



## **Homeowner Application**

**Step 1:** Complete the attached application for our home repair program.

**Step 2:** Return the completed application only (no supporting documentation):

**Rebuilding Together Saratoga County**

**132 Milton Avenue**

**Ballston Spa, New York 12020**

Our office will call you once we receive and process your application to advise you of the process.

**PLEASE NOTE:** If you have previously received assistance from  
Rebuilding Together Saratoga County, please call our office at (518) 587-3315  
**PRIOR** to submitting another application. Thank you.

# Homeowner Application

## CONTACT INFORMATION

Homeowner(s) Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

How did you hear about RT Saratoga County? \_\_\_\_\_

## HOUSEHOLD RESIDENTS

HOW MANY PEOPLE LIVE IN THIS RESIDENCE? \_\_\_\_\_

Please fill out the table below for each individual living in the home. Use an additional sheet if more space is needed. *Demographic information is required for funding reports only and does not affect eligibility for services.*

NAME	Relationship	Age	Birthdate	Gender <i>(male, female, other)</i>	White	Asian	Black or African American	American Indian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino
	Head of Household									

# Homeowner Application

## HOUSEHOLD RESIDENTS continued...

Is anyone in the home receiving **MEDICAID**?                      **YES**                      **NO**

NAME	MEDICAID # ( <i>not Medicare</i> )

Is anyone in the home a **VETERAN**?                                      **YES**                      **NO**

NAME	BRANCH	YEARS OF SERVICE

Does anyone in the home live with a **DISABILITY**?                      **YES**                      **NO**

NAME	DESCRIBE

Does anyone in your home have asthma?                                      **YES**                      **NO**

Is anyone in your home unsteady when going up and down stairs?                      **YES**                      **NO**

Is anyone in your home unsteady getting in and out of the shower/bath?                      **YES**                      **NO**

Has anyone in your home fallen before?                                      **YES**                      **NO**

## PROPERTY INFORMATION

What year was your home built? \_\_\_\_\_ # of bedrooms? \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

Person(s) listed on the Deed/Title: \_\_\_\_\_

Are you current with your mortgage payment?                                      **YES**                      **NO**

Do you have a current homeowner's insurance policy?                                      **YES**                      **NO**



# Homeowner Application

## PROPERTY INFORMATION continued...

Are you current on your property taxes or lot rent? **YES** **NO**

Do you have any plans to sell your home in the next 5 years? **YES** **NO**

Is the home: **Mobile Home** or **Stick Construction** (*circle one*)

*Mobile Homes ONLY:* Is your Mobile Home in a park? **YES** **NO**

Your Mobile Home Park Street Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Park Name: \_\_\_\_\_ Park Owner: \_\_\_\_\_

Park Address: \_\_\_\_\_

Park Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you received previous assistance from the RTSC Home Repair Program? **YES** **NO**

*Homeowners who have received assistance from the RTSC Home Repair Program within the last 3 years will be placed lower on the waiting list and assisted as funding is available.*

Has anyone in the household applied to:

HEAP: **YES** **NO** Are you currently working with HEAP? **YES** **NO**

Weatherization: **YES** **NO** Are you currently working with Weatherization? **YES** **NO**

NYSERDA EmPower **YES** **NO** Are you currently working with NYSERDA? **YES** **NO**

## REPAIR INFORMATION – Please list the repairs you need help with at your home.

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# Homeowner Application

**This income table MUST be filled out for your application to be complete.  
Provide monthly income information for ALL household residents.**

If any household residents have ZERO income, please list them here: \_\_\_\_\_

MONTHLY INCOME	Resident Name:	Resident Name:	Resident Name:	Resident Name:	Resident Name:
	GROSS Monthly \$ AMOUNT:	GROSS Monthly \$ AMOUNT:	GROSS Monthly \$ AMOUNT:	GROSS Monthly \$ AMOUNT:	GROSS Monthly \$ AMOUNT:
Social Security (SSI, SSD, etc) Including under 18 yrs of age	\$	\$	\$	\$	\$
Salary – Wages	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$	\$
Death Benefits Including under 18 yrs of age	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$	\$
<b>TOTAL MONTHLY INCOME:</b>	\$	\$	\$	\$	\$

# Homeowner Application

**This ASSETS TABLE must be filled out for your application to be complete.  
Provide current balances for ALL asset accounts for ALL household residents.**

<b>ASSETS</b>	Resident Name:	Resident Name:	Resident Name:	Resident Name:	Resident Name:
Checking Accounts	\$	\$	\$	\$	\$
Savings Accounts	\$	\$	\$	\$	\$
Money Market Accounts	\$	\$	\$	\$	\$
CDs	\$	\$	\$	\$	\$
IRA/ Retirement	\$	\$	\$	\$	\$
Trusts	\$	\$	\$	\$	\$
Stocks / Bonds	\$	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$	\$
<b><u>TOTAL ASSETS:</u></b> If no assets put "0"	\$	\$	\$	\$	\$

## ADDITIONAL CONTACTS

Please provide an additional contact who can help us reach you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



# Homeowner Application

## REFERRAL AGENCY

If this application is being filled out by a referral agency or a case worker, please provide contact information below.

Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## TERMS AND CONDITIONS and HOMEOWNER SIGNATURE

1. Rebuilding Together Saratoga County (RTSC) reserves the right to verify all personal and income information in order to establish eligibility for services and Homeowner(s) agrees to provide all necessary documentation upon request.
2. Homeowner authorizes the release of personal and income information as well as details of RTSC Services (including before and after photographs) performed at the home to current and potential funding sources in order to meet the requirements of funding and grant requests.
3. Homeowner(s) will have the opportunity to discuss and approve a work scope with an RTSC representative.
4. Homeowner(s) will not be monetarily charged for the work performed on their home; however, certain funding sources do require a lien be placed on the property for the value of the repairs.
5. Homeowner(s) agree to allow RTSC staff, volunteers, and subcontractors access to the residence in order to perform pre- and post- inspections and to complete the repairs. If access to the home is denied, the application for services will be cancelled.
6. RTSC will determine if a project can be completed by volunteers or if a contractor is necessary; all contractors will be selected by RTSC.
7. RTSC reserves the right to cancel a portion of or the entirety of a project at any time for any reason. Project completion is contingent upon the availability of funding.

I have read and agree to the terms and conditions outlined in this Application.

I certify that all personal and household income information provided in this application is complete and accurate to the best of my knowledge. I understand that I can be fined up to \$10,000 and/or imprisoned up to five years if I furnish false information.

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**Homeowner / Head of Household Signature**

**Date**



# Homeowner Application

## Documents Required Upon Request **DO NOT** send these documents in with your application

*We will request the documents below when your project begins to move forward. No construction will begin until we receive the necessary documentation to prove your eligibility.*

- Proof of home ownership
- Proof of residency
- Proof that mortgage payments are current
- A copy of property taxes paid to-date or proof your lot rent is paid to-date
- A copy of current homeowners insurance statement.
- A copy of your most recent federal income taxes
- Proof of assets for all members in the household, including but not limited to:
  - **Checking Accounts** – three (3) consecutive months of statements (must be within the last 6 months)
  - **Savings Accounts** – one (1) month of statements (must be within the last 6 months)
  - **Other Asset Accounts (Retirement Accounts, Stocks/Bonds, Mutual Funds, etc.)** – one (1) month of statements (must be within the last 6 months)
- Proof of income for all members in the household 18-years of age or older, including but not limited to:
  - **Wages and Salary** - current payroll stubs, 4 pay-periods
  - **Social Security SSI/SSD** – an “Award Letter” to establish the gross benefit. Social Security award letters are needed for all household members regardless of age.
  - **Retirement Accounts/Pensions** - statements detailing current payments for pensions, IRA's, annuities, and any other retirement benefits.
  - **Unemployment or Disability** - statements detailing the payments received during the preceding calendar year and copies of checks received for unemployment, disability, or worker's compensation.
  - **Alimony or Child Support** – details of alimony and/or child support payments received by the applicant.
  - **Rent Supplement** – if there is a roommate or other renter at the residence, a signed letter is needed from that person outlining rent paid to the applicant.
  - **Other Income** - details of all income from any other source received by or on behalf of any household member not listed above.