



# ONONDAGA COUNTY VACANT RENTAL PROGRAM (VRP)

## Property Owner Grant Assistance Application



APPLICANT INFORMATION			
Owner Name:		Phone:	
Additional Owners:		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 Deed/Title in the name of:			
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 <i>Up to \$50,000 per eligible unit - units affordable to 80% AMI level)</i>	<input type="checkbox"/> Enhanced <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	

**ACKNOWLEDGEMENTS** *(initial each)*

Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance

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My eligibility for the program includes verification by Onondaga County Community Development 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	
Onondaga County Community Development 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 Onondaga County Community Development and file a Declaration of Interest on the Property with the County Clerk	

**SIGNATURES**

Signature of Owner	Signature of Co-Owner
Date	Date

**Onondaga County Community Development (OCCD)  
HCR VRP Program  
Applicant Eligibility**

I \_\_\_\_\_ (property owner name) am the legal owner of the property located at the following address:

\_\_\_\_\_

Street Address	City	State	Zip
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I am Current on mortgage payments (and any loans secured by the property) (not in foreclosure)  
I am current on all property taxes. I am current on utility payments. I have a current comprehensive property insurance policy for this property. I am not in bankruptcy. I have No outstanding federal, state, or local liens on the property  
I have no history of Fair Housing violations. I am not under current investigation by: Dept. of Health, EPA, HUD, state agency or local government for law or regulation violation

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may disqualify my application for the OCCD HCR VRP program.

Signed,

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Printed Name)

**ACKNOWLEDGMENT**

STATE OF NEW YORK

COUNTY OF ONONDAGA

On the \_\_\_\_ day of \_\_\_\_ in the year 2025, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public; \_\_\_\_\_

Commission Expires: \_\_\_\_\_

# Onondaga County Community Development (OCCD)

## HCR VRP Program

### Property Vacancy

A unit receiving VRP assistance must be determined to be an eligible vacant unit. A unit is considered an eligible vacant unit if it is unoccupied or not legally rented at the time grant funds are committed specifically because the unit is in uninhabitable OR unmarketable condition .

For the VRP program, the following definitions of uninhabitable and unmarketable will apply:

**Uninhabitable:** The unit does not meet the typical minimum criteria as a safe and legally occupiable housing unit. If the unit is not fully code compliant for residential use, it is by definition uninhabitable.

*Examples include (but are not limited to): Water leak and presence of mold, Lack of plumbing/bathroom/kitchen facilities, Lack of adequate heat, unsafe structural condition(s), does not meet code for fire suppression system and/or access/egress*

**Unmarketable:** The condition of the unit is generally poor and is undesirable as a housing unit due to its current quality. An unmarketable unit does not meet what would reasonably be considered acceptable conditions for decent and quality housing.

*Examples include but are not limited to: Extensive peeling paint, Old/stained carpets, damaged walls/ceiling, inadequate kitchen/bathroom facilities, Poor light and/or ventilation*

**Tenant Displacement:** An existing tenant cannot be relocated, evicted, or otherwise displaced for the purposes of receiving program funds based on vacancy status. This includes forced displacement by the landlord or voluntary displacement by the tenant (i.e., an existing tenant cannot temporarily move out so that the unit is considered vacant and move back into the unit after it has been rehabilitated).

In addition to this attestation, OCCD may require a property owner to provide additional verification of vacancy status as is determined necessary for determining vacancy status. There is no minimum time period that a unit must have been vacant for to be eligible for VRP funding.

**Onondaga County Community Development (OCCD)  
HCR VRP Program  
Property Vacancy**

I \_\_\_\_\_ (property owner name) am the legal owner of the property located at the  
Following address:

\_\_\_\_\_

Street Address	City	State	Zip
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The above property is currently vacant because the unit is in uninhabitable or unmarketable condition as defined above. The property has been vacant and since (date) \_\_\_\_\_. There has been no Tenant Displacement as defined above.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may disqualify my application for the OCCD HCR VRP program.

Signed,

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name)

ACKNOWLEDGMENT

STATE OF NEW YORK

COUNTY OF ONONDAGA

On the \_\_\_\_ day of \_\_\_\_ in the year 2025, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public; \_\_\_\_\_

Commission Expires: \_\_\_\_\_