



# 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	\$59,400	5	\$91,600
2	\$67,850	6	\$98,400
3	\$76,350	7	\$105,200
4	\$84,800	8	\$111,950

Income Limits as of 4/22

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 Repairs include health and safety hazards, improvement or replacement of outdated systems, structural integrity of the home, and/or meet Program goals and objectives.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:

Applicant's monthly gross wages (before tax) \_\_\_\_\_

Co-Applicant's monthly gross wages (before tax) \_\_\_\_\_

Social Security: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Child Support: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Alimony: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Welfare Payments: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Veteran's Benefits: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Other (Please specify: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

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? \_\_\_\_\_