



## SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

597 E. MAIN STREET P O BOX 168, COBLESKILL, NY 12043  
TELEPHONE 518-234-7604 \*\* FAX 518-234-4346  
STATEWIDE RELAY SYSTEM TDD 800-421-1220  
Schohariecountyrpc.com

# Manufactured Mobile Home Replacement Program (MMRP)

The SCRPC applied to NYS HOME Manufactured Housing Replacement Program for funds which would allow the Agency to provide grant monies for eligible families to replace their substandard manufactured home with a new manufactured home. Eligible families will complete a pre-application and their name is placed on a waiting list and owners will be contacted in the order (date & time) they appear on the waiting list.

The manufactured home replacement program is to assist low income, Schoharie County residents in securing a new manufactured home. Assistance will be issued as a grant and the objective that the funds will cover the cost of the manufactured home replacement, and installation of a foundation system.

Once grants are available, the SCRPC will send you an application package. If you accept the grant requirements, you will have 15 days to schedule an appointment. Failure to contact our office and return the required documents within the time limit will result in denial and your name will be removed from the waiting list.

The SCRPC Manufactured Home Replacement Program monies will become recaptured and payable on a prorated basis if the property is sold, rented, ceases to be owner-occupied, or the home is refinanced for cash-out or debt consolidation during the affordability period. Once the affordability period expires no monies will be recaptured.

### Program Eligibility Include:

1. Applicant must own, occupy, and hold title of the existing manufactured home.
2. Household income must be below 80% of the area median income.
3. The mobile home must meet the definition of substandard.
4. Property taxes, insurances, and utility bills must be current.
5. Applicants must occupy the manufactured home as primary residence.
6. The property must be used entirely for residential purposes and in compliance with local zoning regulations.
7. Program participants must demonstrate the ability to financially maintain ownership.

**NOTE:** The information provided in this summary is intended to give potential applicants a quick overview of the program requirements. Not all eligibility requirements are included. All requirements are contained in the application package. All of the information provided will be verified by the SCRPC staff. If any information is intentionally falsified, the applicant will be denied and the applicant will not be allowed to reapply to the program. The applicant is subject to all guideline changes up to the time mortgages and contracts are signed and work on the project begins.

**Contact Information:** Should you have any questions, please contact:

Phone: (518) 234-7604; email: [djackson@schohariecountyrpc.com](mailto:djackson@schohariecountyrpc.com); web: [www.schohariecountyrpc.com](http://www.schohariecountyrpc.com)

Schoharie County Rural Preservation Corporation (SCRPC) does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, physical or mental disability, age, or familial status. The SCRPC is in compliance with applicable federal and state nondiscrimination requirements and assisting with complaints. A copy of the SCRPC Affirmative Marketing Plan and/or HUD-1686 Fair Housing Equal Opportunity for All is available upon request. Contact (518) 234-7604.

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SCHOHARIE COUNTY RURAL PRESERVATION CORP. – MMHRP PRE-APPLICATION

**Applicant's Name** \_\_\_\_\_ Age \_\_\_\_\_ Home phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Property Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code \_\_\_\_\_ Employer's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_

# of years in present occupation: \_\_\_\_\_ # of hours worked per week: \_\_\_\_\_  
**Co-Applicant's Name** \_\_\_\_\_ Age \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell phone \_\_\_\_\_ # of years in present occupation \_\_\_\_\_  
\_\_ married \_\_ single \_\_ separated \_\_ divorced # of hours worked per week \_\_\_\_\_  
Employer's name \_\_\_\_\_

**Please list Dependents**

Name	Age	Gender	Name	Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Property History:** Please check one:

Home is:  Single Wide  Double Wide  
Structure type:  Mobile Home  Manufactured Home Year built \_\_\_\_\_  
Are you the owner of this home?  Yes  No Do you pay lot rent?  Yes  No Amount \_\_\_\_\_  
**Do you hold title to your property?**  Yes  No List the names as they appear on the deed below:  
\_\_\_\_\_

**Is there a mortgage held for the property or other liens?**  Yes  No

If yes, list lien holder(s) here: \_\_\_\_\_

Are payments current?  Yes  No

**Do you own other property?**  Yes  No

If yes, where? \_\_\_\_\_

Are taxes current?  Yes  No Current payment plan?  Yes  No

Do you have potable water  Yes  No Do you have a good septic system  Yes  No

Do you have homeowner's insurance?  Yes  No

Is your property located in the flood plain?  Yes  No

If yes, do you have flood insurance?  Yes  No

Is your property located in the floodway?  Yes  No

INCOME:

Applicant's monthly gross wages (before tax) \_\_\_\_\_

Co-Applicant's monthly gross wages (before tax) \_\_\_\_\_

Social Security: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Child Support: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Alimony: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Welfare Payments: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Veteran's Benefits: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Other (Please specify: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Do you have assets in excess of \$15,000?  Yes  No (i.e. retirement funds, life insurance, CD's, checking, savings, Christmas club accounts, etc.):

This is a mobile home replacement program. Please let us know if the following is needed

Wheel Chair Ramps & Handrails  Address Sewage Problem  Restroom mobility – showers,  
 Address lack of potable water

Information for Government monitoring purpose: (You are not required to furnish this, but are encouraged to do so.)

American Indian  Asian/Pacific Islander  Black  Hispanic  White

Veteran  Yes  No; Disabled  Yes  No; U.S. Citizen  Yes  No; Permanent resident  Yes  No

SCHOHARIE COUNTY RURAL PRESERVATION ONLY: Application Review Date \_\_\_\_\_  
Income Percentage Target \_\_\_\_\_

I understand that assistance will take the form of a grant, which will not have to be repaid, unless I sell the home or violate grant regulations during the regulatory period. I understand there will be a lien filed against the property and filed in the County Clerk's office. The regulatory period of the lien will be from 5 to 10 years, depending on the grant received. In addition, I give my permission for Schoharie County Rural Preservation Corp. to obtain credit information or any other information needed to complete my eligibility.

Signature & Date: \_\_\_\_\_  
Applicant Co-Applicant

I give my permission to Schoharie County Rural Preservation Corp. to contact me to schedule an appointment to assess the repairs needed in my home and utilize this information as documentation for future repair grant fund applications.  Yes  No

How did you hear about this program? \_\_\_\_\_