, SSI, pension, etc. (If your Social Security funds are direct deposited, please provide your current year benefit/COLA letter or contact Social Security (1-800-772-1213) or go to [www.socialsecurity.gov](http://www.socialsecurity.gov) for a Proof of Income letter.) Also provide Community Development with proof of any interest income, stock dividends, rental income, public assistance, unemployment, alimony, room & board, and business income.

\***Proof of assets** - Copy of current bank statements for any checking and/or savings accounts, IRA/401k statements, stock dividends, other real estate, etc.

\***Income Tax Forms** - Copy of most recent 1040 Federal Income Tax Form. *(If you no longer need to file-disregard this requirement.)*

\***Proof of Homeowner's Insurance-** Copy of insurance policy covering residence. Be sure to include policy numbers, limits of coverage, and the expiration date of the policy.

\***Mortgage-** *if applicable*, Name and Address of Mortgage Company along with proof that the mortgage is current/up to date, i.e. most recent monthly statement or letter from bank.

\***Proof of Service** - Copy of DD214

If you have any questions please feel free to contact our office at 435-3558.