RUPCO
Single-Family Repair Program
Pre-Application Wait List Form -2019

Name: (Owner) __________________________________________________________

Address of house needing repair: ________________________________________
City ___________ Zip____________

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. When did you purchase the property? ________________________________

3. 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_________

4. Is your home covered by homeowner's insurance? Yes____ No____
      If you answered yes, how many? _________________________

5. Are there any liens against your property? Yes____ No____

6. Approximate age of your house _______ How many bedrooms? ______

7. 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?

8. 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____

9. How many people are in your household? ______ Do you live in the household? ______

10. What is the age of the Head of your household? ______

11. If there are children in the household Yes___ No___ Is this a single-parent household? Yes____ No___

Income Eligibility is as follows: to be eligible for wait list or assistance, Income must be at below 2017 limits

<table>
<thead>
<tr>
<th>Household Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
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<tr>
<td>Maximum Annual Income</td>
<td>$46,700</td>
<td>$53,350</td>
<td>$60,000</td>
<td>$66,650</td>
<td>$72,000</td>
<td>$77,350</td>
<td>$82,650</td>
<td>$88,000</td>
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12. What is your total gross annual family income? (From all sources) for all household members?

$ ______________________

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.)
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**

<table>
<thead>
<tr>
<th>NAME AND GENDER (MALE /FEMALE)</th>
<th>BIRTHDATE AND AGE</th>
<th>SOCIAL SECURITY # RACE/ETHNICITY</th>
<th>HEAD/SPOUSE/SON DAUGHTER/PARTNER ECT</th>
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If more space is needed please complete on back of application

14. Does anyone in the household have a handicapping condition? Yes _____ No _____
   A. If yes, please describe: ______________________________________________________

   **Special Needs Assistance Requests:**  
   - Language Translation (type): ___________  
   - Hearing Impaired
   - Visual Impairment
   - Accessibility
   - Other: ____________________________

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? _______ (circle one) months  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 _____ 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  
301 FAIR STREET  
Kingston, NY 12401  
Please allow 3 to 4 week’s response time for approval/denial of the wait list  
revised 5/9/2019
If you are selected for services in the future; we would generally meet in person in our office to either review your documentation or for funding commitments, contract signing etc. In order to accommodate particular needs; our agency can accommodate any special needs including but not limited to language interpretation, wheelchair accessibility and/or other impairment.

Single Family Repair Program  
Ulster County

RUPCO 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 for most funding programs. Funding program requirements, limits and regulations may change depending on the funding source available at the time of service.

- 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. Some programs may not allow Life estates or life leases (funding sources available will be reviewed for this restriction at the time of service).

- 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 deferred 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 assessment.

- 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 eligibility, 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. (limits will be reviewed based on the funding sources that are available at time of service). Assets other than your home may also be calculated into your total income as imputed income or limited based on the type of program funding available.

- 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 be part of the grant and total lien.

- All work will be performed by insured contractors of your choice within a budgetary amount and procurement of bids. You have the right, and are encouraged to obtain your own estimates in addition to our bidding.

- In order to meet certain Equal Opportunity goals our agency may require that a certain amount of any work provided be provided by a certified NYS minority or women owned business

- 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. Tenant units are not covered under this program but is the responsibility of the owner to correct issues that exist in
tenant units that occupy the same building as the owners unit in multi-unit properties. Detached buildings or structures are not covered under the program.

- 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 maintenance, credit, public services and may be required to attend an informational meeting on these topics.

- All initially eligible dwellings will be inspected by a rehab specialist from our agency. All rooms must be inspected including attic and basement if asked.

- Some funding sources will require certain types of work to be performed using lead safe practices. Some homes will need to have a Lead Risk Assessment performed to determine if painted surfaces contain lead. The cost will be part of the grant.

- Some funding sources will require an energy audit to be performed on your home as part of your grant with energy upgrades performed where applicable.

- Some funding sources may require radon testing or asbestos testing as part of your project and hazardous situations must be addressed with program funds or the entire project may be rejected.

- Most programs require any underground oil tanks be removed and set above ground as a condition of the project and included in the project or the entire project may be rejected.

- Most programs can serve one to four family dwellings, but work can only be performed on the owner’s dwelling unit and common spaces. All tenant units must be inspected for health and safety failures. Failures in tenant units must be repaired by the owner at the owner’s expense. If failures in the tenants units cannot be repaired by the owner, the property will be deemed ineligible.

- Properties located in flood ways or flood paths will not be assisted. Properties located in flood zones will be required to have flood insurance.

- Ineligible activities include but are not limited to: landscaping, driveways, detached garages, and items deemed as “luxury items” such as washers, dryers, dishwashers, air conditioning systems, fencing, pest mediation, finishing of basements, cosmetic painting of non deteriorated paint, furnishings, non permanent carpeting, and home security systems and television systems, others deemed ineligible.

- Non response or un-timely responses to requests for information will deem the applicant ineligible.

- Most grant agreement terms will be between five (5) and ten (10) years depending on the grant source, age of the applicant and/or the amount of funding expended.

- Average grants are from $5,000 to $20,000 depending on need.