EQUAL HOUSING OPPORTUNITY

SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION
597 E. MAIN STREET, P O BOX 168, COBLESKILL, NY 12043
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STATEWIDE RELAY SYSTEM TDD 800-421-1220
Schohariecountyrpc.com

SCHOHARIE COUNTY RURAL PRESERVATION CORP. – PRE-APPLICATION/SEPTIC REPAIR

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

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

Property History: Please check one:

Home is: { } Single Residence { } Multi-family (note renters income must below 80% of median income)

Structure type: { } Stick Built { } Mobile Home { } Modular 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.):

_____

Summarize septic issues:

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

_____ _____

Date Date

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? _____