



## NYS VACANT RENTAL PROGRAM (VRP)

Property Owner Grant Application due Friday, February 28, 2025 at 11:59PM EST

| APPLICANT INFORMATION   |   |  |   |
|---|---|--|---|
| Owner Full Name:  |   | Phone:   |   |
| Email:  |   |  |   |
| Owner Permanent Residence Address                                     |   |  |   |
| Street Address:   |   |  |   |
| City, Zip:  |   |  |   |
| Total Number of Properties Owned by or Under Control of Applicant:    |   | Total Number of Residential Rental Units Owned by or Under Control of Applicant: |   |
| PROPERTY INFORMATION  |   |  |   |
| Mailing Street Address:   |   |  |   |
| City, Zip:  |   |  |   |
| Property Owner(s) Named on Deed:                                      | 1.  | 2.   |   |
| Number of Housing Units ( <i>current</i> ):                           |   | Year Built:  |   |
| Number of Housing Units Anticipated ( <i>post-rehabilitation</i> ):   |   | Is Property Fully Insured?   |   |
| Number of Eligible Vacant Units:                                      |   | Are Property Taxes Current?  |   |
| Number of Units to be Assisted with VRP Grant Funds:                  |   | Is Property in Foreclosure?  |   |
| Describe property including any current uses and occupancy:           |   |  |   |
| GRANT REQUEST   |   |  |   |
| Type of Grant Award Requested:  | <input type="checkbox"/> Standard<br><i>Up to \$50,000 per eligible unit; units affordable to 80% AMI level</i> |  | <input type="checkbox"/> Enhanced<br><i>Up to \$75,000 per eligible unit; units affordable to 60% AMI level</i> |
| Estimated Number of Vacant Units to be Assisted with VRP Grant Funds: |   | Estimated Total Grant Funds Requested:   |   |

## SCOPE OF WORK

Check all that apply and describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance. Score the level of severity on a scale of 1-10 with 1 being low and 10 being high.

|                          |                 |                 |                      |
|--------------------------|-----------------|-----------------|----------------------|
| <input type="checkbox"/> | Electric/Lights | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Plumbing        | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | HVAC            | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Carpentry       | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Flooring        | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Stairs/Rails    | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Ceiling         | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Mold / Mildew   | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Drywall         | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Paint           | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Siding          | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Masonry /Brick  | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Foundation      | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Roof            | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Gutters         | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Windows         | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Doors           | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Pests           | Describe: _____ | Severity 1-10: _____ |
| <input type="checkbox"/> | Other           | Describe: _____ | Severity 1-10: _____ |

### ADDITIONAL PROPERTY CONDITIONS:

- Water Damage                     
  Fire Damage                     
  Structural Damage from Accident Event

## ACKNOWLEDGEMENTS *(initial each)*

|   |  |
|---|--|
| My eligibility for the program includes verification by East Buffalo Development Corporation that I am a "Responsible Owner"  |  |
| I, or an immediate family member, may not serve as the contractor for the rehabilitation work   |  |
| I have not, and will not, displace a tenant for the purposes of making a unit eligible for grant assistance   |  |
| East Buffalo Development Corporation will conduct a property site inspection to verify eligibility for grant assistance   |  |
| If my property is constructed prior to 1978, the grant program requires a Lead Risk Assessment to be conducted in any unit receiving assistance (and any tenant means of egress) and that the rehabilitation scope of work is required to address any identified lead hazards |  |
| Units that receive VRP grant assistance are subject to affordability requirements for 10 years, including selecting income-qualified tenants and a limit to the monthly rent charged to tenants   |  |
| If selected for a VRP award, I will be required to execute an agreement with East Buffalo Development Corporation and file a Declaration of Interest on the Property with the County Clerk  |  |

## SIGNATURES

|                    |                                       |
|--------------------|---------------------------------------|
| Signature of Owner | Signature of Co-Owner (if applicable) |
| Date               | Date                                  |