



**PRELIMINARY APPLICATION
TOWN OF COLONIE
RESIDENTIAL REHABILITATION PROGRAM**



APPLICANT **CD FILE #** _____

Name _____ **Social Security #** _____ **Date of Birth** _____

Address _____ **Day Phone** _____

Type of Structure: **Single Family** **Mobile Home** **Other** _____

HOUSEHOLD MEMBERS

Name _____ Social Security # _____ Date of Birth _____

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In order to qualify for a residential rehabilitation grant, you must own and occupy your residence and your household's current gross income from all sources cannot exceed 80% of the area median income listed below.

HOUSEHOLD SIZE	ANNUAL INCOME	HOUSEHOLD SIZE	ANNUAL INCOME
1	59,400	5	91,600
2	67,850	6	98,400
3	76,350	7	105,200
4	84,800	8	111,950

Your Household Size _____ **Your Current Annual Gross Income** _____

Please indicate by an (X) the types of repairs you would like to make to your residence if you receive a grant.

TYPE OF REPAIR	DESCRIPTION
(X) Hardwire Smoke Detector	<u>Program Requirement</u>
() Electrical	_____
() Central Heating	_____
() Roof/Chimney Repair	_____
() Insulation	_____
() Plumbing	_____
() Painting/Siding	_____
() Window Repairs	_____
() Sewer/Water Connections	_____
() Handicapped Accessibility	_____
() Other (specify)	_____

Signature _____

Date _____

Please Note: All Preliminary Applications will be accepted on a first come, first served basis. Filing an application does not guarantee that you will receive a grant. GRANTS RANGE FROM 40% TO 100%.