



## Western Catskills Community Revitalization Council, Inc.

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### HOUSING REHABILITATION APPLICATION

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

Applicant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell 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: \_\_\_\_\_

Names and 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:

Native American/Alaskan:  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? \_\_\_\_\_ Type of Heat? \_\_\_\_\_

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

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### 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 \_\_\_\_\_