When qualified homeowners are not capable of making needed home repairs or accessibility modifications, Rebuilding Together Saratoga County will coordinate the volunteers, contractors, tools and supplies necessary to fix the homes. These services are provided at no cost to the homeowner.

**STEP 1 APPLICATION - Are You Eligible for Our Services?**

We use a variety of criteria to determine your eligibility for Rebuilding Together Saratoga County’s services. **You must own your home and use it as your primary residence.** Additional criteria include age, income, veteran status, and disabilities. When we receive your completed application, including the income and assets verification tables, we will make a preliminary determination of your eligibility and you will receive a letter with our decision. Eligible applicants are initially added to our waitlist until we have funding available. *Please note if you have received assistance from us within the last 3 years, you will be placed lower on the waitlist.*

**STEP 2 HOME VISIT - Do Your Needs Match Our Programs?**

Once your application has been accepted, we will contact you to schedule a home visit. At this visit, our Construction Manager will assess the health and safety of your home, discuss your needs, inspect for fire and CO2 detectors and provide you with a safety kit. Rebuilding Together Saratoga County services are for critical home repairs to address health and safety issues, code violations, and accessibility modifications that allow residents to live safely and independently in their home.

**STEP 3 FUNDING Your Repairs**

Funding for our services comes from donations from individuals and businesses and grants from private foundations, the state of New York, and the federal government. Certain funders require a lien to be attached to the home for the value of the repairs. If you remain in your home for the time required by the funding agency, no money is owed.

**STEP 4** **Verification Documents – NOT REQUIRED AT APPLICATION**

When we can move forward with your project you will be required to submit additional documents to verify residency, ownership, age, veteran status, and income. See the other side of this page for more details about the required documents

**Return Your Application To:**

Rebuilding Together Saratoga County

132 Milton Avenue

Ballston Spa NY 12020

Phone: 518-587-3315

**Documents Required Upon Request**

**You DO NOT have to 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.

*Individuals can be fined up to $10,000 and/or imprisoned up to five years*

*if they furnish false or incomplete information.*

**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 | Student | White | Asian | African American | American Indian | Native Hawaiian/ Pacific Islander | Hispanic/ Latino |
|  | Head of Household |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**HOUSEHOLD RESIDENTS continued…**

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

|  |  |
| --- | --- |
| NAME | MEDICAID # *(not Medicare)* |
|  |  |
|  |  |

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**

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

**PROPERTY INFORMATION continued…**

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 **YES NO**

 HEAP?

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

 Weatherization?

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

 NYSERDA?

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

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

**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** | Name: | Name: | Name: | Name: | 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 BenefitsIncluding under 18 yrs of age | $ | $ | $ | $ | $ |
| Rental Income | $ | $ | $ | $ | $ |
| Other(please describe) | $ | $ | $ | $ | $ |
| **TOTAL MONTHLY INCOME:** | **$** | **$** | **$** | **$** | **$** |

**This ASSETS TABLE must be filled out for your application to be complete.**

**Provide current balances for ALL asset accounts for ALL household residents.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASSETS** | Name: | Name: | Name: | Name: | Name: |
| Checking Accounts | $ | $ | $ | $ | $ |
| Savings Accounts | $ | $ | $ | $ | $ |
| Money Market Accounts | $ | $ | $ | $ | $ |
| CDs | $ | $ | $ | $ | $ |
| IRA/ Retirement | $ | $ | $ | $ | $ |
| Trusts | $ | $ | $ | $ | $ |
| Stocks / Bonds | $ | $ | $ | $ | $ |
| Other (please describe) | $ | $ | $ | $ | $ |
| **TOTAL ASSETS:****If no assets put “0”** | **$** | **$** | **$** | **$** | **$** |

**ADDITIONAL CONTACTS**

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

Name: Phone:

Relationship:

**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.

 **Homeowner / Head of Household Signature Date**