

Rebuilding Together Saratoga County

4 Steps to the Application Process

Step 1 Application - Are You Income Qualified?

When we receive your application with proof of household income, we will be able to determine if you are income qualified for our program. Please see the next page to view required documents. If you are income qualified- you will be added to our wait list. *Please note if you have received assistance from us within the last 3 years, you will be placed lower on the waiting list.* If you are not income qualified, you will be notified immediately.

Step 2 Does Your Home Qualify for Our Program?

When it is your turn on the wait list, we will contact you to schedule a home visit. We can discuss the repairs you are requesting.

Step 3 Is Funding Available for Your Repairs?

Our home repair program is focused on promoting continued homeownership through public funding, donations, and grants. These funds will only be used for agreed upon repairs for homeowners wanting to remain in their home and to address health and safety issues, code violations and energy efficiency improvements. There are times when our funding agencies require a lien to be attached to the property. As long as you remain in your home for the time required by the funding agency, no money is owed.

Step 4 Final Documents

If your project is pre-approved, additional documents will be required.

MAIL:
Rebuilding Together Saratoga County
132 Milton Avenue
Ballston Spa NY 12020

Phone: 518-587-3315

Please include with your completed application:

Household Proof of Income, Bank Statements, Copy of: Deed / Title / Bill of Sale



INCOME DOCUMENTATION REQUIREMENTS

To be submitted with your application

Please submit proof of income for **all members 18 years of age or older**

○ **MOST RECENT BANK STATEMENT FOR ALL HOUSEHOLD MEMBERS**

AND

- **SALARY or WAGES** – (4 PAY PERIODS) Copies of current payroll stubs. Please include proper documentation to reflect accurate yearly income if seasonal, collect unemployment or non-consistent work schedule, or if you expect your employment to change within the next 12 months.
- **SOCIAL SECURITY SSI/SSD** - a current statement of benefits “AWARD LETTER” to establish the gross benefit (before deductions for Medicare insurance). Social Security benefits are needed for all household members regardless of age.
- **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. Adjustments may be required to reflect temporary conditions that are not an accurate reflection of the current or potential household income.
- **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.

Other Documents you may need the materials listed below will be **requested at a later date.**

- ☐ Proof of United States Citizenship.
- ☐ Proof that payments are current for any loans secured by mortgage(s) on the property.
- ☐ Three months of current bank statements, for all members of the household.
- ☐ A copy of paid, up-to-date property taxes or proof your lot rent is up to date.
- ☐ A copy of current homeowners' insurance statement.
- ☐ Most recent Federal income taxes

Individuals can be fined up to \$10,000 and/or imprisoned up to five years
if they furnish false or incomplete information.



CONTACT INFORMATION

Date:

Homeowner(s) Name:

Physical Address:

City/State/Zip:

Mailing Address (if different):

Phone:

Cell Phone:

Email Address:

MEDICAID

If anyone living in the household is receiving MEDICAID - please provide us with the Medicaid ID #
MEDICAID ID numbers begin with letters then numbers, followed by a letter.

NAME

MEDICAID # (not Medicare)

PROPERTY INFORMATION

Person(s) listed on the Deed/Title:

Do you have a current homeowner's insurance policy? Y / N

of Years in Home:

Have you received previous assistance from the RTSC Home Repair Program? Y / N

Please note: A homeowner who has received assistance from the RTSC Home Repair Program within the last 3 years will be placed lower on a waiting list and assisted as funding is available.

Are you current with your Mortgage Payments? Y / N

of Bedrooms:

Mobile Home / Stick Construction (circle one)

Year Home Was Built:

Mobile Homes ONLY:

Is your Mobile Home in a park? Y / N

Your Mobile Home Park Street Name: _____ Lot # _____

Park Name: _____ Park Owner: _____

Park Address: _____

Park Manager Name: _____ Phone Number: _____

Do you have any plans to sell your home in the next 5 years? Y / N



PROPOSED IMPROVEMENTS

List any problems with the residence or proposed improvements to be considered for assistance under the Rebuilding Together Saratoga County Home Repair Program.

[illegible]

Public Assistance: Has anyone in the household applied to OR is currently working with:

- | | | | | | |
|-------------------|---|---|--|---|---|
| 1. Heap | Y | N | If yes, are you currently working with HEAP? | Y | N |
| 2. Weatherization | Y | N | If yes, are you currently working with weatherization? | Y | N |

<i>RTSC does not discriminate against, nor exclude from participation, any applicant for assistance on the grounds of their race, color, religion (creed), age, disability, sexual orientation, ancestry, national origin, citizenship status, or any other bias prohibited by applicable law.</i>



HOUSEHOLD INFORMATION
How many people live in this residence?
Please describe any disabilities of anyone in the household:
Demographic information is required for funding reports only and does not affect assistance eligibility.

Please mark with an [X]

NAME	Relationship	Age	Birthdate	Disabled	Veteran	Student	White	Asian	African American	American Indian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino
	Head of Household											

Please use a separate sheet of paper for additional residents

First Name

First Name

First Name

First Name

INCOME								
	✓	GROSS \$ AMOUNT:	✓	GROSS \$ AMOUNT:	✓	GROSS \$ AMOUNT:	✓	GROSS \$ AMOUNT:
Social Security (SSI, SSD, etc) Including under 18 yrs of age		\$		\$		\$		\$
Salary – Wages		\$		\$		\$		\$
Unemployment		\$		\$		\$		\$
Monthly Pension		\$		\$		\$		\$
Child Support/Alimony		\$		\$		\$		\$
Workers Compensation		\$		\$		\$		\$
VA Benefits		\$		\$		\$		\$
Welfare Assistance		\$		\$		\$		\$
Death Benefits Including under 18 yrs of age		\$		\$		\$		\$
Rental Income		\$		\$		\$		\$
No Income		\$		\$		\$		\$
Other (please describe)								
TOTAL MONTHLY INCOME:		\$		\$		\$		\$

Does any household member have assets worth more than \$15,000? Y N

	First Name	First Name	First Name	First Name
ASSET'S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Checking Accounts	\$	\$	\$	\$
Savings Accounts	\$	\$	\$	\$
Money Market Accounts	\$	\$	\$	\$
CDs	\$	\$	\$	\$
IRA/ Retirement	\$	\$	\$	\$
Trusts	\$	\$	\$	\$
Stocks / Bonds	\$	\$	\$	\$
Other (please describe)	\$	\$	\$	\$
<u>TOTAL ASSETS:</u> If no assets put "0"	\$	\$	\$	\$

RTSC reserves the right to verify individual income and reject the application if proper income/ asset information is not provided. Household income eligibility is based on gross income for all individuals 18 years or older that uses this home address as their primary residence.

HOMEOWNER AGREEMENT

I understand that if my application is accepted and my home is chosen for a Rebuilding Together Saratoga County (RTSC) project site the following terms and conditions will be in effect.

1. RTSC reserves the right to verify all personal and income information in order to establish eligibility for services.
2. RTSC is authorized to release personal and income information to current and potential funding sources in order to meet the requirements of funding and grant requests.
3. Homeowner(s) will not be monetarily charged for the work performed on their home.
4. Homeowner(s) will have the opportunity to discuss and approve a work scope with a RTSC representative.
5. RTSC staff, volunteers, and subcontractors have permission to enter the home at the address listed on this application to complete repairs outlined in the approved work scope.
6. All home repairs will be completed by subcontractors selected by RTSC and/or skilled & unskilled volunteers.
7. If you have a volunteer run project, homeowner(s) and any able-bodied family member(s) are expected to work alongside volunteers.
8. RTSC volunteers and subcontractors are not permitted to take on projects outside those outlined in the work scope and homeowner(s) agree not to ask them to complete additional projects.
9. No alcoholic beverages are to be consumed on the project day(s).
10. All pets should be removed from the home or confined from the work area on the project day(s).
11. All breakable, fragile, or valuable items should be packed up and removed from the work area prior to the start of the project. Homeowner(s) will be responsible for the movement/placement of these objects.
12. RTSC may need to remove, discard or relocate objects within the home to enable the homeowner(s) and/or family members to remain living in a safe, sanitary and healthy environment. If a Homeowner authorizes RTSC to discard any object, this authorization is final and RTSC will not return the object if the Homeowner later changes her mind.
13. RTSC does not provide a warranty on any work performed. Any work completed by a subcontractor is guaranteed under the subcontractor's own warranty for 1 year from the completion of work.
14. Work will not be continued if RTSC staff, volunteers, or subcontractors are placed in an unsafe work environment.
15. 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.
16. Homeowner(s) consent to the unrestricted use of their name and images of their home and family members, in connection with the repairs being completed by RTSC staff, volunteers and/or subcontractors. Images include but are not limited to, photographs, audio or video recordings, interviews.

HOMEOWNER AGREEMENT CONTINUED

17. In consideration of the work to be performed free of charge by the volunteers and subcontractors organized by RTSC for the benefit of the Homeowner(s) and home and in light of the aims and purposes of the community service provided by RTSC in organizing this home repair and renovation program, Homeowner(s) agree to release and hold RTSC, its officers and directors, employees, agents, sponsors and volunteers harmless from any cause of action, claim or suit arising from such work.
18. GRANT FUNDS ARE PROVIDED TO PROMOTE CONTINUED HOME OWNERSHIP; THEREFORE, THE HOMEOWNER(S) AGREE THAT IT IS THEIR INTENT TO REMAIN IN THE HOME FOR A MINIMUM OF 3 YEARS AFTER THE COMPLETION OF REPAIR WORK.

HOMEOWNER(S) SIGNATURES:

I have read and agree to all the terms and conditions outlined in the Homeowner Agreement section of this application. I understand that these terms and conditions will be in effect if my application is accepted and my home is chosen as a home repair site by Rebuilding Together Saratoga County.

I certify that all the personal and household income information provided 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 or incomplete information.

Homeowner / Head of Household Signature:

Date:**Additional Contacts:**

Name: _____ Phone: _____

Relationship: _____

Referral Source Agency: _____

Name: _____ Phone: _____

*Internal Use***Date** _____**RTSC Initial:** _____ **Homeowner Initial:** _____