

Schenectady City Vacant Property Improvement Program Filling the Gaps, Rebuilding Block by Block

Application Package: Packet 2



Schenectady City Vacant Property Improvement Program (Schenectady V-PIP)

Packet 2 contains all of the required forms and fields that must be completed, signed, and returned as a part of your formal application. Please ensure all sections are accurately filled out and all required signatures and documentation are provided before submission.

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Schenectady City Vacant Property Improvement Program (Schenectady V-PIP) Property Owner Grant Assistance Application

APPLICANT INFORMATION							
Owner Name:				Phone:			
Additional Owners:				Email:			
	0	wner Permaner	nt Re	sidence Addre	ess	1	
Street Address:							
City, Zip:							
Total Number of Properties Ov by or Under Control of Applic			Total Number of Residential Rental Units owned by or Under Control of Applicant				
		PROPERTY	INF	ORMATION		i i	
Mailing Street Addres	s:						
City, Zip:							
Property Deed/Title in the n	ame of:						
Number of Housing Units (current) (cannot exceed 5)				Year Built:			
Number of Housing Units Anticipated (post-rehabilitation)				Is Property Fully Insured?		Yes	No
Number of Eligible Vacant Units				Are Property Taxes Current? Yes		No	
Number of Units to be Assisted with Schenectady V-PIP Grant Funds				Is Property in Foreclosure? Yes		No	
Describe property including any current uses and occupancy							
		GRANT	RE	QUEST			
Type of Grant Award Requested	StandardEnhancedUp to \$50,000 per eligible unit - units affordable to 80% AMI level)Up to \$75,000 per eligible unit affordable to 60% AMI level						
Estimated Number of Vacant Units to be Assisted with Schenectady V-PIP Grant Funds	Estimated Total Grant Funds Requested						

PROPOSED RENOVATION/REHABILITATION WORK	
Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance	
ACKNOWLEDGEMENTS (initial each)	
My eligibility for the program includes verification by BCNI 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	
BCNI 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 Schenectady V-PIP 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 Schenectady V-PIP award, I will be required to execute an agreement with BCNI and file a Declaration of Interest on the Property with the County Clerk	
If awarded Schenectady V-PIP funds will not cover 100% of the rehabilitation costs, I will be required to provide proof of additional funding sources	

SIGNATURES		
Signature of Owner	Signature of Co-Owner	
Date	Date	

Schenectady V-PIP Attestation of Responsible Property Ownership

Property Owner Name(s): ____

As part of the requirements for participation in New York State Vacant Rental Program (VRP), which BCNI is administering locally as the Schenectady City Vacant Property Improvement Program (Schenectady V-PIP), I, the undersigned property owner(s), attest and confirm the following statements regarding my real estate portfolio and my status as a responsible property owner:

- 1. All properties within my/our real estate portfolio are maintained in good, habitable, and marketable condition.
- 2. All properties in my/our real estate portfolio are current on mortgage payments.
- 3. All properties in my/our real estate portfolio are current on all property taxes.
- 4. I/We are current on utility payments for the proposed assisted property/properties. If my/our property does not have current or recent utility hookups, I/we can confirm that the disconnection was not due to nonpayment.
- I/We hold an active comprehensive property insurance policy for the proposed assisted property/properties. If my/our property/properties cannot be insured, I/we can provide evidence of declination of coverage from two (2) separate insurance companies.
- 6. There are no unresolved federal, state, or local liens against the proposed assisted property/properties.
- 7. I/We are not currently involved in any bankruptcy proceedings.
- 8. There is no history of Fair Housing violations associated with any properties in my/our real estate portfolio or myself/ourselves as the property owner(s).
- Neither the properties within my/our real estate portfolio nor I/we as owner(s) are under investigation by any
 regulatory body, including but not limited to the Department of Health, Environmental Protection Agency (EPA),
 Department of Housing and Urban Development (HUD), or state/local government agencies, for any violations
 of laws or regulations.

Authorization for Verification

I/We authorize BCNI to collect and verify documentation to substantiate compliance with these criteria, including but not limited to payment records and insurance policies.

Acknowledgment:

I/We affirm that the information provided in this attestation is true and correct to the best of my knowledge. I/We understand that providing false or misleading information may result in disqualification from the Schenectady City Vacant Property Improvement Project and may require repayment of any awarded funds.

Signature(s):

Property Owner Signature:

Property Owner Signature:

Date:

Date:

Schenectady V-PIP Attestation of Unit Vacancy

This attestation must be completed for **each unit** for which the property owner(s) is requesting assistance under the New York State Vacant Rental Program (VRP), which BCNI is administering locally as the Schenectady City Vacant Property Improvement Program (Schenectady V-PIP).

Property Owner Name(s)	
Property Address:	
Unit Number:	

As part of the requirements for participation in the Schenectady City Vacant Property Improvement Program (Schenectady V-PIP), I/we, the undersigned property owner(s), attest and confirm the following statements regarding the above-referenced unit:

- 1. The unit listed above is currently vacant and unoccupied as of the date of this attestation.
- 2. The unit is either uninhabitable or unmarketable, as defined by the Vacant Rental Program (VRP) Manual, due to the following conditions (select all that apply):

□ Uninhabitable:

- \Box Water damage/mold presence
- □ Lack of plumbing/bathroom/kitchen facilities
- □ Lack of adequate heating
- \Box Unsafe structural conditions
- Other (specify): _____

OR

 \Box Unmarketable:

- \Box Extensive peeling paint
- □ Old or damaged flooring (e.g., stained carpets)
- □ Damaged walls/ceiling
- \Box Insufficient kitchen or bathroom facilities
- Other (specify): _____
- 3. No tenant displacement has occurred to render this unit vacant. I/We certify that the vacancy status is genuine and not the result of forced or voluntary relocation of a tenant for the purposes of qualifying for program funds.

Acknowledgment:

I/We affirm that the information provided in this attestation is true and correct to the best of my/our knowledge. I/We understand that a site inspection will be conducted by BCNI to verify the conditions of the unit as stated above. I/We understand that providing false or misleading information may result in disqualification from the Schenectady City Vacant Property Improvement Project and may require repayment of any awarded funds.

Signature(s):

Property Owner Signature:	Property Owner Signature:		
Date:	Date:		

Schenectady V-PIP Attestation of Property Vacancy

This attestation must be completed for **each non-residential property** for which the property owner(s) are requesting assistance under the New York State Vacant Rental Program (VRP), which BCNI is administering locally as the Schenectady City Vacant Property Improvement Program (Schenectady V-PIP), to convert a vacant space within the property into up to five (5) residential rental units.

Note: Vacant non-residential and mixed-use properties are eligible for conversion to up to five (5) rental units if allowable by local building and zoning codes. Property owners must obtain all necessary approvals before proceeding with conversion.

Property Owner Name(s): _____

Property Address: ____

Current Use of Property (e.g., vacant office, warehouse): _____

Description of the Vacant Space Proposed for Conversion (e.g., second-floor office space, former retail storefront, entire structure):

As part of the requirements for participation in the Schenectady City Vacant Property Improvement Program (Schenectady V-PIP), I/we, the undersigned property owner(s), attest and confirm the following statements regarding the above-referenced property:

- 1. The proposed vacant space within the property is currently unoccupied as of the date of this attestation.
- 2. The proposed vacant space is either uninhabitable or unmarketable, as defined by the Vacant Rental Program Manual, due to the following conditions (select all that apply):

□ Structural deficiencies preventing occupancy

- Lack of adequate plumbing, heating, or electrical infrastructure
- □ Failure to meet fire safety or building code requirements for residential use
- □ Presence of hazardous materials (e.g., asbestos, lead-based paint, mold)
- □ Functionally obsolete for non-residential use (e.g., no demand for the existing space configuration)
- □ Requires significant renovation to be repurposed for residential use
- □ Insufficient accessibility or egress to support residential occupancy

Other (specify): ______

3. No displacement of existing tenants or occupants has occurred to render the proposed vacant space available for conversion. I/We certify that the vacancy status is genuine and not the result of the forced or voluntary relocation of a tenant(s) for the purpose of qualifying for program funds.

Acknowledgment:

I/We affirm that the information provided in this attestation is true and correct to the best of my/our knowledge. I/We understand that a site inspection will be conducted by BCNI to verify the conditions of the proposed vacant space as stated above. I/We acknowledge that providing false or misleading information may result in disqualification from the Schenectady City Vacant Property Improvement Program and may require repayment of any awarded funds.

Signature(s):

Property Owner Signature:

Property Owner Signature:

Date:

Date:

Schenectady V-PIP Property Prioritization Form

Instructions: Property owners applying for assistance on multiple properties must complete **one** Property Prioritization Form. This form should be submitted **along with the application for the highest-priority property** to ensure that the property owner's overall property portfolio is considered when making funding decisions.

Applicant Information:

Property Owner Name(s): _____

Please list and rank the properties you are applying for assistance, with 1 being the highest priority for funding consideration.

Priority Rank	Property Address
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Note:

Prioritization does not guarantee funding but will be considered in the allocation process based on program criteria.