

Dear Homeowner:

Rebuilding Together Saratoga County (RTSC) is a safe and healthy housing organization which utilizes volunteers from skilled trades and volunteers from the local community to provide home repairs for qualified Saratoga County homeowners who are older adults, persons living with a disability, low-income families and veterans who cannot pay for the needed repairs and meet income requirements. We do ask that homeowners and family members assist with repairs in some capacity.

Please understand that we are unable to help all homeowners who apply and there is no guarantee of service by applying to Rebuilding Together Saratoga County. Applications received after April 1 may not be considered until the following spring.

RTSC Qualifications for services:

1. The property must be owner occupied and be the primary residence.
2. If the homeowner is collecting rental income for a portion of the home, this may be acceptable. Rental income must be considered as income and evidence provided as part of the documentation requirements.
3. The income must fall within or below 80% of the HUD Low-Income standards. (one person household income cannot be more than \$43,750 for two individuals, \$50,000, for three individuals, \$56,250 for four individuals, \$62,650 for five individuals, etc.)
4. The homeowner must be an older adult, a person with a disability, a person who cares for (or is) a veteran or a parent/guardian with child(ren) 18 or under living in the home.
5. The homeowner is not able to do the necessary repairs/modifications because of cost or physical limitations.

Your application will NOT be considered if you do not send the following items:

1. Proof of ownership via up-to-date, paid Property Tax Bill or Lot Rent Receipt;
2. Current income verification, including total household income of ALL persons living in the home by giving us **one** of the following:
 - Most recent filed tax return for all persons;
 - Most recent 30 days of pay stubs (if applicable) for all persons;
 - A **current** copy of your bank statement displaying **all income** (including public assistance, if applicable), for all persons.

Once your application is submitted, you will be notified by mail about the status of your application. Please understand that it may take some time to hear back from us. Due to the many requests, 6 months-1 year is not an uncommon wait time.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

STEP ONE- INFORMATION ABOUT YOU:

Application Date: _____

Homeowner(s):

(1) First Name: _____ Last Name: _____ Age: _____

(2) First Name: _____ Last Name: _____ Age: _____

Home Address:

Street: _____

City, State, Zip:

Mailing Address is different than above: _____

Home Phone: _____ Cell Phone: _____

Email: _____

List **ALL** occupants living in the home (including homeowners):

Name	Age	Sex	Disability (if any)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Best Time to Call: _____ Are you employed: ___yes ___no

If yes, where: _____

Work phone: _____ Is it okay to call you there? _____

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Have you or any member of the home ever been convicted of a crime: yes no

If yes, please describe_____

Are you a Veteran? yes no

What branch and date of service:_____

Do you have any disabilities due to your service? yes no

Do you have any family members in the military? If yes, what is your relationship?

STEP TWO- INFORMATION ABOUT YOUR HOME:

Do you own your home or have a Tenancy for Life Agreement? yes no

Do you own other property? yes no; If yes, please explain_____

Years in home: _____ Year home was built: _____

Type of home: mobile frame

If mobile home park, name of manager and number:_____

Do you plan to sell home in next year? yes no

Do you have homeowners insurance? yes no

Are there any liens on your home? yes no

Are your taxes up to date? yes no

Are family members able to help with repairs: yes no

If no, why not_____

Have there been any recent repairs/modifications: yes no

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If yes, by whom: _____

Are there pets in the home: ___yes ___ no

If yes, please describe: _____

STEP THREE- INCOME AND EXPENSES:

Monthly INCOME for ALL persons living in home	
Salary	\$ _____
Retirement	\$ _____
Social Security/Disability	\$ _____
Child Support/Alimony	\$ _____
Other	\$ _____
TOTAL INCOME	\$ _____

Monthly EXPENSE (List ALL monthly household expenses)	
Mortgage	\$ _____
Lot Rent if Mobile Home	\$ _____
Property Taxes	\$ _____
Insurance	\$ _____
Utilities	\$ _____
Home Phone/Cell Phone	\$ _____
Cable/Satellite TV	\$ _____
Medical Related	\$ _____
Other	\$ _____
TOTAL EXPENSES	\$ _____

STEP FOUR- HOMEOWNER AGREEMENT-PLEASE INITIAL EACH STATEMENT INDICATING THAT YOU UNDERSTAND IT AND AGREE and SIGN AT END:

___ I understand that Rebuilding Together Saratoga County (RTSC) is funded by charitable donations and grants to provide assistance to older adults, person living with disabilities, low-income families with children or veterans who have no other means to afford home repairs.

___ I understand that RTSC does not guarantee service, regardless of application status or homeowner eligibility.

___ I have no intention of selling this home or transferring ownership of this home within three (3) years of the signature of this document.

___ I authorize RTSC and its representatives to complete any required paperwork for obtaining building permits that may be necessary to repair my home.

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___ I understand that RTSC is a neighbor-helping-neighbor organization, and I will do everything possible to get family and friends to help me.

___ I understand that, in the presence of RTSC volunteers, the use of alcohol, sale or use of drugs other than prescribed by a doctor, or any behavior, which threatens or creates discomfort to the volunteers on my/our part or the art of my/guest or family is cause for immediate cancellation of all scheduled work at my home.

___ I further authorize RTSC and its representatives to conduct such investigation as it deems necessary to confirm the safety of its volunteers, including the use of criminal background checks, the procurement of consumer reports, and the consultation with the local police department as to police reports at the residence. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.

___ I certify that the above information is true and correct to the best of my/our knowledge. I also authorize you to check references necessary to complete the processing of this application for the purposes of receiving housing rehabilitation through RTSC, I also understand that this information will be kept confidential and will be used strictly for the purpose of determining my/our eligibility for the RTSC programs. **It is a Federal crime** punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code; Section 1014.

___ I hereby give my permission to use my photo and photos of my home to RTSC.

I have included the following documents with this application (required):

1. ___ Proof of ownership via Property Tax Bill or Lot Rent Receipt.
2. ___ Current income verification, including total household income of all persons living in the home.

Homeowner #1 Signature

Date

Homeowner #2 Signature

Date

Referral Source/Additional Contact (someone who can verify information)

Name _____ Phone _____

Relationship _____

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STEP FIVE- WHAT IS IT THAT YOU NEED HELP WITH? Homeowner Name_____

First, please complete the following survey so we can get to know you a bit better:

____Have you fallen while in your home within the last year?

____Are you afraid of falling in your home? Where?_____

____Can you move up and down your staircases with ease?

____Do you feel safe and secure in your home?

____Do you need assistance in removing unwanted materials from inside or outside your home?

What areas in your home give you trouble when walking through them?

What types of activities do you need help with? (opening jars, turning knobs, etc.)

____Do you need grab bars in the bathroom?

Do you need ____Raised Toilet Seat____Shower Chair____Handheld Shower Nozzle
____Non-Slip BathTreads?

____Do you need interior stair railings added or reinforced?

____Do you need exterior railings added or reinforced?

____Is there anywhere in your home that you trip often? Where_____

____Are you worried about the security outside of your home?

____Do you have outside doors that do not lock?

____Do you have working smoke detectors? How many?_____

____Do you have a working carbon monoxide detector?

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Homeowner Name _____

Next, tell us what you are asking for to make your home warm, safe and dry. Please write two or three sentences describing what you need for each area. **Please list your needs in order of how important they are to you to be fixed:** Typical areas that might need fixing are insulation, electrical repairs, plumbing repairs, door and window repairs, ramp, exterior repairs/painting, trash removal, yard work, floor repairs, low-rise steps, grab bars, low threshold shower, etc.

1. _____

2. _____

3. _____

If you need more space, please attach an additional sheet of paper.

RTSC does not discriminate against, nor exclude from participation, any applicant for assistance on the ground of their race, color, religion (creed), age, disability, sexual orientation, ancestry, national origin, citizenship status, or any other basis prohibited by applicable law.

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