RURAL ULSTER PRESERVATION COMPANY

Single-Family Repair Program Pre-Application Form -2014

| Name: (Owr | | | | | | | | | | | |
|---|--|----------------------------|--------------|--------------|----------------|----------------|------------------------------------|-------------|-------------|--|--|
| Actual Street Address of house needing repair | | | | | | | | | | | |
| Mailing Add | | | | | | | | | | | |
| County of house needing repairsSection-Block- Lot Number | | | | | | | | | | | |
| Municipality | Municipality: EMAIL | | | | | | | | | | |
| | (Home) (Work) | | | | | | | | | | |
| | 1. Whose name(s) are listed on the deed to your property? | | | | | | | | | | |
| | When did you purchase the property? | | | | | | | | | | |
| | Is there a mortgage on the property? Yes \square No \square | | | | | | | | | | |
| | a. If yes, what are your monthly mortgage payments? \$ | | | | | | | | | | |
| | b. Does that include escrow for taxes and insurance? Yes $\hfill\Box$ No $\hfill\Box$ | | | | | | | | | | |
| c. Are you behind any mortgage payments? Yes □ No □ | | | | | | | | | | | |
| If you answered yes, how many?4. Is your home covered by homeowner's insurance? Yes□ No □ | | | | | | | | | | | |
| • | | • | | | | | | | | | |
| 5. Are there | any liens a | gainst your | property? | Yes □ No □ | If you ans | wered "yes | ', pleases ex | xplain: | | | |
| | | | | | | | | | | | |
| | | 1 | | | 1 1 | | | | | | |
| 6. Approxim | | | | | | | | | | | |
| 7. Is it a one | • | | | | • | | | 1 - 11 11 | 1.0 | | |
| b. F | b. How many buildings are on property if more than one, what are the other buildings used for? | | | | | | | | | | |
| 8. Is it a mobile home? Yes \square No \square | | | | | | | | | | | |
| | | | | L:1 - L | 1 | | 1 J | | | | |
| | | e is it locate | | _ | | , on your o | wn iand | _ | | | |
| | | ercarriage l obile home | | | | Voc - No - | | | | | |
| 9. How man | | | | | | | -ald2 | | | | |
| 10. What is | | | | | - | the nouser | ioiu! | - | | | |
| 11. If there a | | | | | | o poront h | augahald? V | Zoo I | No □ | | |
| 11. II tilere a | ire cilliarei | i iii tiie iiot | isenoid i es | □ INO □ IS | tills a siligi | e-parent no | Jusemonu: | i es 🗆 🗓 | NO 🗆 | | |
| Income Elig | ibilitz ic oc | follows: to | bo oligible | for wait lie | t or ossistor | aca Income | must be a | t balanı 20 | 11.4 limite | | |
| Household | idility is as | TOHOWS, to | be engible | 101 Walt 115 | t OI assistai | ice, mcome | must be a | L DEIOW. ZU |] | | |
| Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ | | | |
| Maximum | 1 | | J | T | J | U | , | 0+ | - | | |
| Annual | \$39,950 | \$45,650 | \$51,350 | \$57,050 | \$61,650 | \$66,200 | \$70,750 | \$75,350 | | | |
| | 407,700 | 4 .0,000 | 401,000 | 401,000 | 40.,000 | 400,200 | 4 . 6 , . 6 6 | 4.0,000 | | | |
| Income | | | | | | | | | _ | | |
| 10 3371 | 1 | | 1 ('1 ' | 2 /E | 11 | \ C 11.1 | 1 11 | 1 2 | | | |
| 12. What is | your total g | gross annua | i ramily inc | come! (Froi | n all source | es) for all h | ousenold m | iembers? | | | |
| ¢ | | e, | ources: | | | | | | | | |
| <u>Ф</u> | | | | 71 | T | | | - 4 | | | |

(Include all sources such as from : Earned Income, Self-Employment Income, Unemployment Insurance, Public Assistance, Social Security Benefits, Pension, Periodic Insurance Payment, Rental Income, Union Benefits, Interest Income, Veterans Benefits, Disability Compensation, Alimony, Child Support, Rental Income, Etc),

13. Beginning with the Applicant, list the Legal Names, Birthdates, Social Security numbers, and relationship to applicant of each person who resides in your home. If you Do Not wish to disclose your Race or Ethnicity, Please Check Here __ I do not wish to disclose my Race or Ethnicity.

HOUSEHOLD INFORMATION ALL MEMBERS INCLUDING APPLICANT

| NAME AND GENDER (MALE /FEMALE) | BIRTHDATE AND AGE | SOCIAL SECURITY # RACE/ETHNICITY | HEAD/SPOUSE/SON DAUGHTER/PARTNER ECT | | | | | | |
|---|-------------------------|-------------------------------------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| If more space is needed please complete on back of application 14. Does anyone in the household have a handicapping condition? Yes A. If yes, please describe: 15. What is the nature of the repair/rehab work to be done on your home? | | | | | | | | | |
| 16. How long has this work needed to be done? □ months or □ years 17. How did you find out about our program 18. Are you interested in low interest loan for this work? Yes □ No □ 19. Number of Years of Education for Main Applicant 20. Foreign Born? □ Main Applicant □ Co- Applicant 21. Citizen or Legal Resident Alien? □ Main Applicant □ Co Applicant 22. Have you been received any services from our Agency? □ Yes □ No If yes, when date. | | | | | | | | | |
| 23. Are you a Veteran? Yes \(\sigma\) No \(\sigma\) | | | | | | | | | |
| I/We certify that all information contained in this pre-application is true and correct. | | | | | | | | | |
| Signature of Head of House | Date | | | | | | | | |
| Signature of Spouse or other Adult Date | | | | | | | | | |

Return completed pre-application to:

RURAL ULSTER PRESERVATION COMPANY

301 FAIR STREET KINGSTON, NY 12401

Please allow 3 to 4 weeks response time.

Revised 1/2/2014

Single Family Repair Program Ulster County

Rural Ulster Preservation Company has been administering repair grants to eligible homeowners for over 25 years. Part of our mission is to help eligible property owners in Ulster County repair their homes with the use of Public and Private funding with the overall effect of maintaining a higher level of safe and sanitary affordable housing stock in our county.

General Guidelines:

Although this does not list all of the guidelines of the program, the basic rules are as follows:

- -Must be listed as owner of the property. (cannot be a trust, life estate or life lease)
- -Ownership must be proven in the form of a current deed. If someone is listed with you as owner is deceased, then a death certificate must be shown. All persons listed on deed must agree to the program. Life estates are not eligible.
- -The applicant must live in the dwelling being repaired as their primary residence for the term of the agreement. A letter will be sent annually requesting the applicant state that they still live there.
- -The funding assistance will be in the form of a zero interest defferred loan. It will be placed as a lien on the dwelling for the term of the agreement. The owner will be asked to sign a funding agreement outlining the conditions of the programs and sign a note and mortgage securing the agreement.
- -Total existing mortgage liens and new program funding grants cannot exceed 80% of the full market value tax assesssment.
- -If the owner decides to sell, refinance or otherwise transfer ownership to someone else before the end of the agreement term, all or part of the grant funding may be requested to be repaid.
- -In order to prove eligiblity, all income from all household members 18 and over will be requested. All programs have income limits and we cannot serve households above those limits.
- -All school and land taxes , mortgage payments and homeowners insurance must be current and up to date.
- -Our agency will charge a fee to administer the program, it will part of the grant and total lien.
- -All work will be performed by insured contractors of your choice within a budgetary amount and procuremnt of bids. You have the right, and are encouraged to obtain your own estimates in addition to our bidding.
- -Projects deemed too small, too large, or outside of the scope of normal repair will not be considered.
- -All health and safety failures in the owners unit must be included in the program if funding is available or the project will not be considered.
- -Some funding sources will require energy audits to be performed on the homes with additional assistance for energy saving applications offered.
- -All applicants will receive educational materials on home maintainance, credit, public services and may be required to attend an informational meeting on these topics.

