

CHARLOTTE TOWN REHAB PROGRAM

The information in this form will be held confidential.

This is a pre-screening form only. It will be used to support an application to the NYS Office of Community Renewal for Community Development Block Grant funds to help income-eligible homeowners in the Town of Charlotte with necessary home repairs.

In order to submit a successful application, we are asking you to fill out this form. We will use this information to show the NYS Office of Community Renewal that there is a need for these funds in Charlotte and that there are people interested in receiving help with home repairs through the Community Development Block Grant program.

**Please return the completed form to the Town Hall or mail it to:
Chautauqua Home Rehabilitation and Improvement Corp (CHRIC)
2 Academy St.
Mayville NY 14757**

**For further information, please call the Town Hall at 962-6047
or Chautauqua Home Rehabilitation and Improvement Corp (CHRIC) at 753-4650**

1. Your Name: _____

2. Your Home Address: _____

3. Phone _____

5. Are you the legal owner of the property (is your name on the deed?) Yes No

6. Are all taxes on this property paid to date? Yes No

7. Do you have insurance on this property? Yes No

8. Are you over age 60? Yes No

9. Are there minors (18 or younger) living in the home? Yes No

10. Are you or anyone who lives in the home disabled? Yes No

11. Are you a veteran of the US military? Yes No

12. How many bedrooms are in your home? _____

13. Please state the ONE (only one) most important home repair concern that you have:

14. Please state any other repairs that your home may also need:

PLEASE TURN OVER AND COMPLETE QUESTIONS ON THE BACK

15. How many people live in your household all together? _____

Please describe your income by checking all of the sources that apply and filling in the appropriate dollar amount and how often you receive it. Please report your **GROSS INCOME** before any taxes or any other deductions are taken out (**not your “take-home” pay**)

The total annual income of everyone over the age of 18 who lives in the home (whether they contribute or not) must be below the following maximum amounts:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$36,050	\$41,200	\$46,350	\$51,450	\$55,600	\$59,700	\$63,800	\$67,950

<u>TYPE OF INCOME</u>	<u>AMOUNT</u>	<u>HOW OFTEN?</u> (weekly, bi-weekly, monthly, annual)
<input type="checkbox"/> Working	_____	_____
<input type="checkbox"/> Income from your own business	_____	_____
<input type="checkbox"/> Receiving Unemployment Benefits	_____	_____
<input type="checkbox"/> Receiving Pension Benefits	_____	_____
<input type="checkbox"/> Receiving Veteran Benefits	_____	_____
<input type="checkbox"/> Receiving Social Security/SSI/SSD	_____	_____
<input type="checkbox"/> Receiving Insurance Benefits	_____	_____
<input type="checkbox"/> Receiving Public Assistance (DSS)	_____	_____
<input type="checkbox"/> Receiving Worker’s Compensation	_____	_____
<input type="checkbox"/> Receiving Disability	_____	_____
<input type="checkbox"/> Receiving alimony/child support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Income from assets	_____	_____
<input type="checkbox"/> Other Income	_____	_____

If you’d like to provide any additional information, please do so below:

I am interested in receiving assistance with repairs on my home through the Charlotte Town Rehab Program if this grant is awarded.

Signature