



SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

597 E. Main Street, P O Box 168, COBLESKILL, NY 12043
 TELEPHONE 518-234-7604 ** FAX 518-234-4346
 STATEWIDE RELAY SYSTEM TDD 800-421-1220
 Schohariecountyrpc.com

Home Repair Program

To assist single-family owner occupied structures with repairs while facilitating pride and responsible home ownership. Funding is from state, federal and other funders to provide grants to low-income homeowners for improvements and necessary repairs.

MINIMUM ELIGIBILITY REQUIREMENTS

- Property is single family home and occupied by the homeowner.
- Taxes & Mortgage are current
- Home is insured or insurance binder stating company will insure property once repairs are made with proof that insurance has been obtained prior to the completion of repairs
- Flood Insurance for homes located in floodplain
- Household income is based on income targets written in current grant but cannot be higher than 80% Median Family Income:

<u>HOUSEHOLD SIZE</u>	<u>MAXIMUM GROSS YEARLY INCOME</u>	<u>HOUSEHOLD SIZE</u>	<u>MAXIMUM GROSS YEARLY INCOME</u>
1	\$62,850	5	\$89,750
2	\$71,800	6	\$96,950
3	\$80,800	7	\$104,150
4	\$89,750	8	\$111,300

ELIGIBLE REPAIRS – Must be economically feasible, as determined by program guidelines, for rehabilitation.

First Priority. Those repairs that must be completed in order to meet the Program’s minimum housing standards, code violations or health concerns.

Second Priority. Other property deficiencies eligible under the Program policies and related to Energy Efficiency Improvements. These repairs are considered only if there are sufficient funds in the budget after first priority repairs are addressed

NOT ALL YOUR DESIRED REPAIRS ARE PROGRAM ELIGIBLE. Each home is evaluated to determine the type of repairs that need to be completed. Repairs include health and safety hazards, improvement or replacement of outdated systems, structural integrity of the home, and/or meet Program goals and objectives.

Examples of eligible repairs: (This list is not exhaustive. Other criteria may apply to your specific situation and property structure.)

- | | |
|----------------------------------|--|
| New roofing and/or repairs | New heating system and/or repairs |
| New water heaters and/or repairs | Foundation repairs |
| Plumbing & sewer and/or repairs | Other repairs as determined by our staff |

Thank you for your interest in the Schoharie County Rural Preservation Home Repair Grant Programs. Please complete and return the attached pre- application. All eligible homes will be placed on a waiting list and will be considered for available home repair grants on a first-come, first-serve basis.

Call (518) 234-7604 for more information or if you need assistance completing the pre-application.

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SCHOHARIE COUNTY RURAL PRESERVATION CORP. – HOME REPAIR PRE-APPLICATION

Applicant's Name _____ Age _____ Home phone: _____
 Mailing Address: _____ Cell phone: _____
 Property Address: _____ E-mail: _____
 City: _____ Zip code _____ Employer's name: _____
 Occupation: _____

of years in present occupation: _____ # of hours worked per week: _____

Co-Applicant's Name _____ Age _____ Occupation: _____
 Cell phone _____ # of years in present occupation _____
 ___ married ___ single ___ separated ___ divorced # of hours worked per week _____
 Employer's name _____

Please list Dependents/Or Other Household Members

Name	Age	Gender	Name	Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Property History: Please check one:

Home is: Single Residence Multi-family

Structure type: Stick Built Mobile (If you check this box, property is not eligible) Modular Size _____

_____ Year home was built _____

Are you the owner of this home? Yes No

Do you hold title to your property? Yes No

List the names as they appear on the deed below:

Is there a mortgage held for the property or other liens? Yes No

If yes, list lien holder(s) here: _____

Are payments current? Yes No

Do you own other property? Yes No

If yes, where? _____

Are taxes current? Yes No Current payment plan? Yes No

Do you have homeowner's insurance? Yes No

Is your property located in the flood plain? Yes No

If yes, do you have flood insurance? Yes No

Is your property located in the floodway? Yes No

INCOME:

Gross wages (before tax):	Applicant _____	Co-Applicant _____	Mthly
Social Security:	Applicant _____	Co-Applicant _____	Mthly
Child Support:	Applicant _____	Co-Applicant _____	Mthly
Alimony:	Applicant _____	Co-Applicant _____	Mthly
Welfare Payments:	Applicant _____	Co-Applicant _____	Mthly
Veteran's Benefits:	Applicant _____	Co-Applicant _____	Mthly
Other _____	Applicant _____	Co-Applicant _____	Mthly
Total Annual Household Income \$ _____			

Do you have assets in excess of \$15,000? Yes No (i.e. retirement funds, life insurance, CD's, checking, savings, Christmas club accounts, etc.):

Repairs

<input type="checkbox"/> Foundation	<input type="checkbox"/> Lead Paint Removal	<input type="checkbox"/> Wheel Chair Ramps & Handrails
<input type="checkbox"/> Roofing	<input type="checkbox"/> Address Sewage Problem	<input type="checkbox"/> Restroom mobility – showers,
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Windows	faucets, toilets, grab bars
<input type="checkbox"/> Septic	<input type="checkbox"/> No safe water	
<input type="checkbox"/> Electric	<input type="checkbox"/> Door Widening & Accessible Hardware	
<input type="checkbox"/> Heating & AC	<input type="checkbox"/> Other _____	

Information for Government monitoring purpose: (You are not required to furnish this, but are encouraged to do so.)

American Indian Asian/Pacific Islander Black Hispanic White

Veteran Yes No; Disabled Yes No; U.S. Citizen Yes No; Permanent resident Yes No

SCHOHARIE COUNTY RURAL PRESERVATION ONLY: Application Review Date _____

Income Percentage Target _____

I understand that assistance will take the form of a grant, which will not have to be repaid, unless I sell the home or violate grant regulations during the regulatory period. I understand there will be a lien filed against the property and filed in the County Clerk's office. The regulatory period of the lien will be from 5 to 10 years, depending on the grant received. In addition, I give my permission for Schoharie County Rural Preservation Corp. to obtain credit information or any other information needed to complete my eligibility.

Signature & Date: _____
Applicant Co-Applicant

I give my permission to Schoharie County Rural Preservation Corp. to contact me to schedule an appointment to assess the repairs needed in my home and utilize this information as documentation for future repair grant fund applications. Yes No

How did you hear about this program? _____