

# Sheen HOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

February 2025

Good Morning!

The mission of Sheen Housing is to provide safe and sustainable housing for low-income individuals, families, seniors, veterans and persons living with disabilities. Our program promotes dignity, well-being and self-worth for the households we serve.

Our Bloomfield Office administers Home Repair Grants for homeowners to make repairs to their homes that are **necessary** for their health and safety. Available grants are income based and require the home to be an owner-occupied single-family home with a registered deed in the current owner's name for at least one year.

The services provided by non-profit and community organizations, like yours, have been invaluable to our program delivery efforts. We value the community services you offer. We ask that you provide our program information to all interested persons, especially persons underserved and least likely to apply for housing assistance, such as seniors, persons with disabilities, etc.

I have included a copy of our Survey. You can use this as a screening tool to determine if the Homeowner might qualify for a Grant before sending them the 8-page application. These are the questions we ask if a homeowner calls our office directly.

I have included a copy of our "One Pager" that lists the grants we have available in your county (these get updated periodically to reflect changes to income guidelines and grant availability). Also included are copies of our current cover letter and application.

The enclosed flyer is to inform people of our services and to make them aware that we are also seeking contractors to work with us. I would appreciate it if you would post it in a public area of your offices.

We hope you will continue to encourage all eligible persons to apply for housing assistance through Sheen Housing, especially since we currently have funding available.

Thank you for all you do.

Gretchen Mills  
585-657-4114  
[applicationintake@sheenhousing.org](mailto:applicationintake@sheenhousing.org)  
**PO Box 460**  
**Bloomfield, NY 14469**  
**Hours: Monday - Thursday 8-4**

PO Box 460  
Bloomfield, New York 14469  
T (585)657-4114  
F (585)657-4167  
[applicationintake@sheenhousing.org](mailto:applicationintake@sheenhousing.org)  
[WWW.SHEENHOUSING.ORG](http://WWW.SHEENHOUSING.ORG)



Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca Steuben, Tioga, Tompkins, Wayne & Yates. TDD: 1-800-662-1220

# SheenHOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

YATES COUNTY  
JANUARY 2025

*Building Hope Together*

**Please call (585) 657-4114 for Home Repairs and First Time Home Buyer Closing Cost Loans.**

**HOME Grant** - The HOME Grant is a Federal Grant that involves an assessment of the entire home, inside and out. There will be an Energy Audit along with Lead & Radon testing of the home. 5 yr. Lien Required. The chart shows the Gross Annual Income Limits per number of people in a single household in Yates County for the current **HOME Grant**:

People In household	1	2	3	4	5	6	7	8
Household Income	\$35,280	\$40,320	\$45,360	\$50,400	\$54,480	\$58,500	\$62,520	\$66,540

**NYS Affordable Housing Corporation Grant (AHC)\*** The Affordable Housing Corporation Grant is a State Grant and is also called a 60%/40% grant. Sheen Housing can pay up to 60% of the cost of major repairs. The homeowner/another grant or another agency will be needed to pay for the remaining 40% of the repair cost. 1-10 yr. Lien Required.

**ACCESS to Home Grant \*\*** - Access to Home Grant is a State Grant that assists individuals with disabilities, or who have substantial difficulty with daily living activities due to aging, with modifications to their homes including but not exclusive to ramps, bathroom & kitchen modifications. 3 yr. Lien/Maintenance Agreement required.

**Healthy Homes** - Healthy Homes is a Federal Grant that cannot be applied to mobile homes. The grant addresses housing related health and safety hazards in owner-occupied housing. There is Lead & Radon testing of the home, and elevated radon levels will be addressed. 2 yr. Lien/Maintenance Agreement required.

The chart below shows the Gross Annual Income Limits per number of people in a single household in Yates County for the current **NYS Affordable Grant, Access to Home Grant & Healthy Homes Grant**:

People In household	1	2	3	4	5	6	7	8
Household Income	\$47,050	\$53,800	\$60,500	\$67,200	\$72,600	\$78,000	\$83,350	\$88,750

**RESTORE Grant \*\*** - RESTORE Grant - "Residential Emergency Services to Offer Repairs to the Elderly." This grant is for people 60 years of age and older. The grant covers health and safety Emergency repairs. 3 yr. Lien/Maintenance Agreement. The chart shows the Gross Annual Income Limits per number of people in a single household in Yates County for the current

**RESTORE Grant**:

People In household	1	2	3	4	5	6	7	8
Household Income	\$58,800	\$67,200	\$75,600	\$84,000	\$90,800	\$97,500	\$104,200	\$110,900

**Housing Preservation Grant (HPG)** - The HPG Program is a Federal Grant funded by USDA-RD533. The HPG Grant requires the home to be in a rural area and could pay up to 50% of the cost of repairs. 1 yr. Promissory Note required. The chart shows the Gross Annual Income Limits per number of people in a single household in Yates County for the **USDA HPG Grant**:

People In household	1	2	3	4	5	6	7	8
Very low Income	\$42,000	\$42,000	\$42,000	\$42,000	\$55,450	\$55,450	\$55,450	\$55,450
Low Income	\$67,200	\$67,200	\$67,200	\$67,200	\$88,750	\$88,750	\$88,750	\$88,750

All of our grants are for owner-occupied, single family homes. Proof of ownership of the home for at least 1 yr. is also required.

\*We can assist people in mobile homes with a NYS Affordable Housing Grant as long as they own the property the mobile home is on and have the deed to the land in their name.

\*\* We can assist people with the RESTORE/ACCESS Grant in mobile homes on their own land (name on the deed) or in a park. (proof that the mobile home is in their name is required).

All grants are distributed on a first come, first serve basis once an application is complete.

PO Box 460, Bloomfield, NY 14469 T (585)657-4114 F (585)657-4167

ProgramOffice@SheenHousing.org TDD: 1-800-662-1220 WWW.SHEENHOUSING.ORG

Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates.



# SheenHOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

## Sheen Housing Home Repair Survey

*Please note, this is a Survey, not an application. Someone will call you when we receive your Survey*

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you owned & occupied your single family home for one year or more? ☐ YES ☐ NO

Do you have the deed in your name \_\_\_\_\_

Is your home a Mobile Home ? \_\_\_\_\_, Is it on your own land ? ☐ YES ☐ NO

Do you have current Homeowners Insurance? \_\_\_\_\_

Are your Property Taxes Current? \_\_\_\_\_

How many people live in your household ? Total \_\_\_\_\_ How many over 60 \_\_\_\_\_ How many disabled \_\_\_\_\_

What is the TOTAL household gross income from all household members ? \_\_\_\_\_ / month or year?

Do you have more than \$15,000 in assets (checking, savings, IRA, 401K, CDs, etc). ☐ YES ☐ NO

Please provide a description of the repairs / accessibility modifications needed. (i.e. roofing, plumbing, electrical, etc.)

---

---

---

PO Box 460, Bloomfield, NY 14469

T (585)657-4114

F (585)657-4167

[ApplicationIntake@SheenHousing.org](mailto:ApplicationIntake@SheenHousing.org)

TDD: 1-800-662-1220

[WWW.SHEENHOUSING.ORG](http://WWW.SHEENHOUSING.ORG)



Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates

# Sheen HOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

Enclosed is the Sheen Housing Repair Application.

The purpose of the program is to assist with **necessary repairs**, not to **remodel** your home.

Installation of siding or new windows are not priorities of this program. This type of work will only be done if required by lead paint testing and/or an energy audit.

The income guidelines and grants available are not the same for each county. Funds are subject to Federal or State guidelines for grants awarded to Sheen Housing for administration.

A **complete** application includes all the documents listed on page 6 that apply to the applicant.

Grants received through Sheen Housing require a lien on the property for a period of two (2), three (3), five (5) or ten (10) years. The number of years for the lien depends on the Grant you receive. Grant funds do NOT have to be repaid if you live in the home for the required time frame. If you decide to sell the home or move before the lien period expires, the grant funds will revert to a loan and must be repaid prior to the release of the lien.

After receipt of your completed application it will be reviewed, verified and evaluated. You will be contacted by phone or mail regarding available funds.

Homeowners may be required to pay toward the cost of repairs. The amount will be determined by the type of grant you receive, cost of the repair and grant funding available.

In some cases, quotes submitted by the Homeowner can be considered.

***We have a list of approved, properly certified contractors if you need assistance.***

If you have any questions, please call us at 585-657-4114.

All applications should be sent to the address on this letterhead.

Revised June 2024

P.O. Box 460  
Bloomfield, NY 14469  
T (585) 657-4114 Fax (585) 657-4167  
Email: [applicationintake@sheenhousing.org](mailto:applicationintake@sheenhousing.org)  
Website: [www.SheenHousing.org](http://www.SheenHousing.org)



Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne & Yates.  
TDD: 1-800-662-1220

## HOME REPAIR APPLICATION

**SPECIAL NOTE: Any unanswered questions or lack of attachments will result in the postponement or the return of your application.**

### GENERAL INFORMATION

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Actual Address (if different) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Telephone Number (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

6. Second Contact: Preferably a relative, friend or neighbor who has a separate phone number.  
Please let this person know you have submitted his or her name.

Print Name \_\_\_\_\_ Phone Number (with Area Code) \_\_\_\_\_ Relationship \_\_\_\_\_

7. List below **ALL** household members **including yourself** (Use additional sheet if necessary.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that your eligibility for the housing rehabilitation programs is based on:

1. **All household members income (including all non-taxable income.)**
2. **Condition of property**
3. **Grant funding available**
4. **Accessibility needs**

#### FOR OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



## EMPLOYMENT / INCOME

(List All Income for Everyone Living in the Home. Use Additional Sheet(s) if Necessary)

### A) Employed Applicant(s)

1. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

2. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

	<u>Rec'd</u>	<u>Name</u>	<u>Amount \$</u>
B) Unemployment:	weekly	_____	_____
C) Retirement:	monthly	_____	_____
D) Social Security:	monthly	_____	_____
E) S.S.I.:	monthly	_____	_____
F) Child Support:	monthly	_____	_____
G) Alimony:	monthly	_____	_____
H) Public Assist:	monthly	_____	_____
I) Other Income (specify):		_____	_____

## ASSETS FOR EVERYONE LIVING IN THE HOME

### Assets include, but are not limited to:

CD's	savings accounts	cash in checking accounts
stocks, bonds	treasurer bill	money market account
retirements & Keogh accounts	retirements & pension funds	antique cars
second and other vehicles	collections	motor cycles
camper	RVs	4-wheeler
personal property held as an investment	personal investments	life insurances with cash value
rental or vacation properties (includes vacant properties, or land)		

Name of Family Member	Asset Description	Current Cash Value	Income From Asset
Total Actual Asset Income			

## MONTHLY EXPENSE REPORT

Please complete and attach copies of receipts or bills for items requiring monthly payments.

WEEKLY

MONTHLY

	\$	\$
Mortgage payment		
Electric		
Heat (fuel, oil, gas, wood, etc.)		
Telephone		
Groceries		
Insurances      Auto _____		
Life _____		
Hospital _____		
Homeowners _____		
Taxes:              City/Town & County _____		
School _____		
Cable TV		
Appliance Payments (TV, Stove Refig., etc)		
Name of company paid to:		
Furniture Payments		
Name of Company		
Transportation      Car/Gas _____		
Taxi _____		
Bus _____		
Laundromat		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Medical (prescriptions, Doctors, etc.)		
Recreation		
Other (please specify)		
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>

### MILITARY STATUS of Anyone in the Household

Active Military - YES \_\_\_\_\_

National Guard - YES \_\_\_\_\_

Reserve Duty - YES \_\_\_\_\_

Veteran Status \_\_\_\_\_

Did any Veteran in the Household incur a disability in time of war? YES \_\_\_\_\_

**Please answer the following:**

1. Do you have children ages 6 or under living in your home? YES \_\_\_\_ NO \_\_\_\_
2. Have the children been tested for lead? YES \_\_\_\_ NO \_\_\_\_  
(All children ages 6 & under must have lead testing and results submitted to Sheen Housing)
3. Any members of the household disabled/handicapped? YES \_\_\_\_ NO \_\_\_\_
4. Is your house located in an **HISTORIC DISTRICT**? YES \_\_\_\_ NO \_\_\_\_
5. Head of household? M \_\_\_\_ F \_\_\_\_
6. Have you ever been assisted by Sheen Housing? YES \_\_\_\_ NO \_\_\_\_  
If so, Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Work Done: \_\_\_\_\_
7. Have you had grant assistance from other agencies for purchase or repair? YES \_\_\_\_ NO \_\_\_\_  
If you have, please give date assisted and organization:  
\_\_\_\_\_  
Date Organization
8. Have you had weatherization in the past 10 years? YES \_\_\_\_ NO \_\_\_\_  
If yes, date of assistance: \_\_\_\_\_
9. Year house was built? \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_
10. Is your home a mobile home? YES \_\_\_\_ NO \_\_\_\_ Year \_\_\_\_\_ Size \_\_\_\_\_ Bedrooms \_\_\_\_\_
11. Has the Deed been in your name at least one year? \_\_\_\_\_
12. Do you own property other than the property you are living in (vacation, rental, vacant land, etc.)? Yes \_\_\_\_ No \_\_\_\_ Type of Property \_\_\_\_\_
13. Are your property taxes paid in full? (Town, County, Village, School) YES \_\_\_\_ NO \_\_\_\_
14. Have you filed for bankruptcy (personal or business)? in the past 7 years or have a pending bankruptcy? YES \_\_\_\_ NO \_\_\_\_  
If so, Date: \_\_\_\_\_
15. I/We have a relationship or association with The County, Town or Sheen Housing. YES \_\_\_\_ NO \_\_\_\_  
If yes: \_\_\_\_\_  
Name Relationship
16. Who referred you to Sheen Housing? \_\_\_\_\_
17. Number of smoke detectors in your home: \_\_\_\_\_
18. Number of carbon monoxide detectors in your home: \_\_\_\_\_
19. Do you currently have health insurance? Yes \_\_\_\_ No \_\_\_\_
20. Are you on Medicaid? Yes \_\_\_\_ No \_\_\_\_  
**If yes, please send current Medicaid proof with this Application.**



**Please read this section carefully:**

1. I/We hereby certify that I am the owner and occupant of the property to be improved.
2. I/We certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentation.
3. I/We understand that false statements or information are grounds for termination of assistance and collection of monies previously spent on the house and property.
4. I/We agree to cooperate with Sheen Housing and Town, City or County Officials with all required procedures.
5. By signing this application for home repairs I/we agree the IF I/WE ARE AWARDED A GRANT I/we must own and occupy the property for a period of 2, 3, 5 or 10 years depending upon the grant program.
6. I/We understand that if the property is sold, title transferred, or I/we no longer reside in the home prior to the lien(s) expiration dates, this GRANT will become payable in full.
7. I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed against my property.
8. I/We understand that by signing the application, this is a legal and binding instrument for information and term requirements as per the grants received:
  - a) HOME Grants: Five (5) years / AHC Grants: up to Ten (10) years
  - b) HPG, Access to Home and RESTORE: Three (3) years
9. All Grants are under the supervision of Sheen Housing. All grant requirements must be met or the grant will be withdrawn and I/we will be financially responsible for the balance of the unpaid contract.
10. I/We understand that a SUBORDINATION for other loans or refinancing on this home will not be given to a bank or mortgage company for the term of the lien.
11. I/We understand that if I/we have received a previous grant through Sheen Housing I/we may not be eligible for other grant programs (depending on the grant) at this time.
12. I/We hereby give permission to Sheen Housing to use any photograph and/or material relating to the repairs made on my home. I also agree to local or state inspections as required.

**Sign and date below. Unsigned applications will be returned.**

_____ Print Name	/	_____ Signature	_____ Date
_____ Print Name	/	_____ Signature	_____ Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting the 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.

**Race: (Mark one or more)**

White \_\_\_\_\_  
Asian \_\_\_\_\_  
Native Hawaiian \_\_\_\_\_  
Pacific Islander \_\_\_\_\_

Black \_\_\_\_\_  
African American \_\_\_\_\_  
Alaskan Native \_\_\_\_\_  
American Indian \_\_\_\_\_

**Ethnicity:** Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**A complete application includes, but is not limited to the following:**

1. Copy of your deed with County Recording page.
2. Income verification:
  - o Social Security/SSI/Unemployment – Benefit Verification Letter or call **1-800-772-1213** to request a copy (**Must be no more than 6 months old**. Bank statements or SSA -1099 cannot be accepted as verification.
  - o Pension/Retirement - current letter or printout from company showing current gross amount paid. (Bank statements cannot be accepted as verification.)
  - o Filed Federal Tax Return- last year's tax return for everyone living in the home and the W-2 Forms from all employers.

**If you do not file income tax**, please check the box below and initial.

[    ] I do not file yearly income tax returns: \_\_\_\_\_

**(must be initialed)**

- o Last eight (8) current pay stubs showing gross amount earned from all employed adults (18 years of age or over) living in the home.
  - o Self-Employment- last **2** years filed **Federal** tax returns with Schedule C.
  - o Alimony/Child Support-court papers or support collection printout.
3. A copy of Social Security Card **or** Birth Certificate **or** Green Card for all household members.
  4. A copy of driver's license for all drivers in household
  5. Copy of **current** school, county, village and town tax statements showing payments made
  6. Homeowner's insurance Declaration page showing effective dates
  7. Six months of **complete** bank statements for all **checking and savings** accounts held by **all** household members.
  8. Copy of current mortgage statement showing no past due amounts.
  9. Asset verification. Submit verification for all assets.
  10. Copies of utility and monthly bills.
  11. Mobile Home Owners living in parks: submit copy of Bill of Sale or copy of the Title for mobile home, as well as the Property Tax Map ID# and SWIS code numbers. (Park manager or property owner can assist.)

**12. Accessibility repair requests require a referral from your Doctor or Healthcare Provider**

Please list the most critical repair and accessibility needs:

---

---

---

---

---

ELIGIBILITY RELEASE FORM

# Sheen Housing

PO Box 460  
Bloomfield, NY 14469  
585-657-4114

**Purpose:** Your signature on this Form, and signatures of each member of the household 18 years of age or older, authorizes Sheen Housing to obtain information from a third party regarding your eligibility.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) requires this information to determine program eligibility and the amount of funding assistance necessary. The information is used to establish eligibility; to protect the Government's financial interest; and to verify accuracy of the information provided. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility. HUD is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign an Eligibility Release Form.

Verification Required for:	Homeowner's Initials
Income (All Sources)	
Assets (All Sources)	

**Information Covered:** Inquiries may be made about items initialed by applicant.

**Authorization:** I authorize Sheen Housing to obtain information about me and my household that is pertinent to eligibility in the Home Repair Program.

**Signatures:**

**Head of Household – Family Member HEAD:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #2**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #3**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**Other Adult Member of the Household – Family Member #4**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

# CLIENT DISCLOSURE

Bishop Sheen Ecumenical Housing Foundation, Inc, (Sheen Housing) provides Housing Counseling Assistance free of charge and is informing you, our client, that you are free to choose lenders, lending products, homes, realtors, attorneys an any other party directly or indirectly connected with your housing concern regardless of the recommendations made by Sheen Housing's Counselors. Clients are not obligated to seek assistance from partnerships that have been established. While Sheen Housing strives to stay informed of the best available products and services, other unknown lending products and forms of assistance may be available elsewhere. Clients are under no obligation to utilize any of these services, but are free to make their own choices in all aspects of housing counseling.

Sheen Housing may help analyze clients' financial and/or credit situation, identify barriers to affordable housing, and develop a plan to remove barriers. The counselor may also provide assistance in debt management by helping clients prepare a monthly, manageable budget and spending plan. I will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable clients to resolve their personal financial challenges

In providing Housing Counseling services, housing counselors may present to their clients several options n pursuing housing, which may include recommendations for some of Sheen Housing's other various programs. The housing counselor will recommend only services that are in the client's best interest.

Sheen Housing provides the following services:

Home Repair Programs including:

HOME Programs

RESTORE Programs

Access to Home Programs

Rural Development Programs

United Way Programs

Housing Counseling Programs including:

US Dept. Of HUD

Sheen Housing receives funding for housing counseling services through:

US Dept. of HUD

As the client, you have the right to choose the product or service that you feel is right for you regardless of any recommendation made by the counselor. Your decision to utilize or not utilize certain programs and products will not affect your housing counseling service.

I, the undersigned, have been given a copy of this disclosure and understand Sheen Housing's policy regarding conflict of interest as stated above.

Signature of Applicant(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Need to fix your home?

## & make it safer for you?

## Sheen Housing manages Home Repair & Accessibility Modification grants in your county.



### Basic requirements:

- You are a homeowner living in the home.
- Your homeowners insurance & property taxes are current.
- Maximum household income varies by household size.

Give us a call: **585-657-4114** Monday - Thursday, 8 to 4  
to discuss your situation and get an application.

Sheen Housing is seeking insured, qualified contractors including Minority, Women Owned Business, and Service-Disabled Veterans' Business to help address the housing repair needs of very low- to moderate-income families, seniors, veterans and persons with disabilities throughout our 13 county service area.

Please call or email us to discuss the possibilities.

## Sheen HOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

PO Box 460, Bloomfield, NY 14469  
ApplicationIntake@SheenHousing.org

T (585)657-4114  
TDD: 1-800-662-1220

F (585)657-4167  
WWW.SHEENHOUSING.ORG

Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates.



# Sheen HOUSING

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.

*Building Hope Together*

## CONTRACTORS NEEDED

in

**Allegany, Cayuga, Chemung, Livingston,  
Monroe, Ontario, Schuyler, Seneca, Steuben,  
Tioga, Tompkins, Wayne and Yates Counties.**



### See What We Do?

Bishop Sheen Ecumenical Housing Foundation (Sheen Housing) is a not-for-profit that provides safe, decent, affordable housing for very low to moderate income families, seniors, veterans and persons living with disabilities. We seek to promote the self-worth and dignity of those we serve and the community at large by offering financial assistance and a wide range of housing services.

### See Who We Are?

Sheen Housing is a visible, respected and financially stable not-for-profit housing agency that successfully addresses the housing needs of very low to moderate income families, seniors, veterans and persons with disabilities within our service area.

We provide assistance throughout our 13 county service area: Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates.

### Why Work With Us

- Over \$3.3 Million paid out last year to local contractors for home repairs
- Residential properties located throughout 13 counties

#### Bidding

- Blind bidding: Contracts awarded to most competitive bidder.

#### Funding Sources and Payment

- Funding comes from State and Federal Grants.
- Payments will be made after project is completed and all clearances have been provided to us.

#### Certifications All Contractors Must

- Hold a valid, unexpired EPA RRP certification to place bids.
- Comprehensive Liability Ins. \$1,000,000
- Workers Comp
- Mobile Home Certification - A PLUS!



### GET IN TOUCH WITH US

585-657-4114

bsecor@sheenhousing.org  
www.sheenhousing.org

Po Box 460  
Bloomfield, NY 14469



Bishop Sheen Ecumenical Housing Foundation, Inc. is an equal opportunity provider and employer serving housing needs in the counties of Allegany, Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne & Yates. TDD: 1-800-652-1220

Owning a home is a dream shared by many people around the world. Within its service area, Sheen Housing has assisted numerous families of all ethnic backgrounds and varying degrees of financial resources to achieve and preserve their dreams through Housing Counseling services, including First Time Homebuyer Course and Closing Cost Assistance.

## HOMEBUYER EDUCATION COURSE

HUD Certified Homebuyer Education course is a paper or web-based program for prospective first-time homebuyers. This course will guide you through the homebuying process including:

- **Are you ready to buy a home?**  
Including weighing the pros and cons of renting versus owning
- **Managing your money**  
Income, credit, savings
- **Understanding credit**  
And seeing what you can do to improve your score
- **Getting a mortgage loan**  
What the mortgage lender is looking for from you
- **Shopping for a home**  
Understanding the buying process & the each of the players
- **Keeping your home & managing your finances**
- A HUD Certified Counselor will be available as an independent resource for you
- You will receive a Certificate of Completion after your final meeting with the counselor. You may need this certification for various loan programs and grants.

### ON-LINE VERSION:

You can take the on-line version, easily accessible through any device 24 hours a day, 7 days a week. Please give us a call at 585-657-4114 or email [hc@SheenHousing.org](mailto:hc@SheenHousing.org), to ask any questions and get a discount coupon to take the course for free.

### PAPER VERSION:

If you prefer, we can get together for an in-person or over the phone paper-based course. Just give us a call at 585-657-4114 or email - [hc@SheenHousing.org](mailto:hc@SheenHousing.org)

## CLOSING COST ASSISTANCE LOAN

Up to \$3,000 in a no interest loan to be repaid at the rate of \$50/month for 5 years to assist with closing costs on your mortgage loan.

### • Eligibility:

- First time homebuyers – those who have not purchased a home within the last 3 years.
- **Income restrictions –**
  - Total household income cannot exceed 80% of area median income (AMI). Maximum gross annual income is based on family size and county location of the home.
  - In certain circumstances we may be able to go up to 90% of AMI. Please contact our office for income limits.
- **Property must be a single family home**  
that you will occupy as your primary residence. Mobile homes in parks are not eligible.
- **Credit history and stable income source**
  - Eligibility will be determined after submission of a full application.
- **Complete the Homebuyer Education Course**
  - You must attend our 8 hour homebuyer education course before being approved for a closing cost assistance loan.
- **Matching investment**
  - Sheen Housing can provide a 2 for 1 match of the amount you have saved toward your closing costs (for instance, if you have saved \$1,000, we can approve up to \$2,000 in a closing cost assistance loan. The maximum loan is \$3,000).

For more information, guidelines, and an application, please call 585.657.4114 or email - [hc@SheenHousing.org](mailto:hc@SheenHousing.org)

**Sheen HOUSING**  
BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC.  
*Building Hope Together*



[SheenHousing.org](http://SheenHousing.org)  
[hc@SheenHousing.org](mailto:hc@SheenHousing.org)  
p: 585.657.4114  
f: 585.657.4167