



Community Innovations, Inc.
P.O. Box 259, 100 Fisher Avenue
White Plains, NY 10606
Community1060@gmail.com
Communityinnovations.org

PROPERTY OWNER GRANT APPLICATION

See the Community Innovations, Inc information sheet on program eligibility and priority considerations

PROPERTY OWNER INFORMATION		
Last Name: _____ First Name: _____		
Property Address: _____		
Home Phone: _____		Cell Phone: _____
Email: _____		
PROPERTY INFORMATION		
Owner Occupied <input type="checkbox"/>	Rental Property <input type="checkbox"/>	Vacant <input type="checkbox"/>
Total # Units in dwelling (select one)		
Single Family <input type="checkbox"/>	Two Family <input type="checkbox"/>	Multi-family: 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other <input type="checkbox"/>
#Square Feet: _____	Year Building was constructed, if known: _____	
# Rooms: _____	Type of exterior (e.g., vinyl, wood, brick, stucco): _____	
FUNDING REQUEST		
Total Amount Requested? _____		
Explain how grant will be used: _____		

Grants are limited and competitive, what is unique about this application? Why should it be considered over other applicants seeking this grant? _____		



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The information provided in this application is confidential and will only be reviewed by the Community Innovations, Inc Award Selection Committee to determine eligibility for a grant.

PROPERTY OWNER INCOME						
To the best of my knowledge, the total income of all residents of the subject property is at or below 80% of Westchester County's area median income HUD income limits (see chart below)						
80% of Westchester County's area median income HUD income limits						
# in Household	1	2	3	4	5	6
*Max. Income	\$70,480	\$80,560	\$90,640	\$100,640	\$108,720	\$116,800

I certify that I am the owner or authorized owner's representative and all the Information provided herein is correct to the best of my understanding.

Applicant name (print) _____

Application Signature: _____ **Date:** _____.

In addition to this application form, submit the below supporting documentation by mail or email to community1060@gmail.com). **Copies ONLY, do not send originals.**

- 1) Copy Of Property Deed.
- 2) Photo ID - Current and Valid for Each Resident Over 18 Years Old.
- 3) Income Verification: Tax Returns Preferred, Social Security Statements, W2, Pension Statements, Social Service Benefits Statement
- 4) Obtain Estimate from A Licensed Contractor. Contractor Must Provide License Number for Application to be Considered.
- 5) Submit Pictures of Area Needing Repairs.
- 6) Only produce last four digits of Your Social Security Number on your documents.
- 7) Specific permission of a CI member to take before and after pictures of the work done

INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN PROCESSING