



**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	48,400	5	74,650
2	55,300	6	80,200
3	62,200	7	85,700
4	69,100	8	91,250

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%.