

EMERGENCY REPAIR APPLICATION
RUPCO, Inc.
RESTORE Program-
Residential Emergency Repairs to the Elderly
Application Form -2018

Name: (Owner) _____
 Actual Street Address of house needing repair _____
 Mailing Address (if different): _____
 County of house needing repairs _____ Section-Block- Lot Number _____ - _____ - _____
 Municipality: _____
 EMAIL _____
 Phone: (Home) _____ (Work) _____

1. Whose name(s) are listed on the deed to your property? _____
2. Is this your Primary Residence? Yes _____ No _____
3. When did you purchase the property? _____
4. Is there a mortgage on the property? Yes _____ No _____
 - a. If yes, what are your monthly mortgage payments? \$ _____
 - b. Does that include escrow for taxes and insurance? Yes _____ No _____
 - c. Are you behind any mortgage payments? Yes _____ No _____
 If you answered yes, how many? _____
5. Is your home covered by homeowner's insurance? Yes _____ No _____
6. Are there any liens against your property? Yes _____ No _____ If you answered "yes", please explain: _____
11. Approximate age of your house _____ How many bedrooms? _____
12. Is it a one-family house? Yes _____ No _____ a. If not, how many units are there? _____
 b. How many buildings are on property _____ if more than one, what are the other buildings used for? _____
13. Is it a mobile home? Yes _____ No _____
 - a. If yes, where is it located? In a mobile home park ____ or, on your own land ____
 - b. Has the undercarriage been removed? Yes _____ No _____
 - c. Does your mobile home have a permanent foundation? Yes _____ No _____
14. How many people are in your household? _____ Do you live in the household? _____
15. What is the age of the Head of your household? _____
16. Are there children under the age of 6 in the household Yes _____ No _____ Is this a single-parent household? Yes _____ No _____
17. What is your total gross annual family income? (From all sources) for all household members?

Income Eligibility is as follows: to be eligible for wait list or assistance, Income must be at below: 2018 limits

Household Number	1	2	3	4	5	6
Maximum Annual Income	\$55,500	\$63,400	\$71,300	\$79,200	\$85,600	\$91,900

\$ _____ **Sources:** _____

(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),

18. 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

19. Does anyone in the household have a handicapping condition? Yes _____ No _____

A. If yes, please describe: _____

20. What is the nature of the emergency repair/rehab work to be done on your home?

21. How long has this work needed to be done? _____ (circle one) months years

22. How did you find out about our program _____

23. Are you interested in low interest loan for this work? Yes _____ No _____

24. Number of Years of Education for Main Applicant _____

25. Foreign Born? _____ Main Applicant _____ Co- Applicant _____

26. Citizen or Legal Resident Alien? _____ Main Applicant _____ Co Applicant _____

27. Have you been received any services from our Agency? _____ Yes _____ No If yes, when _____ date.

28. Have you received assistance through the RESTORE Program previously? Yes _____ No _____

28. Are you a Veteran? Yes _____ No _____

I/We certify that all information contained in this pre-application is true and correct.

Signature of Head of Household _____ Date _____

Signature of Spouse or other Adult _____ Date _____

Return completed pre-application to: RUPCO, Inc; 301 FAIR STREET, KINGSTON, NY 12401

This is program will serve owner occupied units that have a homeowner age 60 or older and with gross household income at or below 80% AMI with emergency repairs that threaten the health and/or safety of the occupants. The client will be asked to provide supporting documentation of income, ownership, occupancy, household composition and other items.