**Resilient & Ready Home Repair Program**

Emergency Repair Funding for July 10th-16th, 2024 storm - Saratoga County.

For additional information about this program, view the NYS Homes and Community Renewal website - <https://hcr.ny.gov/july-2024-storms>

This program offers emergency home repair assistance and/or reimbursement to impacted homeowners for whom home and/or flood insurance coverage is not sufficient to return the home to safe and habitable condition.

**Key Dates:**

Application Period Opens: September 16, 2024

**Application Deadline: October 7, 2024 (non-negotiable)**

**Application Process:**

* **Submit completed applications to the Rebuilding Together Saratoga County office or email it to info@rtsaratoga.org**
* ​Applications will be reviewed in the order they are received and will be reviewed only once complete.
* Funding will be committed to eligible homeowners for confirmed eligible repairs on a first come, first served basis until available funds are exhausted.

**Eligible Repairs:**

* Repairs are limited to emergency housing repairs necessary to make the home safe, sanitary and habitable.
* Non urgent repairs or repairs to ancillary structures will not be funded under this program.
* Applicants are eligible for reimbursement for already completed repairs. Homeowners will need to provide proof of storm damage, and proof of repair, including receipts of any supplies and labor. ​

**Household Eligibility Requirements:**

* All households are eligible up to $157,800 or 150% of the County Area Median Income based on household size, whichever is greater. See INCOME CHART
* ​The home must be the applicant's primary residence - defined as the applicant's place of residency
* for more than 50% of a every calendar year.
* Current property taxes and mortgage status.​

**Required Household Eligibility Documentation**

* Simple gross household income must be documented for all members of a household. Homeowners must provide supporting documentation including pay stubs, bank statements for employment income or benefits award letters as applicable.
* Applicants will be asked to provide proof of primary residency, current property tax payments and current mortgage status.
* Applicant must submit an attestation confirming they have not received insurance payouts or provide a denial letter from their insurance company. Assistance cannot be granted if insurance payouts for storm damage have been received.

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| **Resilient & Ready Home Repair Program Application** | | | | | | | | | | | | |
| This program addresses the damage sustained to homes due to three storm events that occurred between July 10th – July 16th, 2024, in select counties of New York State. Homeowners can apply for reimbursement of costs incurred to their primary home, which were not covered by the homeowner’s insurance, or they can apply to get work done for damages incurred.  Documents such as 1) Proof of Ownership of the Damaged Property and 2) Proof of Income will need to be furnished by the homeowner to receive assistance. | | | | | | | | | | | | |
| 1. **Applicant Information** | | | | | | | | | | | | |
| Applicant Name | | | |  | | | | | | | | |
| Applicant Telephone Number | | | | Cell | | |  | | Home | |  | |
| Applicant Email Address | | | |  | | | | | | | | |
| Applicant Mailing Address | | | |  | | | | | | | | |
| Street | | | |  | | | | | | | | |
| City | | | |  | | | | | | | | |
| Zip Code | | | |  | | | | | | | | |
| Municipality (Town/City/Village where you pay taxes) | | | |  | | | | | | | | |
| County | | | |  | | | | | | | | |
| 1. **Home & Household Information** | | | | | | | | | | | | |
| List all owners (Names on Deed)  *Supporting documentation will be required to verify ownership.* | | | |  | | | | | | | | |
| Damaged Property Address (if different from above) | | | |  | | | | | | | | |
| Street | | | |  | | | | | | | | |
| City | | | |  | | | | | | | | |
| Zip Code | | | |  | | | | | | | | |
| County | | | |  | | | | | | | | |
| Year Home was built | | | |  | | | | | | | | |
| When did you purchase home? | | | |  | | | | | | | | |
| Is there a mortgage on property? | | | |  | | | | | | | | |
| Are you current on mortgage payments? | | | |  | | | | | | | | |
| Do you have homeowners’ insurance? (please list the carrier, if applicable) | | | |  | | | | | | | | |
| Do you have flood insurance? | | | |  | | | | | | | | |
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|  | | | |  | | | | | | | | |
| Have you filed an insurance claim for flood damage repairs (exclude claims for personal property loss). | | | | *No* | | | | | | |  | |
|  | | | | *Yes, waiting on response* | | | | | | |  | |
| *Yes, claim was denied* | | | | | | |  | |
| *Yes, insurance covered claim.* | | | | | | |  | |
| *Amount covered?* | | | | | | | $ | |
| Is this application for reimbursement of costs already incurred? | | | | Yes  No | | | | | | |  | |
| If “YES” how much is being requested for reimbursement? *(Refer to the program guide to see which eligible activities are allowed to be reimbursed. Link:* [*Program Guide*](https://hcr.ny.gov/system/files/documents/2024/09/rrhr-program-guidelines-2024-09-06.pdf)*)* | | | |  | | | | | | |  | |
|  | | | |  | | | | | | |  | |
| **Household Income** | | | | | | | | | | | | |
| Provide the household income information below. Include all members of the household, even those who do not make an income, such as children.  *Supporting documentation will be required to verify income eligibility for program assistance.* | | | | | | | | | | | | |
| **Enter Total Number of People in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| Name of Person in Household | | | Age | | Relation | | | Source of Income  *(wages, social security, 1099, etc)* | | Amount | | Frequency of Payment  *(annual, bi-weekly)* |
| 1. | | |  | |  | | |  | |  | |  |
| 2. | | |  | |  | | |  | |  | |  |
| 3. | | |  | |  | | |  | |  | |  |
| 4. | | |  | |  | | |  | |  | |  |
| 5. | | |  | |  | | |  | |  | |  |
| 6. | | |  | |  | | |  | |  | |  |
| *Include an additional sheet if there are more than 6 residents in the household.* | | | | | | | | | | | | |
| **Total Household Income (Annual Gross)** | | | | | | | | | | | |  |
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| 1. **Description of Storm Damage** | | | | | | | | | | | | |
| Describe the specific and critical home repairs needed following storm damage.  What will a contractor need to do? | | | | | | | | | | | | |
| 🛇 | *Basement flooded* | | | | | | | | | | | |
| *ü* | *Replace sump pump that died when basement flooded.* | | | | | | | | | | | |
| *ü* | *Repair siding that fell off after windstorm.* | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **Estimated Cost of Repairs** | | | | | | | | | | | | |
| Repair needed | | Estimated cost | | | | Do you have an estimate from a contractor? Or has work already been completed? | | | | | | |
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**Applicant Certification**

Check and initial each item and sign this form, to certify that I (we) have reviewed the Program Guidelines agree to the following statements:

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| --- | --- | --- | --- | --- |
|  | I (we) hereby apply for home repair assistance for storm damage on, July 10-16th, 2024 | | | |
|  | I (we) hereby certify the funds will be used to address storm damage to the primary residence, which is not covered by any other federal, state, local recovery program funds and said damage is not covered by any third-party insurers. | | | |
|  | I (we) hereby that I (we) are the legal and lawful owners of the residence. | | | |
|  | I (we) hereby certify that the statements and information provided in this application are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant will disqualify the applicant from participation in the program and may be subject to prosecution. | | | |
|  | I (we) hereby certify that we intend to remain in the home as a primary resident for at least the next 24 months and I (we) understand that we will be required to complete an attestation confirming this. | | | |
|  | I (we) hereby consent and authorize Rebuilding Together Saratoga County to:   * obtain verification of information required for compliance within the regulations of this program, including identity, property condition and ownership, household income, homeowners’ insurance, property taxes, contractor estimates, and other information as requested. * upon giving reasonable notice, to enter the applicant’s property for the purpose of determining what improvements are needed and to inspect completed work. * I (we) hereby give Rebuilding Together Saratoga County permission to discuss and share this application and household and project information including project before and after pictures with NYS Homes & Community Renewal. | | | |
|  | I (we) understand that Rebuilding Together Saratoga County is the sole arbiter in interpreting the intent and implementation of the Program and Program Guidelines, determining eligibility for program assistance and determining amount of funding awarded as such Rebuilding Together Saratoga County’s decision is final. | | | |
| **Homeowner Signature(s)** | | | | |
| Printed Name | |  | Date |  |
| Signature | |  | | |
|  | | | | |
| Printed Name | |  | Date |  |
| Signature | |  | | |
|  | | | | |
| Printed Name | |  | Date |  |
| Signature | |  | | |