Town of Greenfield – CDBG Program Application

Rebuilding Together. Saratoga County

HOMEOWNER CONTACT INFORMATION

Homeowner(s) Name: _____

Physical Address: _____ City/Zip Code: _____

Mailing Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Communication Method: ☐ Home Calls ☐ Cell Calls ☐ Text ☐ Email

How did you hear about us? ☐ Another Agency:_____ ☐ Internet

☐ Previous Recipient ☐ Contractor ☐ Word of Mouth ☐ Town Employee/Outreach

HOUSEHOLD RESIDENTS

HOW MANY PEOPLE LIVE IN THIS RESIDENCE?_____

Please fill out the table below for each individual living in the home. Use an additional sheet if more space is needed. *Demographic information is required for reporting purposes only and does not affect eligibility for services.*

NAME	Relationship	Age	Birthdate	Gender *(male, female, other)*	White	Asian	Black or African American	American Indian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino
	Head of Household									

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HOUSEHOLD RESIDENTS continued…

Does anyone in the home receive **MEDICAID**? **YES** **NO**

NAME	MEDICAID # *(not Medicare)*

Is anyone in the home a **VETERAN**? **YES** **NO**

NAME	BRANCH	YEARS OF SERVICE

Does anyone in the home live with a **DISABILITY**? **YES** **NO**
Any condition that impacts your daily living.

NAME	DESCRIBE

Is anyone in your home unsteady when going up and down stairs? **YES** **NO**

Is anyone in your home unsteady getting in and out of the shower/bath? **YES** **NO**

PROPERTY INFORMATION

What year was your home built? _____ # of bedrooms? _____

How long have you lived in your home? _____

Person(s) listed on the Deed/Title: _____

Are you current with your mortgage payment? **YES** **NO** **N/A**

Do you have a current homeowners' insurance policy? **YES** **NO**

Are you current on your property taxes or lot rent? **YES** **NO**

Do you have any plans to sell your home in the next 5 years? **YES** **NO**

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REQUESTED SERVICES

Have you received services from Rebuilding Together Saratoga County before?

YES **NO**

Are you working with any of these programs? (circle all that apply)

HEAP:	I applied.	I am working with them.	I already received services.
Weatherization:	I applied.	I am working with them.	I already received services.
NYSERDA/EmPower:	I applied.	I am working with them.	I already received services.

CRITICAL REPAIRS REQUESTS

☐ Roof (Leaking or Damaged)	☐ Electrical
☐ Ramp/Lift	☐ Well
☐ Bathroom Repairs/Modifications	☐ Septic
☐ Window(s) #_____ (broken only)	☐ Exterior Steps and Landing
☐ Door(s) #_____	☐ Other accessibility modifications *(describe)*
☐ Flooring	_____
☐ Furnace/Boiler	_____
☐ Hot Water Heater	_____
☐ Plumbing	_____

Use the space below to provide more detail on the repairs checked above or to describe additional repairs.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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This income table MUST be filled out for your application to be complete.
Provide monthly income information for ALL household residents.

If any household residents have ZERO income, please list them here: _____

_____

MONTHLY INCOME	Resident Name:	Resident Name:	Resident Name:	Resident Name:	Resident Name:
	GROSS Monthly $ AMOUNT:	GROSS Monthly $ AMOUNT:	GROSS Monthly $ AMOUNT:	GROSS Monthly $ AMOUNT:	GROSS Monthly $ AMOUNT:
Social Security (SSI, SSD, etc) Including under 18 yrs of age	$	$	$	$	$
Salary – Wages	$	$	$	$	$
Unemployment	$	$	$	$	$
Pension	$	$	$	$	$
Child Support/Alimony	$	$	$	$	$
Workers Compensation	$	$	$	$	$
Veterans Benefits	$	$	$	$	$
Death Benefits Including under 18 yrs of age	$	$	$	$	$
Rental Income	$	$	$	$	$
Other *(please describe)*	$	$	$	$	$
TOTAL MONTHLY INCOME	**$**	**$**	**$**	**$**	**$**

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This ASSETS TABLE must be filled out for your application to be complete.
Provide current balances for ALL accounts for ALL household residents.

ASSETS	Resident Name:	Resident Name:	Resident Name:	Resident Name:	Resident Name:
Checking Accounts	$	$	$	$	$
Savings Accounts	$	$	$	$	$
Annuity	$	$	$	$	$
IRA / Retirement	$	$	$	$	$
Stocks / Bonds /CDs	$	$	$	$	$
Other *(please describe)*	$	$	$	$	$
TOTAL ASSETS **If no assets put "0"**	**$**	**$**	**$**	**$**	**$**

ADDITIONAL CONTACTS

Please provide an additional contact who can help us reach you.

Name:_____ Relationship:_____

Primary Phone:_____ Home / Cell *(circle one)*

Email Address:_____

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REFERRAL AGENCY

If this application is being filled out by a referral agency or a case worker, please provide contact information below.

Agency:_____ Contact Name:_____

Phone:_____ Email:_____

TERMS AND CONDITIONS and HOMEOWNER SIGNATURE

1. The Town of Greenfield and Rebuilding Together Saratoga County (RTSC) reserve the right to verify all personal and income information in order to establish eligibility for services. Homeowner(s) agrees to provide all necessary documentation upon request.
2. Homeowner authorizes the release of personal and income information as well as details of the Town of Greenfield and RTSC Services (including before and after photographs) performed at the home to current and potential funding sources in order to meet funder requirements.
3. Homeowner(s) will have the opportunity to discuss and approve a work scope with an RTSC representative.
4. Homeowner(s) will not be monetarily charged for the work performed on their home; however, certain funding sources do require a lien be placed on the property for the value of the repairs.
5. Homeowner(s) agrees to allow RTSC staff, volunteers, and subcontractors safe access to the residence in order to perform pre- and post- inspections and to complete the repairs. If access to the home is denied, the application for services will be cancelled.
6. The Town of Greenfield and RTSC reserve the right to cancel a portion of or the entirety of a project at any time for any reason. Project completion is contingent upon the availability of funding.

I have read and agree to the terms and conditions outlined in this Application.

I certify that all personal and household income information provided in this application is complete and accurate to the best of my knowledge.

Homeowner / Head of Household Signature **Date**

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