

2009

Date Received \_\_\_\_\_

FULTON COUNTY COMMUNITY HERITAGE CORPORATION

Control # \_\_\_\_\_

*do not write above this line*

**APPLICATION FOR HOME REPAIR ASSISTANCE**

1. Name of Applicant: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Owner

\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Co. Owner

2. Phone Number: \_\_\_\_\_  
Day Evening

3. Property Address: \_\_\_\_\_

3.a. Mailing Address \_\_\_\_\_

4. Is the property owner occupied? Y / N \_\_\_\_\_

5. Is property a year round residence? Y / N \_\_\_\_\_

5.a. How long have you resided here full time? \_\_\_\_\_

5.b. Do you have a mortgage? Y / N \_\_\_\_\_ Are the payments current? Y / N \_\_\_\_\_

5.c. Who is the mortgage holder? (bank name) \_\_\_\_\_

6. What type of home? One Family \_\_\_\_\_ Two Family \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

6a. Year of Construction or Manufacturer? \_\_\_\_\_

7. Is the applicant? 62 or over \_\_\_\_\_ under 62 \_\_\_\_\_ Handicapped \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

8. Total number of persons in household \_\_\_\_\_, below list the requested information ***for all members.***

Last Name	First name	Sex	Date of Birth	Relationship
_____	_____	_____	_____	<b>SELF</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Continued on back

9. Are all property taxes paid to-date? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Total Gross Yearly income range of all household members for previous calendar year, please check one line:

Below, 19,200	_____	34,050 to 35,100	_____
19,200 to 21,950	_____	35,100 to 36,250	_____
21,950 to 24,700	_____	36,250 to 39,500	_____
24,700 to 27,450	_____	39,500 to 43,900	_____
27,450 to 29,650	_____	43,900 to 47,400	_____
29,650 to 30,750	_____	47,400 to 50,900	_____
30,750 to 31,850	_____	50,900 to 54,450	_____
31,850 to 34,050	_____	54,550 to 57,9550	_____
			Over 57,950 _____

11. Check any of the following work needed: Floors \_\_\_\_\_ Plumbing \_\_\_\_\_ Well \_\_\_\_\_ Heating \_\_\_\_\_

New Roof \_\_\_\_\_ Siding/Paint \_\_\_\_\_ Electrical \_\_\_\_\_ Septic Work \_\_\_\_\_ Foundation \_\_\_\_\_ Insulation \_\_\_\_\_

Other; \_\_\_\_\_

I (we) certify that all information given as part of this application is true and correct. The Fulton County Community Heritage Corporation (FCCHC) is hereby authorized to verify any of the preceding information in whatever manner they may deem appropriate. I (we) also agree to allow FCCHC or their designee to inspect the property before, during and after any assistance that may be provided. I (we) understand that applicants will be required to provide documentation in order for FCCHC to determine program eligibility.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please give directions to your home, include the nearest cross road or intersection such as Rt. 29 and Old School Road. Whether the house is on the left or right, and the color. (such as the 4th house on the left from Rt. 29a, white house with green trim). Also include the name of the road you live on and any outstanding nearby landmarks that may help in locating your home.

Directions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mail completed application to:  
Fulton County Community Heritage Corporation  
P.O. Box 646  
Gloversville, N.Y. 12078  
Telephone (518)725-2114