

Dear Interested Ulster County Resident in need of accessibility modifications,

RUPCO, Inc. has secured \$95,000 in funding through the NYS Housing Trust Fund Corporation to assist Ulster County Residents under the Access to Home Program. This is a program for Ulster County residents who are have a need for accessibility modifications to their homes. The average funding is between \$5,000- \$13,000 per unit but can be higher if needed up to \$25,000 if funding is available. The funds can be used to build ramps, modify bathrooms, and other home or apartment features for those who use wheelchairs or with physical challenges. This assistance will also allow individuals currently living in institutional settings such as nursing homes to transition back to their homes once the homes are appropriately adapted or for those that need accessibility modifications to remain in their home.

Homeowners and renters may qualify for Access to Home assistance provided if they are a having a difficulty with activity of daily living, can benefit from a modification and are income eligible. It is expected that the dwelling modified is or will be the applicant's primary residence for the next 5 years after the improvement is complete. The client may be a renter, homeowner, own, or rent in a manufactured home park.

If you are interested in this program, please complete the attached application package and return it to RUPCO along with the required supporting documentation. The application will be reviewed for qualification on need, income criteria, project feasibility and funding availability. Not all eligible applications/projects will be selected for funding. Documentation from a physician or other health care provider may be required to prove need. All households must be at or below the 80% Area Medium income levels to qualify for review. Funding provided through this program will require a Property Maintenance Declaration to be executed by the property owner with a regulatory period of 5 years in the amount of funding provided.

Applications are to be submitted to one of the following:

Mail: **RUPCO: 301 Fair Street. Kingston N.Y. 12401**  
Or fax: **845-331-9864**  
Or scanned and emailed to: [sdolan@rupco.org](mailto:sdolan@rupco.org)

All programs are subject to budget limitations, personal and property eligibility, program availability and are subject to change without notice. If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Sally Dolan  
Program Administrator  
[sdolan@rupco.org](mailto:sdolan@rupco.org)



## Ulster County Access to Home 20183086 Application

								YES	NO
<b>Do you currently have a disability that can be documented by a medical professional?</b>									
<b>Do you need accessibility modifications in your home related to your disability?</b>									
<b>Do you live in Ulster County?</b>									
<b>If you rent or don't own the home, will the owner allow improvements?</b>									
<b>Is your household income for all family members at or below the income limits below?</b>									
Household Size	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>		
Gross Annual Household Income limit	<b>\$46,700</b>	<b>53,350</b>	<b>60,000</b>	<b>66,650</b>	<b>72,000</b>	<b>77,350</b>	<b>82,650</b>		

**Higher limits are available for larger families please ask**

**If you answered YES to all of the questions above... You should be eligible to receive FREE accessibility modifications to your home or rental unit.\***

**What kinds of improvements can I receive?**

**All improvements must be considered fixtures to the home such as...**

- **Wheelchair ramps, low rise steps, lifts, grab bars**
- **Bathroom and kitchen modifications**
- **Door widening and low or no pile flooring**
- **Automatic door openers and intercom systems**
- **Hearing impaired modifications such as LED smoke alarms, doorbells.**
- **Contrast improvements and audio alarms for visual impairment**
- **Other approved improvements**

**This grant is not for general home repair, it must be for accessibility improvements only**

# APPLY NOW

Name: \_\_\_\_\_ (Applicant)

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

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

Phone \_\_\_\_\_  
Email \_\_\_\_\_

Additional contact if someone else is helping you with paperwork Name \_\_\_\_\_  
Phone \_\_\_\_\_

**\* Subject to availability of funding, feasibility of project & additional eligibility**

## CHECK ALL THAT APPLY:

### 1. Owner Occupied Units:

#### Type of Occupancy:

Owner occupied single home \_\_\_\_\_ Owner occupied multi-unit \_\_\_\_\_

Owner occupied mobile home on your own land \_\_\_\_\_ Owner Occupied mobile home in park \_\_\_\_\_

**Section/ Block/Lot # of property if known** \_\_\_\_\_

**Whose name(s) are on the deed to the property?** \_\_\_\_\_

**If you have a mortgage or park payment, or pay property taxes; are you behind on any payments?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, how many? \_\_\_\_\_ How much? \_\_\_\_\_

**Is your home covered by homeowner's insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

**List Name/Address/Phone number of manufactured home park owner if applicable** \_\_\_\_\_

### 2. Tenant Occupied Units:

#### Tenant Occupied Units:

Tenant occupied single home \_\_\_\_\_ Tenant occupied in Multiple Unit Residence \_\_\_\_\_

Tenant occupied mobile home in park \_\_\_\_\_ Other: \_\_\_\_\_

**List Name/Address/Phone number of Landlords and/or park lot**

owners \_\_\_\_\_

**3. Unit Information:**

Approximate age of house \_\_\_\_\_

General condition of the home, please check one: ( ) Excellent - well maintained ( ) Good – maintained, minor cosmetic work needed ( ) Poor – not well maintained needs major work ( ) Hoarding or other hazard

**4. Household information:**

How many people are in your household? \_\_\_\_ What is the age of the Head of your household? \_\_\_\_\_

Are there children in the household Yes \_\_\_\_ No \_\_\_\_ Is this a single-parent household? Yes \_\_\_\_ No \_\_\_\_\_

Beginning with the Applicant, list the legal names, birthdates, 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	Gender	Birth Date	Age	Race and Ethnicity	Applicant/Spouse/Son Daughter/Partner/ Etc.	Disabled Yes/No

If more space is needed please complete on separate piece of paper

**5. Household Income:**

Household income includes all income from all sources for all persons living in the household (excluding live in paid aides).

Type of Income\*\*\* \_\_\_\_\_

Annual Gross Income \*\*\*\$ \_\_\_\_\_ Family Size \_\_\_\_\_

\*\*\* (Include all sources such as from: Earned Income, Self-Employment Income, Unemployment Insurance, Public Assistance, SSI, Social Security benefits, Pension, Periodic Insurance Payments, Rental Income, Union Benefits, Interest Income, Veterans Benefits, Disability Compensation, Alimony, Child Support, etc.) If not otherwise stated from all income coming into the household from all sources and all household sources.

**6. Name of person for whom the modifications are necessary \_\_\_\_\_**

Nature of the disability \_\_\_\_\_

Is the individual(s) in a Nursing or Care Facility now? \_\_\_\_\_

If so, name facility \_\_\_\_\_

Is the individual(s) at risk of going to a Nursing or Care Facility? Yes \_\_\_\_ No \_\_\_\_

**7. What changes do you want made to your home? Examples: ramp, vertical lift, stair lifts, door widening, bathroom renovations; roll in showers, grab bars, etc. Please list changes with the highest priority first:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

(Note: This grant does not cover general home repairs and maintenance)

8. How did you find out about this grant? \_\_\_\_\_
9. Number of Years of Education for Main Applicant \_\_\_\_\_
10. Foreign Born? Main Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_
11. Citizen or Legal Resident Alien? Main Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_
12. What agencies and/or services are you currently working with or receiving? \_\_\_\_\_
13. Are you related to anyone who works or is an agent, consultant, officer, elected official, of NY State, RUPCO, general local government or public agency? \_\_\_\_\_
- If yes, please state name and relationship  
\_\_\_\_\_

**I/We certify that all information contained in this pre-application is true and correct. If contact name is listed, I/we give permission to RUPCO to contact and obtain and release information from/to that person.**

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or other adult: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed application to: RUPCO – 301 Fair Street, Kingston, NY 12401**

*Or fax to 845-331-9864 or scan and email to*



## DOCUMENTATION LIST ACCESS TO HOME PROGRAM

This program is for tenants or homeowners

### **APPLICATION PACKAGE COMPLETE**

- INCOME DOCUMENTATION- SELECT ALL THAT APPLY** each participating tenant and/or each owner occupant must submit proof of income. They will choose the documents that pertain to them: PLEASE PROVIDE ALL INCOME FROM ALL SOURCES FROM **ALL PERSONS IN THE HOUSEHOLD**

Examples of income:

- Wage Earners**: Copy of the last 4 weeks of pay-stubs and Federal Tax Returns with W2 attached (2 years) - if you have not filed a Federal Tax Return- complete the enclosed Tax Filing Statement
- Social Security Benefits**-(SSD OR SSI all household members) copy of Awards letter this year
- Unemployment**- Notice of Benefit Rate Letter (Form Benefits L0403x)
- Workers Compensation**: Award letter from board and current copy of check
- Veterans Benefit**- Award Letter from Vet. Administration and copy of check
- Self-employed**- 3 years of Federal Tax Returns with Schedule "C" Business Profit and Loss Statements attached. Profit and Loss statement for current Year Jan 1 to date.
- Rental Income**- Copy of current Fed. Tax return with "Rental profit and loss statement attached".
- Pensions**- copy of awards letter
- Child Support**- Copy of Court order

**Any other income not listed**- show statement from issuer.

- ASSET DOCUMENTATION Bank Accounts**- copies of the last three months of checking and savings accounts. **ANY investment income**- Copy of current statement- , IRA, CD, Stock, Bond, Mutual funds, Annuities
- Disability Proof**- Medical letter providing diagnosis and/or need for modifications from your health professional.  
Disability may be a specific disability or a frail elderly diagnosis. *Example- Mary X is a frail elderly individual that has difficulty with mobility whereby a wheelchair, walker or other devise is recommended for daily living.*
- IDENTIFICATION**- Photo ID of applicant and birth certificates or Social Security Cards of dependent children or those that do not have photo ID in the household.
- Disclosures**- Authorization to Release Information, Lead Form and 3 Part Disclosure ( all 3 enclosed)

### **For Homeowners:**

- Copy of Deed
- Mortgage Statement (if applicable) showing you are up to date
- Proof that Property and General Taxes are paid and up to date
- Proof of Homeowners Insurance

### **For Renters:**

- Proof of Tenancy (copy of Lease. If unable to produce a lease-utility bill)
- Landlord Disclosure Statement (enclosed)

# AUTHORIZATION FOR RELEASE OF INFORMATION

## CONSENT

I authorize and direct any Federal, state, or local agency, organization, business, or individual to release and/or verify information on my application for the purpose of being considered for assistance through RUPCO Inc. for the Access to HOME Program funding or other funding they may offer. I understand and agree that this authorization or the information obtained with its use may be given to and used by RUPCO Inc. in administering and enforcing program rules and policies.

## INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity, Credit and Criminal Activity, Employment, Income and Assets, Residences and Rental Activity, Medical Need.

## GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies)	Support and Alimony Providers
Past and Present Employers	Medical and Child Care Providers
Welfare Agencies	Veterans Administration
Courts and Post Offices	Retirement Systems
State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Utility Companies
Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement agencies	

## CONDITIONS

**I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with RUPCO and will stay in effect for a year and one month from the date signed, I understand I have a right to review my file and correct any information that I can prove is incorrect.**

## SIGNATURES:

\_\_\_\_\_  
DATE                      APPLICANT SIGNATURE                      PRINT NAME

\_\_\_\_\_  
DATE                      CO-APPLICANT                      PRINT NAME

**AGENCY DISCLOSURE STATEMENT**

RUPCO, Inc. provides a full continuum of housing services for Ulster County residents. Not all services are available at all times. Services may include: the development of affordable rental and for sale properties through Real Estate Development; owned and/or managed market rate and subsidized rental housing units through Property Management; technical assistance for municipalities and communities through Community Development; Section 8 Housing Choice Vouchers, Self Sufficiency and emergency assistance programs through Rental Assistance; and services provided by the Homeownership Center that include first time homebuyer education and counseling, match savings programs and grants for income eligible applicants; Post-Purchase counseling, including foreclosure prevention, housing rehabilitation and accessibility modifications and grants; financial literacy and budget and credit counseling; provides one time or short term emergency assistance for households and individuals at imminent risk of becoming homeless or are homeless. Clients are not obligated to receive, purchase or utilize any other services offered by the organization, or its partners, in order to receive housing counseling services.

**CLIENT FEE SCHEDULE- This is a required HUD disclosure for all programs.**

As per HUD housing counseling rules our agency is obligated to disclose all fees that RUPCO charges for all services regardless of the service being associated with your funding request. Any fees that may be associated with your particular project will be defined in a funding agreement provided upon funding commitment if it is funded by our agency.

**There are no fees for the Access to Home Program**

Credit report fee\* Individual \$ 18.00 Joint \$ 30.00 for homebuyer and credit coaching programs.  
Mortgage Subordination Fee \$150.00 for prior RUPCO grantees. Homebuyer Educational Group Series Fee counseling\$ 99.00  
Homebuyer E-Home America On-Line Education \$ 99.00. Duplicate original document fee \$25.00

No credit report fee or Group Series Education fees are charged for Housing Choice Voucher Homeownership program applicants. Clients that earn less than 200% of the federal poverty guidelines will not be charged for housing counseling and education services According to HUD housing counseling handbook Rev 5 chapter 6 –Performance Criteria and Monitoring subsection I –Fee Schedule; agencies must not refuse to provide counseling services if a client cannot afford to pay fees –a budget must be provide to prove financial hardship. Program/Project Delivery fees for RUPCO services associated with grant funding are not listed and will be disclosed on an individual basis as part of a funding award and are part of the grant funds.

**EXHIBIT 1-3  
PHOTOGRAPH RELEASE AND LICENSE AGREEMENT**

1. GRANT OF LICENSE AND RIGHTS: The {Property Owner, Homeowner, Business Owner} hereby grants an exclusive license to and any and all rights and benefits, if any, to the photographs taken by RUPCO, Inc. or the County of Ulster, NYS Affordable Housing Corp, NYS Housing Trust Fund Corp, HOME Program, CDBG Program, City of Kingston, its agents/assigned at the jobsite for use in any advertising, promotion, and marketing campaign that may conduct in the future. Moreover, it is understood and acknowledged that this license and rights shall apply to any third parties or agents that Corporation in its sole discretion deems necessary to properly and adequately market or promote its building materials and services. The photos will be of the home and property including before and after photos of the work.
2. CONSIDERATION: It is understood and agreed that other than the consideration previously received the {Property Owner, Homeowner, Business Owner} will not be entitled to receive any further consideration relative to the use of the photographs described herein, including monetary consideration.
3. RESTRICTIONS: It is understood and agreed that there will be no restrictions on the license and/or rights granted hereby.
4. PROMOTION/MARKETING: It is understood and agreed that the {Property Owner, Homeowner, Business Owner} shall have no control or input as to how the photographs are used or utilized in any marketing campaign or promotion and/or advertising unless RUPCO, Inc. or the County of Ulster, its agents/assigns in its sole discretion deems that such input would be appropriate and useful. It is understood and agreed that RUPCO Inc. or the County of Ulster shall have sole authority to determine the mode and method of advertising, merchandising, promoting, selling, and distributing, that involves the use or utilization of the subject photographs. Moreover, it is understood and agreed that Corporation will not be required to obtain and further approval or consent from the {Property Owner, Homeowner, Business Owner} prior to the use or utilization of any photographs for any promotion or marketing campaign and/or advertising.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_ Print \_\_\_\_\_



## LEAD PRE-RENOVATION FORM

### Occupant Confirmation

#### Pamphlets Receipt

I have received a copy of both of the lead hazard information pamphlets or have received an electronic link to the booklets and validate that I have reviewed the content at

<https://www.epa.gov/sites/production/files/documents/renovaterightbrochure.pdf>

[https://www.epa.gov/sites/production/files/2017-06/documents/pyf\\_color\\_landscape\\_format\\_2017\\_508.pdf](https://www.epa.gov/sites/production/files/2017-06/documents/pyf_color_landscape_format_2017_508.pdf)

- (Renovate Right and Protect your Family from Lead in your Home)** informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received these pamphlets or information link before the work began.

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Printed Name of Owner-occupant

X

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Signature of Owner- Occupant

Date

### Renovator's Self Certification Option (for tenant-occupied dwellings)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for Signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

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Printed Name of Person Certifying Delivery  
Attempted Delivery Date

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Signature of Person Certifying Lead Pamphlet Delivery

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Unit Address

## Permission to Conduct Lead Risk Assessment

Having received the EPA booklet, *Renovate Right* and *Protect Your Family From Lead in Your Home*, or have validated that you received the electronic link to the pamphlets and reviewed the content; you are aware of the possible hazards lead based paint pose. In order to protect your interests as well as to protect occupants and workers, you and RUPCO need information about the location of lead based paint at your property if the property was built before 1978.

The funding you are receiving may require that you have a formal assessment of the lead hazards at your property; called a risk assessment. The risk assessment requires that a certified firm measure the level of lead based paint of any deteriorated painted surfaces and other building components that will be disturbed during the rehab process. This risk assessment will also include measuring the level of lead in dust and may examine soil for lead hazards.

By law, the results of the risk assessment must be disclosed to all future purchasers and tenants. If no lead based paint is found, then no special precautions will need to be taken during the rehab process. Should lead based paint be found above allowable levels, then the EPA certified contractors will take special precautions to ensure occupant and worker safety. On projects where lead based paint has been positively identified a third party clearance test will be required at the conclusion of work to ensure that lead levels are below allowable EPA levels. By law, the results of the clearance tests must be disclosed to all future purchasers and tenants.

I give RUPCO permission to act as my agent to arrange for all lead testing. I give RUPCO permission to perform a lead risk assessment according to EPA and HUD requirements.

Client / Owner Name:

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

Signature:   X  \_\_\_\_\_

Date: \_\_\_\_\_