

ULSTER COUNTY REBUILDING DAY APPLICATION

Dear Ulster County Homeowner:

Included in this package is an **application** for our **home repair and renovation services** through our Rebuilding Day program. Before you begin filling out the application, please take a few minutes to read through the information below about our application and selection process so you can know what to expect over the coming months. Please note Rebuilding Together Hudson Valley serves owner-occupied homes in Dutchess and Ulster Counties, and that the application process is a lengthy one. Should you apply, please understand that it may take a few months for you to hear from us and we ask that you have patience while we review the numerous applications we receive.

Application Period:

Applications received from June 1 – September 30, 2024, are for possible consideration of service in 2025. Rebuilding Together Hudson Valley (RTHV) staff will review your application and determine if you are qualified for our services. **Qualification means that you meet our basic income and home ownership eligibility requirements; this does not mean that you have been selected to receive services**. Whether or not you qualify, you will receive notification from us.

Following qualification for services, you will be contacted by an RTHV staff member who will schedule one or more appointments at your home to discuss the program with you and look at your home to determine what critical home repairs are needed to help ensure that you are able to live in a safe and healthy home environment. Making you independent in a warm, safe, and dry home is our main priority. PLEASE NOTE: Having an RTHV staff member visit your home does **NOT** mean that you have been selected for our programs.

Selection Period:

Unfortunately, not all homes can be selected. Our organization is funded through sponsorships and grants from the community and RTHV must base the number of homes completed on the funds available to us. Once all qualified homeowners have had their homes visited and/or inspected, RTHV will review all the applicants and select the homes that will be repaired. Rebuilding Day services typically take place from the spring through the fall. If an opportunity arises to have repairs completed at your home, an RTHV staff member will contact you to discuss this process and the anticipated timeframe as to when the work will be completed.

If you have any questions about the application process, feel free to call the office at 845-454-7310. Please make sure you read through the application instructions so that nothing is left out and your application can be processed as quickly as possible.

Sincerely,

Rebuilding Together Hudson Valley

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REBUILDING TOGETHER HUDSON VALLEY Ulster County 2024 Rebuilding Day Application

This Institution is an Equal Opportunity Provider

ELIGIBILITY

Please remember that Rebuilding Together Hudson Valley is only able to serve owner-occupied homes located in Dutchess and Ulster Counties, NY and applicants must be income qualified to be considered for this program.

Total gross income for the applicant household must not exceed:

Household Size	1	2	3	4	5	6	7	8
Total Gross Income	\$62,550	\$71,500	\$80,450	\$89,350	\$96,500	\$103,650	\$110,800	\$117,950

If the applicant answers YES to any of the following questions, they are NOT ELIGIBLE to be served by the

Is your home's assessed full market value greater than \$328,000? Yes No If you are unsure, RTHV can look this up. Call (845) 454-7310. Are you currently past due in your property and/or school tax payments? Yes No Do you live in a mobile home? Yes No If yes, RTHV is only able to provide accessibility ramps. Yes No If you have a mortgage, is it currently delinquent? Yes Have you been served by any RTHV program in the past 5 years? No Answering 'yes' does not necessarily mean you are ineligible. Yes Are you a renter of this home (do you pay rent to a landlord)? l No Yes Is this home uninsured? No Is this home located outside of Ulster County? Yes No

Rebuilding Day program:

Yes

No

Do you live in a home other than the one you are seeking assistance for?

SECTION 1 - HOMEOWNER INFORMATION						
Homeowner Name:	Date of Birth:					
☐ Married ☐ Widowed ☐ Single ☐ Divorce	ed/Separated					
Are you disabled: \square Yes \square No \square Do you receive	e compensation for this disability? \square Yes \square No					
Please describe the nature of the disability:						
Additional Homeowner Name:	Date of Birth:					
☐ Married ☐ Widowed ☐ Single ☐ Divorced	/Separated ☐ Male ☐ Female ☐ Other					
Are you disabled: ☐Yes ☐No Do you receiv	e compensation for this disability?					
Please describe the nature of the disability:						
Please list ALL Persons listed on the deed of the home	·					
	ROPERTY INFORMATION					
Street Address:	Home Phone:					
City/State/Zip:	Cell Phone:					
Email Address:						
Mailing Address, if different from above:						
City/State/Zip:	<u>-</u>					
Alternate Contact Name:	Phone:					
Email Address:	Relation:					
Municipality home is located in (to which town do you pay property taxes):						
How long have you owned the home?						
How did you hear about us?						
What kind of home do you live in? ☐single family ☐	☐multi-family ☐condo/townhome ☐mobile home*					
* Mobile homes are only eligible for accessibility ramps	5.					
SECTION 3	B – REPAIRS NEEDED					
What repairs are needed to ensure that you are able t	o live in a warm, safe, dry and independent home environment?					
Please attach an additional sheet if needed.						
1.	5.					
2.	6.					
2	7					
3.	7.					
4.	8. Page 2 of 4					

SECTION 4 – HOUSEHOLD INFORMATION Information about **all** household residents, including the homeowner(s): Relationship Date of Disability Veteran **Total Monthly** Source(s) of Name Gender (homeowner, Birth (Y/N)(Y/N) Gross Income Income child, sister, etc.) Homeowner Ex. Jane Doe 4/20/50 F Υ Ν \$2,250 SS, pension SECTION 5 - VERIFICATION OF INCOME **Proof of Income:** Proof of income for **ALL persons** living in the home is **REQUIRED**. Check off all applicable income, and send a copy of the document for all income sources: ☐ full tax returns ☐ pay stubs for wages/salary (2 months' worth) ☐ current social security benefit statement ☐ current disability statement ☐ unemployment statement ☐ IRA/pension statement ☐ interest/dividend statements ☐ rent receipts or letter from tenant outlining rent paid to the applicant ☐ child support/alimony payments □ other income received by or on behalf of any household member not listed above: Note: Bank statements are NOT valid proof of income. Sign here to certify that the documents being submitted represent ALL sources of income for ALL the household residents: Homeowner Signature: Additional Homeowner(s) Signature(s): Applications received without proper proof of income will not be considered for service.

SECTION 6 – APPLICANT AGREEMENT

WARNING!! It is a Federal crime punishable by fine and/or imprisonment to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT - READ CAREFULLY:

All individuals listed on the deed of this property, whether living in the home or not, must agree to the terms and sign

below:	iner nomig in the nome or not, must be	gree to the terms and sign
Applicants certify agreement to statements below (pletal light of the	(savings, investments, etc.) to performance (savings, investments, etc.) to performance (savings, investments, etc.) to performance (savings and submitted shall remain the property), to which it is submitted for the providing me reasonable notice, to fit the repairs specified above. The performed and that RTHV makes and a minimum of two years after the performance (savings) and supplies expended by RT and supplies expended by RT the labor of its volunteers based up to the labor of	my knowledge and belief. perty of Rebuilding the purpose of obtaining enter the property for the no warranty on the work e last date of work at my THV in its work on my upon the Points of Light to the use of images of
Applicant Signature (required)	Print Name	Date
Additional Deed Holder's Signature (required)	Print Name	Date
Additional Deed Holders Signature (required)	Print Name	Date
Rebuilding To PO Box 3695, F FAX: (oy one of these methods: ogether Hudson Valley Poughkeepsie, NY 12603 (845) 454-7378 @RTHudsonValley.org or email info@RTHudsonValley.org	Internal Use:
in you have any questions, piease can (043) 434-7310	of chair info@NTTidusoffvalley.org	