

Dear Homeowner,

The purpose of Rebuilding Together Saratoga County's (RTSC) Home Repair Program is to help people remain in their home by offering critical home repairs to keep them warm, safe and dry. The repairs focus on health and safety issues, code violations and energy efficiency improvements.

To determine your eligibility in this program, you must fill out the application included in this packet. We will conduct an initial home visit to assess the condition of your home and requested repairs. If we determine we can provide assistance, funding will be secured through public funds, donations, and grants. These funds will only be used for agreed upon repairs. Funds cannot be used for general remodeling, additions or other work not necessary to address health and safety issues, code violations and energy efficiency improvements.

Some projects receive funding through grants and there are times when these funding agencies require a lien to be attached to the property, satisfied by your residency. All information supplied to RTSC will remain strictly confidential.

*Please mail your completed application to:*  
**Rebuilding Together Saratoga County**  
**132 Milton Avenue**  
**Ballston Spa NY 12020**  
**Phone: 518-587-3315**

Eligibility for assistance is determined on the basis of household size and income. If your application is accepted, prior to the project start date, you will be asked to verify your household's total yearly income. The materials listed below will be **requested at a later date**. This list is provided to you now so you are aware of what we will need; please save this page for future reference.

See reverse for additional details.

- Proof of income for all members of the household 18 and over occupying the property.
- Proof that payments are current for any loans secured by mortgage(s) on the property.
- A copy of paid, up-to-date property taxes and a copy of a current utility bill for all properties owned by the applicant.
- Proof of a current homeowner's insurance policy for the property.
- Mobile Home Only: proof your lot rent is up to date via a letter from the park manager or a copy of the most recent 2 months lot rent receipts.

**We do NOT need your Social Security Number. We recommend you black out or remove your Social Security Number from any of the documents you submit to us.**

**Please keep this page for your records.**

## INCOME DOCUMENTATION REQUIREMENTS

Eligibility for assistance under Rebuilding Together Saratoga County's Home Repair Program is determined on the basis of household size and income. **Each resident over the age of 18 living in the house must provide complete documentation of all his/her income.**

A complete, signed copy of the latest federal tax return with all schedules and attachments (W-2, 1099, etc.) should be provided as basic income documentation. In the case that you do not file a tax return, RTSC will ask you to sign a form certifying such.

The tax return does not document current income; and it might not include some income sources that are non-taxable, but which must be considered as part of the household income for this program. Below is an outline of additional documentation that should be provided for different types and sources of income:

**SALARY or WAGES** - copies of current payroll stubs, statements from employers or other documentation as required to establish the current income for each adult member of the household

**SOCIAL SECURITY** - a statement of benefits for the preceding year and the current year with copies of current checks to establish the gross benefit (before deductions for Medicare insurance).

**PENSIONS** - statements detailing the payments received during the preceding calendar year and current payments for pensions, IRA's, annuities and any other retirement benefits.

**UNEMPLOYMENT or DISABILITY** - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability or worker's compensation. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the current or potential household income.

**PERSONAL ASSETS** - details of all personal assets including documentation of current values and income generated during the previous year. Income will be projected for the current year and may be imputed for those assets that do not generate current interest or dividends.

**INCOME FROM REAL ESTATE** - details of all income from rental properties owned by the applicant. The net amount of that income after deducting actual cash expenses related to each property must be included in the household income.

**BUSINESS INCOME** - details of all income from business activities, including documentation of revenues and expenses must be provided. Net business income will be calculated on a cash basis without deductions for non-cash expenses including depreciation, amortization, etc. Adjustments may be made to offset personal or household expenses charged to the business.

**OTHER INCOME** - details of all income from any other source (eg: alimony, child support, rent supplements, education benefits, lottery payments, etc.) received by or on behalf of any adult member of the household during the preceding calendar year and projected for the current year.

Again, please note, this documentation is not needed at the time you submit your application. RTSC will review your application and make a preliminary determination of eligibility for assistance. RTSC will conduct a site visit to your home, secure funding, and set project dates. RTSC will request income documentation to assure the correct household income is being used prior to the start of your project. If proper income documentation is not provided, RTSC reserves the right to reject the application.

**Please be sure to fill in every section. Use N/A if it does not apply**

<b>CONTACT INFORMATION</b>	
Date:	
Homeowner(s) Name:	
Physical Address:	
Mailing Address (if different):	
Phone:	Cell Phone:
Email Address:	
<b>MEDICAID INFORMATION (not Medicare)</b>	
To better assess funding options for your project, please provide us with Medicaid numbers for the residents living in the home. MEDICAID ID numbers begin with letters then numbers, followed by a letter.	
NAME	MEDICAID #
<b>PROPERTY INFORMATION</b>	
Section/Block/Lot No:	# of Years in Home:
Do you have a current homeowner's insurance policy? Y / N	Are your taxes paid up-to-date? Y / N
Mobile Home / Stick Construction <i>(circle one)</i>	Year Home was built:
Mobile Homes ONLY:	
Is your Mobile Home in a park? Y / N If yes, please provide the park information below	
Park Name: _____ Park Owner: _____	
Park Address: _____	
Park Manager Name: _____ Phone Number: _____	
Do you have any plans to sell your home in the next year? Y / N	

<b>PROPOSED IMPROVEMENTS</b>	
List any problems with the residence or proposed improvements to be considered for assistance under the Rebuilding Together Saratoga County Home Repair Program.	
<b>PREVIOUS REBUILDING TOGETHER SARATOGA COUNTY (RTSC) ASSISTANCE</b>	
Have you received previous assistance from the RTSC Home Repair Program? Y / N	
If yes, in what year did you receive assistance? _____	
<i>Please note: A homeowner who has received assistance from the RTSC Home Repair Program within the last 3 years will be placed on a waiting list and assisted as funding is available.</i>	
<b>CURRENT MORTGAGE FINANCING</b>	
The financing that is available under this program could include a loan that will be secured by a lien on this property. Please list any current mortgage loans that are secured by this property.	
Bank:	Amount:
Address:	

**Please send a copy of your deed WITH your application.**

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

<b>HOUSEHOLD INFORMATION</b>	
Please provide the following information about your household. This information is required for funding reports <b>only</b> and does not affect assistance eligibility in any way.	
<p><b>Ethnicity:</b> <i>(number of people)</i></p> <p>_____ Hispanic or Latino</p> <p>_____ Not Hispanic or Latino</p>	<p><b>Race:</b> <i>(number of people)</i></p> <p>_____ American Indian or Alaska Native</p> <p>_____ Asian</p> <p>_____ African American</p> <p>_____ Native Hawaiian or other Pacific Islander</p> <p>_____ Caucasian</p> <p>_____ Other:</p>
<p><b>Military Service:</b></p> <p>Is anyone in the household a veteran? Y / N</p> <p>If yes, please list branch and service dates: _____</p> <p>_____</p> <p>Does anyone in the household have a disability as a result of his/her military service? Y / N</p>	
<p><b>Public Assistance:</b></p> <p>Do you or anyone in your household receive financial assistance from state or federal programs such as:</p> <p style="text-align: center;">HEAP _____      SNAP _____      WEATHERIZATION _____</p> <p>Other, please specify _____</p>	

RTSC will request income documentation to verify the information prior to the start of your project. If proper income documentation is not provided, RTSC reserves the right to reject the application.

***Please consider all of the following when providing yearly income:***

- |   |   |  |
|---|---|--|
| <i>Salary or Wages, Tips, etc.</i>      | <i>Social Security (incl. Medicare)</i> | <i>Personal Assets (Schedule A)</i>    |
| <i>Pensions or Annuities</i>            | <i>Unemployment Compensation</i>        | <i>Business Income (Schedule B)</i>    |
| <i>Child Support Payments- Received</i> | <i>Disability Compensation</i>          | <i>Real Estate Income (Schedule C)</i> |

<b>HOUSEHOLD INFORMATION CONTINUED</b>					
Please use the space below to list ALL persons living in the household.					
<b>NAME and ANY DISABILITIES</b>	<b>Gender</b>	<b>Age</b>	<b>Birthdate</b>	<b>Weekly Income</b>	<b>Yearly Income</b>

**TOTAL HOUSEHOLD YEARLY INCOME**

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Please list any occupant(s) over the age of 18 that DOES NOT have to file a tax return:

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## HOMEOWNER AGREEMENT

I understand that if my application is accepted and my home is chosen for a Rebuilding Together Saratoga County (RTSC) project site the following terms and conditions will be in effect.

1. RTSC reserves the right to verify all personal and income information in order to establish eligibility for services.
2. Homeowner(s) will not be monetarily charged for the work performed on their home.
3. Homeowner(s) will have the opportunity to discuss and approve a work scope with a RTSC representative.
4. RTSC staff, volunteers, and subcontractors have permission to enter the home at the address listed on this application to complete repairs outlined in the approved work scope.
5. All home repairs will be completed by subcontractors selected by RTSC and/or skilled & unskilled volunteers.
6. Homeowner(s) and any able-bodied family member(s) are expected to work alongside volunteers to make necessary repairs to the home.
7. RTSC volunteers and subcontractors are not permitted to take on projects outside those outlined in the work scope and homeowner(s) agree not to ask them to complete additional projects.
8. No alcoholic beverages are to be consumed on the project day(s).
9. All pets should be removed from the home or confined from the work area on the project day(s).
10. All breakable, fragile, or valuable items should be packed up and removed from the work area prior to the start of the project. Homeowner(s) will be responsible for the movement/placement of these objects.
11. RTSC may need to remove, discard or relocate objects within the home to enable the homeowner(s) and/or family members to remain living in a safe, sanitary and healthy environment. If a Homeowner authorizes RTSC to discard any object, this authorization is final and RTSC will not return the object if the Homeowner later changes her mind.
12. RTSC does not provide a warranty on any work performed. Any work completed by a subcontractor is guaranteed under the subcontractor's own warranty for 1 year from the completion of work.
13. Work will not be continued if RTSC staff, volunteers, or subcontractors are placed in an unsafe work environment.
14. RTSC reserves the right to cancel a portion of or the entirety of a project at any time for any reason. Project completion is contingent upon the availability of funding.
15. Homeowner(s) consent to the unrestricted use of their name and images of their home and family members, in connection with the repairs being completed by RTSC staff, volunteers and/or subcontractors. Images include but are not limited to, photographs, audio or video recordings, interviews.

**HOMEOWNER AGREEMENT CONTINUED**

16. Barring catastrophic illness or death, the Homeowner(s) agrees that it is their intent to remain in the home for a minimum of **five** years after completion of repair work.
17. In consideration of the work to be performed free of charge by the volunteers and subcontractors organized by *RTSC* for the benefit of the Homeowner(s) and home and in light of the aims and purposes of the community service provided by *RTSC* in organizing this home repair and renovation program, Homeowner(s) agree to release and hold *RTSC*, its officers and directors, employees, agents, sponsors and volunteers harmless from any cause of action, claim or suit arising from such work.

**HOMEOWNER(S) SIGNATURES:**

I have read and agree to all of the terms and conditions outlined in the Homeowner Agreement section of this application. I understand that these terms and conditions will be in effect if my application is accepted and my home is chosen as a home repair site by Rebuilding Together Saratoga County.

I certify that all of the personal and household income information provided is complete and accurate to the best of my knowledge. I understand that if my application is accepted, Rebuilding Together Saratoga County will request documentation to verify the income information provided. If proper income documentation is not provided or is incorrect, Rebuilding Together Saratoga County reserves the right to reject the application.

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_