



DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF PLANNING & DEVELOPMENT

8/3/26

Dear Applicant:

Enclosed are the program guidelines, application, and lead based paint notice for the County's Owner-Occupied Property Rehabilitation Program. Keep the guidelines and lead based paint notice for your files.

You must submit copies of the following items with your application:

- ☐ **(a) Full copy of your 2 Most Recent Federal income tax return(s), if applicable.**
- ☐ **(b) Proof of income for all household members, as applicable:**
 - ☐ 2026 Social Security, Pension, VA, Unemployment and Public Assistance Benefit Statements
(Direct deposit income appearing on bank statements is not accepted for proof of income).
 - ☐ Pay Stubs for the Past Three (3) Months
 - ☐ Documentation of Child Support, Alimony
 - ☐ All Other Income Documentation, as applicable
- ☐ **(c) Proof of current value of assets:**
 - ☐ * Current statements for all checking/savings/investments/
retirement accounts (including IRA's) *With name appearing on statements.
 - ☐ Copy of deed for any real property owned (other than your home) and written documentation of
the current value of said property by the municipality, licensed real estate agent or appraiser.
- ☐ **(d) A copy of the current year's school (Oct. 2025) and property (Feb. 2026) tax bills showing they are paid.**
- ☐ **(e) If you have a mortgage, provide a copy of your most recent mortgage statement.**
- ☐ **(f) Provide proof that you have current Homeowner's Insurance (Policy or Acord form).**

Use this letter as a checklist to ensure it is complete and the required income documentation is attached. This application is valid for thirty (30) days from mailing. Call (845) 486-3600 or email communitygrants@dutchessny.gov if you have questions.

Sincerely,

Community Investment Staff

DUTCHESS COUNTY OWNER-OCCUPIED PROPERTY REHABILITATION PROGRAM GUIDELINES

PURPOSE

The purpose of the program is to upgrade existing owner-occupied housing by providing assistance to low and moderate-income households to complete rehabilitation on properties with housing quality standard or code violations.

ELIGIBLE APPLICANTS

The applicant(s) must be:

- a. A fee simple owner of the property (i.e., You can have others on your deed if you have remained one of the fee simple owners. Life tenants, where the property has been conveyed to others, but you have retained a life estate, are ineligible)
- b. A U.S. citizen or a lawful permanent resident of the U.S.
- c. Owned the property for at least one year.
- d. Have a household income at or below the following limits:

60 and Over:

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$70,500	4	\$100,700
2	\$80,600	5	\$108,800
3	\$90,650	6	\$116,850

Annual household income is the gross income anticipated to be received by all adults (18 years or older) in the household during next 12 months. Documentation as noted in the application must be submitted to verify income.

All other homeowners:

<u>Family Size</u>	<u>Income Limits</u>	<u>Family Size</u>	<u>Income Limits</u>
1	\$ 44,100	4	\$ 62,950
2	\$ 50,400	5	\$ 68,000
3	\$ 56,700	6	\$ 73,050

ELIGIBLE PROPERTIES

Eligible properties are:

- a. Only single-family, detached, owner-occupied units whose value, after rehabilitation, is not more than \$383,000.
- b. Properties must contain one or more substandard conditions that do not meet federal, state, or local health, safety, and fire codes.
- c. Properties must have a minimum of \$1,000 in repairs but must not exceed the \$40,000 maximum.
- d. Properties in any Dutchess County municipality.

ELIGIBLE IMPROVEMENTS

Eligible improvements include major system repairs necessary to meet HUD Housing Quality Standards (HQS) and the NYS Uniform Fire Prevention and Building Code (NYS Building Code). The program's focus is to repair "major systems" including but not limited to furnaces, plumbing, structural (roofs, walls, decks/porches), electrical, necessary handicapped accessibility improvements, bathrooms, and kitchens with significant deterioration, and appliances (see below). General property improvement, improvements to outbuildings, maintenance and cosmetic improvements are prohibited. There are specific policies for window and appliance replacement, septic upgrades, and handicapped renovations.

LEAD-BASED PAINT

All projects funded under this program must comply with HUD's "Regulation on Lead-Based Paint Hazard". Except for minor disturbances, any painted surface to be disturbed during rehabilitation must be tested for lead-based paint and have a risk assessment which will recommend lead hazard controls for the rehabilitation. All required lead hazard controls will be completed by contractors trained in safe work practices. Upon completion, the property will be retested to see that it was properly cleaned.

ASSISTANCE LIMITS/ELIGIBILITY DETERMINATION

The maximum funding is \$40,000. An application will be rejected if the scope of the rehabilitation necessary to comply with HUD HQS and NYS Building Code standards exceeds \$40,000. A household may not receive the full amount if the scope of rehabilitation, as determined by the DCPD staff, is less than the maximum.

Assistance will be provided in the form of a deferred loan. There are no monthly payments for a deferred loan. A lien will be placed on the home for 5 to 10 years depending on the amount of the funding. If residency is not maintained for the full compliance period, the full amount or a portion of the loan will need to be repaid. For the first five years, no debt is forgiven. After the first five years the amount will be prorated according to the guidelines of the funding source.

PROPERTY/SCHOOL TAXES AND MORTGAGE – Your mortgage, if you have one, and property/school taxes must be current, and you must submit proof they are current.

PROGRAM REQUIREMENTS

Each property owner will be required to sign the following contracts:

COUNTY/OWNER agreement - This agreement lists the owner's obligations to the program. It states that if the property is conveyed during the term of the loan the owner must repay the outstanding loan amount at the time of the sale.

MORTGAGE/NOTE - A mortgage which secures the deferred loan amount to ensure that the conditions of the COUNTY/OWNER agreement are met.

OWNER/CONTRACTOR agreement - States the scope and cost of rehabilitation. It is signed by the property owner and the contractor.

EXISTING FINANCING, REVERSE MORTGAGES, FUTURE REFINANCING

Properties with existing financing (mortgage or home equity) must comply with the loan to value requirements in the County's Subordination Policy to be eligible for assistance.

Generally, the total value of the County lien and any existing superior financing must be less than or equal 90% of the current appraised value of the property. It is most likely that properties with significant mortgages will be ineligible for assistance. Properties with reverse mortgages are ineligible because they cannot meet these standards. Future refinancing's must also comply with this policy which is available at <http://www.co.dutchess.ny.us/CountyGov/Departments/Planning/16693.htm>.

PROGRAM IMPLEMENTATION

The following are the steps your application/project will take.

Step 1 – Application review and eligibility (may include requests for additional information)

Step 2 – Initial inspection by County staff who will need access to the entire property

Step 2a – Environmental Review

Step 3 – Development of work write-up and cost estimate by County staff

Step 4 – Approval of work write-up and cost estimate by owner

Step 5 – Public Bidding (required by federal regulations)

Step 6 – Review of bids by County staff and recommendation to bid to owner

Step 7 – Approval of lowest responsible bidder by owner

Step 8 – Contracts with County and contractor

Step 9 – Construction including inspections by County staff, may include change orders

Step 10 – Completion including Certificate of Completion

Step 11 – Evaluation form and closing package will be mailed to owner

CHANGE ORDERS

Some projects involve change orders to adjust the scope of the rehabilitation or add items which arose during construction. All change orders must be on County change order forms signed by the contractor and approved by the property owner and County staff. The County will not pay for or mediate non-approved changes to the specification.

**DUTCHESS COUNTY OWNER-OCCUPIED
PROPERTY REHABILITATION PROGRAM APPLICATION**

A. APPLICANT INFORMATION

1. Applicant _____
2. Co-Applicant _____
3. Address _____
(Street) (City/Town) (Zip Code)
4. Home Phone: (____) _____ E-Mail _____
5. Applicant Employer (If retired, note so): _____
6. Co-Applicant Employer (If retired, note so): _____

B. PROPERTY INFORMATION

1. Is anyone other than you/your spouse listed on your deed? *Yes* ☐ *No* ☐
2. Has your home been placed in a trust? *Yes* ☐ *No* ☐
3. Have you transferred your home but retained a life tenancy? *Yes* ☐ *No* ☐
4. Do you have current homeowner's insurance? *Yes* ☐ *No* ☐

The County may ask for additional information if you answered "Yes" to B1. You are ineligible if you answered "Yes" to questions B2 or B3.

C. HOUSEHOLD COMPOSITION

List all persons living in the home and their relationship to the applicant.

Full Name	Relationship	Age	Social Security No.
	Self		

D. MONTHLY INCOME (include all persons listed in question C)

Income Source	Applicant	Co-Applicant	Other	Staff use
Social Security	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Wages and Overtime	\$	\$	\$	\$
Commission/Tips	\$	\$	\$	\$
Interest/Dividends	\$	\$	\$	\$
Income from Business/Rental	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other	\$	\$	\$	\$
				\$

Were you required to file a Federal Income Tax Statement? Yes ☐ No ☐

E. MORTGAGE

Please note that having a mortgage will not disqualify you from the program. A reverse mortgage will disqualify you. Skip questions E2-E4 if you don't have a mortgage.

1. Does your home currently have a conventional mortgage(s)? Yes ☐ No ☐
2. Total monthly mortgage payment(s) \$ _____
3. Are you current on your mortgage(s)? Yes ☐ No ☐ (provide documentation, if applicable)
4. Does your home currently have a reverse mortgage? Yes ☐ No ☐

F. ASSETS (include assets of all persons listed in question C)

Type	Applicants	Others	Staff Use Only
Checking Account	\$		\$
Checking Account	\$		\$
Savings Account	\$		\$
Savings Account	\$		\$
Non-retirement investments	\$		\$
Retirement Investments	\$		\$
Other _____	\$		\$
Other _____	\$		\$
Total (staff use only)	\$		\$

List any Real Property (other than your principal residence)

Address	Current Value	Mortgage Balance
	\$	\$
	\$	\$
	\$	\$

G. REHABILITATION REQUESTED

List the items you feel need rehabilitation.

H. LEAD BASED PAINT

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Any household receiving federal funds for rehabilitation must receive the enclosed federally approved pamphlet on lead poisoning prevention.

By signing this application, you are acknowledging that you have received the pamphlet “Protect Your Family from Lead in Your Home.”

I. CERTIFICATION

The information provided in this application is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application. I understand that any willful misstatement will be grounds for disqualification. I also certify that I have received and read the Program Guidelines and agree to comply with all program requirements.

Applicant

Date

Co-Applicant

Date

INFORMATION FOR HUD MONITORING PURPOSES

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information. The County may neither discriminate based on this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the County may note the race and sex based on visual observation or surname.

Ethnicity (select only one)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (select one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Sex (select only one)

- ☐ Male
☐ Female

DO NOT COMPLETE - FOR OFFICE USE ONLY

Household Size: _____

Monthly Household Income: _____

Annual Household Income: _____

- Income Category: ☐ Extremely Low (0-30% AMI)
☐ Low (31-50% AMI)
☐ Moderate (51-80% AMI)

- Action Taken: ☐ Eligible
☐ Conditionally Approved
☐ Rejected – Reason _____

Reviewer: _____

Date: _____