



Rebuilding Together Mohawk Valley
c/o Nick Solano
P.O. Box 144
Clinton, NY 13323

Date: Ref. No: From:

HOMEOWNER APPLICATION

(Please print. Information is kept confidential. Complete and return as soon as possible to the above address.)

Name of homeowner(s): _____

Date of Birth: _____

Address: _____ City: _____ ZIP: _____ Phone _____

Number of years at this address: _____

Names and ages of all persons living in the home: _____

Is homeowner, or anyone else residing in the home, disabled? If so, indicate special needs (wheelchair or walker, hearing impaired, etc.):

If your home is approved for the program, what work would you like done?

Dear Homeowner:

Rebuilding Together Mohawk Valley is a volunteer organization in which helps fix up the homes of Mohawk Valley residents who are unable to do the work themselves.

Projects selected are subject to an income maximum and are chosen based on a combination of need, income level, the ability to match the work required to volunteers, and the impact of the funds required. Selection is at the discretion of the organization. A qualifying application does not guarantee selection or assistance. Applications expire 12 months from submission.

Volunteers may not be able to complete all requested repairs. If your home is chosen for the rehab work, there will never be a charge for our service.

REQUIREMENTS (please fill out where indicated and sign):

I confirm that any persons residing in my home or visiting on the designated workday, who are physically able, will work alongside the volunteers. Names and ages:

I own, and live in, the property at the address given and can produce mortgage payment book, deed, or other documents showing ownership, if requested. I do not owe any outstanding taxes on this property. I understand that if I sell my home within three years of the work provided by Rebuilding Together Mohawk Valley I will be obligated to reimburse this organization.

Annual Income Requirements: (based on Oneida County, NY HUD income guidelines)

The combined income (Social Security, interest, rentals, other) for the owner of this home is _____

<i>Low income (maximum allowable to qualify)</i>	<i>\$32,950 (single)</i>	<i>\$47,050 (family of 4)</i>
<i>Very low income (receive priority review)</i>	<i>\$20,600 (single)</i>	<i>\$29,400 (family of 4)</i>

Signature of Homeowner

If this form is prepared by someone other than the homeowner, or if assistance is given to the homeowner, please complete the following: Is the homeowner aware of this application? _____

Name of person preparing or assisting with application: _____

Phone: _____ Agency: _____