



**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 \_\_\_\_\_

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              | 53,550        | 5              | 82,650        |
| 2              | 61,200        | 6              | 88,750        |
| 3              | 68,850        | 7              | 94,900        |
| 4              | 76,500        | 8              | 101,000       |

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%.**