



Western Catskills Community Revitalization Council, Inc.

125 Main Street, Suite A Stamford, NY 12167

T: (607) 652-2823 F: (607) 652-2825

info@westerncatskills.org



HOUSING REHABILITATION APPLICATION

APPLICANT & CO-APPLICANT INFORMATION (THE NAMES ON THE PROPERTY DEED)

Applicant Name: _____ Birth Date: _____ Gender: _____

Phone: _____ Email Address: _____

Are you Head of Household? _____ Are you a US Veteran? _____ Number of Dependents: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Employment Status: Employed _____ Self-Employed _____ Unemployed _____ Retired _____ Other _____

Co-Applicant Name: _____ Birth Date: _____ Gender: _____

Phone: _____ Email Address: _____

Are you Head of Household? _____ Are you a US Veteran? _____ Number of Dependents: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Employment Status: Employed _____ Self-Employed _____ Unemployed _____ Retired _____ Other _____

HOUSEHOLD INFORMATION

Mailing Address including City, State and Zip: _____

Physical Address if different from mailing: _____

Birthdates of all other people living in the home: _____

Emergency Contact Name and Phone Number: _____

Are there any DISABLED persons living in your home? _____ How many? _____

Are there any ELDERLY (60+) persons living in your home? _____ How many? _____

Are there any US VETERANS living in your home? _____ How many? _____

Have you ever participated in a grant funded program? If yes, when, what program, and through whom? _____

Is anyone in the household an elected official at the state or local level or related to an elected official? If yes, what is their name and position? _____

Is anyone in the household related to staff or board member at WCCRC? If yes, what is their name and position? _____

RACE: Please indicate for applicant, co-applicant, and all members of the household:

White _____ African American: _____ Asian: _____ Hispanic: _____

American Indian/Alaskan Native: _____ Native Hawaiian/Pacific Islander: _____ Other: _____

TELL US ABOUT YOUR HOUSE

Year your house was built: _____ Town you pay property taxes to: _____

Is this your primary residence? _____ Do you own any other property? _____

Do you have a mortgage? _____

Type of Home: Stick Built _____ Modular _____ Single Wide _____ Double Wide _____

If Manufactured, do you own the land your unit is on? _____ Square footage: _____

Number of Bedrooms? _____ Heat Source? _____

What type of work needs to be done on your house?

AGREEMENT

I/We certify that all information and documentation in this application, for assistance under the Home Improvement Program is true and complete to the best of my/our knowledge and/or belief. I/We further certify that I/we own the property described in this application and that all funds will be used only for the work and materials set forth in the work write-up. If Western Catskills determines that the funds will not or cannot be used for the purpose described herein, I/we agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/we shall have no further interest, right, or claim.

The applicant grants WCCRC the right to independently verify any or all the information supplied herein and understands WCCRC may refuse to approve the application if there is any material misrepresentation in the application, including attachments. I/We further understand that WCCRC will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the Home Improvement Program. I/We further agree that WCCRC may verify credit history of the applicant(s).

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government.

TO BE FILLED OUT BY WCCRC ONLY

Possible Grants applying for: _____

Applicant qualifies as low/moderate income: YES _____ NO _____ % AMI _____

Full market value \$ _____ Total liens against property \$ _____

Documentation has been provided as follows: (check off)

_____ Deed or Land Contract (with Book & Page #) Book _____ Page _____ SBL # _____

_____ Last year of Tax Bill & paid receipt signed by clerk (town, school, and village, if applicable)

_____ Current sewer and water paid receipts (if applicable)

_____ County Tax Plan paid current (if applicable)

_____ Homeowner Insurance (declaration page)

_____ Mortgage up to date with verification form

_____ Proof of income (2 years Federal 1040, W2's, 1 month's pay stubs, or other income verification)

_____ 2 months most recent bank statements

_____ Asset documentation (other than bank statements)

Program Department _____ Date _____

Housing Counselor _____ Date _____

Construction Department _____ Date _____

Executive Director _____ Date _____