

OVERVIEW: Wayne County is accepting farm applications for a farmworker-occupied mobile/manufactured home replacement program under the Community Development Block Grant (CDBG)-CARES Act. The County has not yet been awarded funding, but is accepting farm applications in anticipation of an award. This program is to improve the health and safety of farm worker housing and will benefit primarily low-to-moderate income people.

The awarded farms will be drawn by lottery from all qualified applications. Priority will be given to MMH built before 1976. Wayne County reserves the exclusive right to determine which applications are qualified for funding consideration. **Applications are due by May 13, 2022** and it is expected that the projects will be completed by June 2023.

Each project will include the removal of one existing mobile/manufactured home (MMH) per farm operation and replacement with a new manufactured home, new pad, hookups to existing water, septic, utilities, with municipal permitting. Project management will be provided by a qualified non-profit housing organization.

Name of Applicant _____

Farm Name _____ (If a corporation attach Certificate of Incorporation)

Farm Address _____

Applicant Cell Phone _____ Applicant Email _____

Project address & Property Tax ID: _____

As a requirement of being considered for funding, I agree and attest to the following:

- Farms awarded funding must collect an income certification for each farm worker household initially occupying the new housing to document that the majority of occupants are low- to moderate-income (annual incomes <\$44,950 for a single worker, <\$51,350 for a 2 person household). The first group of workers to occupy the new housing in 2023 must complete and sign a form similar to the attached form. There will be no further income certification required in subsequent years.
- **More than half of the people in this house will meet the low- to moderate-income requirements. That means more than half will NOT check boxes in column G on the attached family income form.**
- I understand the funding will be in the form of a 5-year forgivable loan with 20% of the loan forgiven each year the home continues to be used as farmworker housing.
- All occupants of the new home will be hired farm laborers employed by this farm and will not be farm owners or managers.
- The property where the new home is to be located is owned by the farm.
- Property Taxes on farm are current.
- The farm is an operating farm as per NYS AA-25 Ag Districts Law (please attach / submit a recent Wayne County property tax bill showing Ag Exemption.)
- The MMH needs replacement. Before projects are awarded there will be an inspection to ensure the home needs replacing.
- Age of mobile / manufactured home to be replaced? ___pre 1976 ___1976-1990 ___After 1990
- For the identified unit to be replaced, _____ number of bedrooms, _____ number of workers occupying the unit at peak occupancy.

I certify that all information provided is accurate and complete to the best of my knowledge.

Signature of Applicant

Date

**Applications and photos can be emailed to: orothfuss@co.wayne.ny.us
Or returned by mail to: Wayne County Economic Development & Planning; 9 Pearl St 2nd Flr Lyons, NY 14489**



Applications Due By 5/13/22



Farmworker Housing FAMILY INCOME FORM

Business Name: _____

CFA ID: 1219CV____-20

Control
Number

The house in which you are living has been made available with financial assistance from Wayne County using Federal Community Development Block Grant Funding. So, the employer is required to obtain the following information:

Farmworker Name/ Head of Household: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you in the same room/ living unit. Circle the appropriate family size below.

Next, total the income from all sources received during the last calendar year (January - December) by you and each member of your family living in your room.

Income includes wages, salaries, tips, unemployment compensation.

Compare this total to the figure listed for the circled family size and check the appropriate box for your family income.

Check column A if your family income is less than column B or check Column C if it is greater than Column D

Check column E if your family income is less than column F or check Column G if it is greater than Column F

My Family Income is (check one)

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
Family Size (Circle)	Less than -->	family income	Less than -->	family income	Less than -->	family income	More <-----than
1		\$ 16,850		\$ 28,100		\$ 44,950	
2		\$ 19,250		\$ 32,100		\$ 51,350	
3		\$ 21,650		\$ 36,100		\$ 57,750	
4		\$ 24,050		\$ 40,100		\$ 64,150	
5		\$ 26,000		\$ 43,350		\$ 69,300	
6		\$ 27,900		\$ 46,550		\$ 74,450	
7		\$ 29,350		\$ 49,750		\$ 79,550	
8		\$ 31,750		\$ 52,950		\$ 84,700	

9 or more Actual Income \$

Race: ☐ White ☐ Black/African American
☐ Black/African American and White ☐ Other Multi-Racial

Ethnicity ☐ Hispanic*

* Hispanic - HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

Signature _____

Date _____

