



# SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

349 MINERAL SPRINGS ROAD, COBLESKILL, NY 12043  
TELEPHONE 518-234-7604 \*\* FAX 518-234-4346  
STATEWIDE RELAY SYSTEM TDD 800-421-1220  
Schohariecountyrpc.com

## Home Repair Program

To assist owner occupied homes with repairs while facilitating pride and responsible home ownership.

### MINIMUM ELIGIBILITY REQUIREMENTS

- Property is single family home and occupied by the homeowner
- If property is a mobile home, it must be manufactured after 1985, occupied by homeowner, and secured on property owned by homeowner
- Taxes & Mortgage are current
- Home is insured or insurance binder stating company will insure property once repairs are made with proof that insurance has been obtained prior to the completion of repairs
- Flood Insurance for homes located in floodplain
- Household income is not more than 80% of Median Family Income: (effective date, April 2015)

<u>HOUSEHOLD SIZE</u>	<u>MAXIMUM GROSS YEARLY INCOME</u>	<u>HOUSEHOLD SIZE</u>	<u>MAXIMUM GROSS YEARLY INCOME</u>
1	\$46,100	5	\$71,100
2	\$52,650	6	\$76,350
3	\$59,250	7	\$81,600
4	\$65,800	8	\$86,900

ELIGIBLE REPAIRS – Must be economically feasible, as determined by program guidelines, for rehabilitation.

**First Priority.** Those repairs that must be completed in order to meet the Program’s minimum housing standards, code violations or health concerns.

**Second Priority.** Other property deficiencies eligible under the Program policies and related to Energy efficiency Improvements. These repairs are considered only if there are sufficient funds in the budget after first priority repairs are addressed

**NOT ALL YOUR DESIRED REPAIRS ARE PROGRAM ELIGIBLE.** Repairs are to improve the safety and security of the occupants, structural integrity of the home, and/or meet Program goals and objectives.

Examples of eligible repairs: (This list is not exhaustive. Other criteria may apply to your specific situation and property structure.)

- |                                  |  |
|----------------------------------|--|
| New roofing and/or repairs       | New heating system and/or repairs        |
| New water heaters and/or repairs | Foundation repairs                       |
| Plumbing & sewer and/or repairs  | Other repairs as determined by our staff |

Thank you for your interest in the Schoharie County Rural Preservation Home Repair Grant Programs. Please complete and return the attached pre- application. All eligible homes will be placed on a waiting list and will be considered for available home repair grants.

Call (518) 234-7604 for more information or if you need assistance completing the pre-application. You may also stop by the Schoharie County Rural Preservation Corporation on 349 Mineral Springs Road, Cobleskill, NY.

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SCHOHARIE COUNTY RURAL PRESERVATION CORP. – HOME REPAIR PRE-APPLICATION

**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

Stick Built  Mobile/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, savings, CD's, Checking, savings, Christmas club accounts, etc.):

Repairs

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Foundation   | <input type="checkbox"/> Lead Paint Removal                  | <input type="checkbox"/> Wheel Chair Ramps & Handrails |
| <input type="checkbox"/> Roofing      | <input type="checkbox"/> Address Sewage Problem              | <input type="checkbox"/> Restroom mobility – showers,  |
| <input type="checkbox"/> Plumbing     | <input type="checkbox"/> Windows                             | faucets, toilets, grab bars                            |
| <input type="checkbox"/> Electric     | <input type="checkbox"/> Door Widening & Accessible Hardware |  |
| <input type="checkbox"/> Heating & AC | <input type="checkbox"/> Other _____                         |  |

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

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? \_\_\_\_\_