



**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	43,150	5	66,550
2	49,300	6	71,500
3	55,450	7	76,400
4	61,600	8	81,350

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%.**