



# Southwestern Community Services

Over 40 years of *people helping people* in Cheshire and Sullivan counties

## HOME Single Family Rehabilitation Program

### Pre-application Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone or message phone: \_\_\_\_\_

List all members of your household, including yourself:

Name	Relationship to Head	Date of Birth	Social Security #

Do you receive any Energy Assistance money?  Yes  No

How much? \$ \_\_\_\_\_ per \_\_\_\_\_

Briefly describe any repairs needed on your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*“This institution is an equal opportunity provider”*



List *all* income from *all* members of your household that you expect to receive over the next twelve (12) months (*Please be certain to complete all categories*):

Social Security ..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Private Pension..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Veteran’s Pension ..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 ..... Other \$ \_\_\_\_\_

AFDC (Aid to Families with Dependent Children ..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

APTD (Aid to Permanently/Totally Disabled) ..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Wages..... Self \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Alimony ..... \$ \_\_\_\_\_

Child Support ..... \$ \_\_\_\_\_

Title XX Funds ..... \$ \_\_\_\_\_

Estimated interest earned (savings, stock, money market) ..... \$ \_\_\_\_\_

All other income [list source]: \_\_\_\_\_ \$ \_\_\_\_\_  
 [Examples: unemployment, \_\_\_\_\_ \$ \_\_\_\_\_  
 insurance, permanent stipends, \_\_\_\_\_ \$ \_\_\_\_\_  
 workmen’s comp., etc.] \_\_\_\_\_ \$ \_\_\_\_\_

Total Anticipated Yearly Household Income ..... \$ \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please answer the following questions to help determine the eligibility of the residence and household.

1. Do you own the home for which you want rehab assistance?  Yes  No
2. Do you reside in the home for which you want rehab assistance?  Yes  No
3. Please indicate the name(s) that is/are listed on the deed. \_\_\_\_\_  
\_\_\_\_\_

4. Is the residence:
  - a. a single family home / stick / wood built structure?  Yes  No
  - b. a mobile home, manufactured home, or modular home built after mid 1976, and located in a co-op or a non-profit park?  Yes  No

5. The total *gross* income for the *entire* household cannot exceed:

Persons in Household	% of Median Income (effective 4/20/09)	
	50%	80%
1	\$24,050	\$38,450
2	\$27,500	\$43,950
3	\$30,900	\$49,450
4	\$34,350	\$54,950
5	\$37,100	\$59,350
6	\$39,850	\$63,750
7	\$42,600	\$68,150
8	\$45,350	\$72,550

6. The town / city's assessed value of the land and building is: \$ \_\_\_\_\_
7. What is the existing balance of all outstanding mortgage(s)? - \$ \_\_\_\_\_  
(Subtract the mortgage balance from the assessed value)  
**Equity in property** = \$ \_\_\_\_\_
8. Must have current, paid, up-to-date homeowner's insurance coverage.
9. Property taxes must be paid and up-to-date.