AMSTERDAM PLUS ONE ADU PROGRAM

Providing support to eligible homeowners in the City of Amsterdam, Montgomery County, NY

PACKET 2 – APPLICATION & FORMS

Amsterdam Plus One ADU Program

Stable Homes. Strong Families. A Stronger Amsterdam.

Packet 2 – Application and Forms

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Instructions for Applicants

This packet contains all the forms you must complete, sign, and submit with supporting documentation to be considered for the Amsterdam Plus One ADU Program. Please review the Program Information Packet (Packet 1) before applying.

Incomplete applications will not be reviewed until all required documents are submitted.

How to Submit:

- Email: PlusOneADU@bcnihousing.org
- Mail or Drop-off:

  BCNI
  816 Union Street
  Schenectady, NY 12308
  ATTN: Plus One ADU Applications

Applications will be accepted on a rolling basis until funds are exhausted. Each applicant will be notified of their status within 30 days of a complete submission.

Section 1. Plus One ADU Grant Assistance Application

Please fully complete this section, together with all required information and documentation outlined in Section 4.

PLEASE NOTE:

Information for **all** individuals named on the deed to the subject property **must** be included in this application, together with income information and documentation for any household member aged 18 or older.

APPLICANT INFORMATION

Property Owner Full Name (First and Last, as it appears on the deed):

_____

Property Address:

_____

Phone: (____) _____-_____ Home ☐ Mobile ☐

Email: _____

Property Co-Owner #1 Name (if applicable; must be included if named on deed):

_____

Property Address:

_____

Phone: (____) _____-_____ Home ☐ Mobile ☐

Email: _____

Property Co-Owner #2 Name (if applicable; must be included if named on deed):

_____

Property Address:

_____

Phone: (____) _____-_____ Home ☐ Mobile ☐

Email: _____

Applicant Mailing Address *(if different from applicant(s) address above):*

_____

Property Information:

Section: _____ Block: _____ Lot: _____

Deed/Title in Name of (*include all named individuals along with copy of Deed/Title*):

_____

Additional Property Information; please use this space to provide us with any other information that may be useful in determining eligibility:

_____
_____
_____

Mortgage Current? Yes ☐ No ☐ N/A; property not currently mortgaged ☐

Property Taxes Current? Yes ☐ No ☐
Note: this applies to ALL real property taxes including City, County, Town, School District and/or any other applicable property tax(es) that may be due for a given property.

Property Insurance in Good Standing? Yes ☐ No ☐

Property in Foreclosure/Pre-Foreclosure? Yes ☐ No ☐

Open Zoning and/or Code Violation(s)? Yes ☐ No ☐

Is the applicant or any member of the household a: Veteran ☐ Disabled ☐ N/A ☐

If you answered NO or didn't provide an answer to any of the above questions, please provide more information here, together with any supporting information or documentation necessary to make a determination of eligibility for your application:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Household Income:
Please use the table below as a guide for determining household income eligibility. A full and complete determination of household income eligibility will be conducted by BCNI using the required documentation provided for our review with a full application.

Interested applicants may contact BCNI's Plus One ADU Program Staff for consultation and assistance in making an initial determination of household income eligibility.

Household Size by Number of Persons	Maximum Household Income @ 120% of AMI
1	$ 80,250
2	$ 91,650
3	$ 103,200
4	$ 114,600
5	$ 123,900
6	$ 132,900
7	$ 142,200
8	$ 151,350

Source hcr.ny.gov/income-limits 7-28-26

PLEASE PROVIDE THE FOLLOWING:

Number of Household Members: _____ (*include all current residents at time of application*)

Annual Household Gross Income: $ _____
NOTE: Household Gross Income is the combined total of all household members aged 18 or older.

Head of Household (Primary Applicant): ☐ *Please check if currently not employed*

Name: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Employer Phone: (_____) _____ - _____

Yrs employed _____ Monthly Gross Income $_____

Spouse or other owner(s): ☐ *Please check if currently not employed*

Name: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Employer Phone: (_____) _____ - _____

Yrs employed _____ Monthly Gross Income $_____

Other Adult(s) (use additional sheet if needed):

Name: _____ Age: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Employer Phone: (_____) _____ - _____

Yrs employed _____ Monthly Gross Income $_____

Name: _____ Age: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Employer Phone: (_____) _____ - _____

Yrs employed _____ Monthly Gross Income $_____

Residents under 18 years of age:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Please See *Required Documentation Checklist, Section 4,* for a list of all required documentation that will be required to support reported household income.

	PLEASE DISCLOSE THE FOLLOWING, IF APPLICABLE TO THE APPLICANT OR ANY MEMBER OF HOUSEHOLD LISTED ABOVE	AMOUNT
☐	Recurring Income from Alimony/Child Support/Family Contributions	
☐	Recurring Interest or Payments from Social Security/Disability	
☐	Recurring Interest from Stocks/Bonds	
☐	Recurring Interest from Savings Account(s)	
☐	Income from Rental Property Owned	
☐	Income from Public Assistance/Section 8	
☐	Income from Unemployment	
☐	Income from Workers Compensation	
☐	Annual Gross Business/Self-Employment Income	
	TOTAL OTHER INCOME	

DOES THE APPLICANT OR ANY MEMBER OF THE HOUSEHOLD, AGED 18 or OLDER, HAVE ANY OF THE FOLLOWING: (CHECK ALL THAT APPLY)

☐ Savings/Checking/Money Market Accounts

☐ Revocable Trust(s)

☐ Rental Property

☐ Stocks/Bonds/T-Bills/CD's/Mutual Funds

☐ IRA/Keogh Accounts

☐ Retirement/Pension Accounts

☐ Whole Life or Universal Life Insurance

☐ Lump Sum Receipts (inheritance/lottery/gambling/settlement(s))

☐ Mortgages/Deeds of Trust Privately Held

☐ Other reportable asset(s):

_____

_____

_____

Proposed ADU Details:

Type of Proposed ADU: ☐ Basement Conversion ☐ Attic Conversion ☐ Garage Conversion

☐ Addition/New Construction

NOTE: In accordance with City of Amsterdam Ordinance 1 of 2022, as adopted, the proposed ADU: *shall be contained within the principal structure or within an accessory structure, such as a detached garage. ADUs may not be located in cellar areas, except where at least one wall of the ADU is at grade level with direct access to the outside. The ADU may not be its own structure*.

Proposed Tenant(s)/Occupant of ADU:

☐ Family Member– Please detail of relationship to Applicant(s), such as parent or dependent child(ren):

_____
_____

☐ Caregiver – Please detail of relationship to Applicant(s):

_____
_____

NOTE: In accordance with City of Amsterdam Ordinance 1 of 2022, as adopted, *the property owner shall occupy the primary dwelling. An ADU must be occupied by family members related by blood or marriage, such as elderly parents or dependent adult children, or caregivers. No home occupation, daycare, professional office, or renting of rooms shall be allowed in an ADU.*

Section 2. Attestations

Responsible Owner Attestation

I/We attest that I am/we are current on mortgage, property tax, and utility payments; hold valid homeowner's insurance; have no liens or bankruptcies; and am not under investigation by any government agency. I/We understand that providing false information may result in disqualification and repayment of any funds received.

Owner Signature: _____ Date: _____

Print Name: _____

Co-Owner Signature: _____ Date: _____

Print Name: _____

Eligibility Screening Attestation

I/We attest that I/we live in the property as my/our primary residence; it is in an eligible zoning district within the City of Amsterdam; my/our combined household income is at or below 120% of the Area Median Income; and I/we will not use the ADU for short-term rental purposes. I/We understand these conditions apply for the full 10-year compliance period.

Owner Signature: _____ Date: _____

Print Name: _____

Co-Owner Signature: _____ Date: _____

Print Name: _____

Section 3. Property & Project Information

Describe current property use and condition, and provide details about the proposed ADU project including, but not limited to, location of the ADU within the existing property (i.e. conversion of existing space, addition to existing structure, etc.) and intended use of the ADU (i.e. residence for an aging parent or caregiver):

Section 4. Required Documentation Checklist

Please use the following checklist to ensure you have obtained all the required information to submit a complete application. Please provide copies only, no original documents.

☐ Proof of property ownership (copy of deed, SBL #)

☐ Copy of Homeowners' Insurance policy (binder, monthly statements, etc. to evidence payment and policy in good standing; ADU must be added upon completion)

☐ Most recent mortgage statement; if there is no debt on the property please provide any supporting documentation (i.e. mortgage satisfaction) or other statement to evidence the same

☐ Most recent property and school tax bills with proof of payment

☐ Proof of household income for ALL residents in the household aged 18 or older (last 8 weeks of paystubs, most recent tax return, and benefit statements for any member of the household aged 18 or over (i.e. SSI))

- ☐ Last three months of pay stubs.
- ☐ Current year Benefit Statement, Award Letter(s) for Pension, Social Security and/or Social Service Assistance *(NOTE: We cannot accept your bank statements as evidence of recurring benefits. Applicants must present current award letter(s), pension stub(s), or receipts. 1099s are not acceptable.)*
- ☐ If you are self-employed, please provide signed copies of your last two years' Federal Tax returns.
- ☐ Two years signed federal and state tax returns for all persons over the age of 18.
- ☐ Form 8821 signed by each member over the age of 18 years old.
- ☐ Eligibility Release Form signed by each member in the household over 18.
- ☐ Complete and sign the Consumer Income Verification form.
- ☐ Last 2 months of bank statements for all accounts (checking savings, mutual funds, certificates of deposits) for each person in the household over the age of 18. (*Provide all pages, even if it's blank.)*

☐ Photo ID for all applicants (i.e. owners of record on the deed to the property). Provided photo ID must be one issued by the NYS Department of Motor Vehicles or the US Government ID. Please provide copies of both the front and back. Please note that provided documents shall not expire within 6 months of submission of this application. The homeowner(s) date of birth and signature must be included on the document.

☐ Plot plans, architectural drawings, and/or contractor estimates for planned ADU work at the property (if previously obtained and available)

Section 5. Acknowledgements by Owner(s) (Initial Each Item)

____ ____ I understand there is a 10-year compliance period associated with this Program.

____ ____ I agree to maintain homeowner's insurance and pay property taxes on time during the compliance period.

____ ____ I will not use the ADU for short-term rentals.

____ ____ I agree to annual compliance verification with BCNI.

____ ____ I agree to BCNI oversight, inspections, and program monitoring.

Section 6. Signatures & Certifications

By signing below, I/We certify that the information provided is true and complete. I/We authorize BCNI, NYS Homes and Community Renewal, and/or their designee(s) to verify all information submitted. I/We understand that providing false information may result in disqualification and repayment of grant funds.

Owner Signature: _____ Date: _____

Print Name: _____

Co-Owner Signature: _____ Date: _____

Print Name: _____

Section 7. Photograph & Publicity Release Form

I/We, the undersigned, hereby grant permission to Better Community Neighborhoods, Inc. (BCNI) and New York State Homes and Community Renewal (HCR) to photograph and/or video properties that receive assistance under the Amsterdam Plus One ADU Program. Such images may be used in reports, presentations, social media, websites, or educational materials for promotional or public relations purposes.

I/We understand that:

1. No personal identifying information will be disclosed without consent.
2. BCNI and HCR will use these images solely to promote and document the program.
3. I waive any right to compensation for the use of these images.
4. This release applies indefinitely without geographic limitation.

Owner Signature: _____ Date: _____

Print Name: _____

Co-Owner Signature: _____ Date: _____

Print Name: _____

Section 8. Plus One ADU Restrictive Covenant Acknowledgement

I/We acknowledge that a Restrictive Covenant will be filed with the Montgomery County Clerk as a condition of participation in the Amsterdam Plus One ADU Program. The covenant requires compliance for 10 years after project completion, including long-term residential use of the ADU, prohibition of short-term rentals, and annual monitoring by BCNI. I/We further acknowledge and affirm that we have been provided and have reviewed the sample Restrictive Covenant, which was made available in the "*Sample Agreements*" section of the Amsterdam Plus One ADU Packet 1 - Program Information and Guidelines.

Owner Signature: _____ Date: _____

Print Name: _____

Co-Owner Signature: _____ Date: _____

Print Name: _____