



# 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	42,300	5	65,250
2	48,350	6	70,100
3	54,400	7	74,900
4	60,400	8	79,750

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%.**