



PRELIMINARY APPLICATION TOWN OF COLONIE RESIDENTIAL REHABILITATION PROGRAM



APPLICANT

CD FILE # _____

Name _____ Social Security # _____ Date of Birth _____

Address _____ Day Phone _____

Type of Structure: Single Family Mobile Home Other _____

HOUSEHOLD MEMBERS

Name _____ Social Security # _____ Date of Birth _____

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In order to qualify for a residential rehabilitation grant, you must own and occupy your residence and your household's current gross income from all sources cannot exceed 80% of the area median income listed below.

HOUSEHOLD SIZE	ANNUAL INCOME	HOUSEHOLD SIZE	ANNUAL INCOME
1	41,500	5	64,050
2	47,450	6	68,800
3	53,350	7	73,550
4	59,300	8	78,300

Your Household Size _____

Your Current Annual Gross Income _____

Please indicate by an (X) the types of repairs you would like to make to your residence if you receive a grant.

TYPE OF REPAIR	DESCRIPTION
(X) Hardwire Smoke Detector	<u>Program Requirement</u> _____
() Electrical	_____
() Central Heating	_____
() Roof/Chimney Repair	_____
() Insulation	_____
() Plumbing	_____
() Painting/Siding	_____
() Window Repairs	_____
() Sewer/Water Connections	_____
() Handicapped Accessibility	_____
() Other (specify)	_____

Signature _____

Date _____

Please Note: All Preliminary Applications will be accepted on a first come, first served basis. Filing an application does not guarantee that you will receive a grant. GRANTS RANGE FROM 40% TO 100%.