

Application for Home Repairs



**ADIRONDACK
ROOTS**
BETTER HOUSING.
STRONGER COMMUNITIES.

- Homeowner
- Renter
- Landlord

Applicant Name: _____

Co-Applicant Name: _____

Physical address (street and town): _____

Mailing Address (if different): _____

Email address: _____ County: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Applicant date of birth: _____ Co-Applicant date of birth: _____

Number of people in the Household: _____ Number of dependents under 18 years of age _____

Number of Children under the age of 6: _____

Have any of these children been identified as having elevated lead blood levels? Yes No

What year was your house built? _____ Is this a Mobile Home? Yes No

Is there an occupant that has a permanent, medically documented, disability or has substantial difficulty with daily living activity because of aging? Yes No

Is this the applicant/coapplicant's primary, permanent residence? Yes No

If yes, what town do you pay taxes to? _____

Household Income

What is your Gross Annual Household Income? \$ _____

Employer: _____

Address of Employer: _____

Repairs Needed (check items needing repairs, then add any specifics you can offer/explain):

Heating system: _____

Electrical systems: _____

Plumbing systems: _____

Walls, ceilings, floors: _____

Roofing, chimney, gutters _____

Windows and doors: _____

Foundation/basement/cellar: _____

Insulation (walls, ceiling, roof, floor): _____

Stairs, cabinets, porches/decks: _____

Wheelchair ramp or lift

Expanded Doorways due to disability

Bathroom Modifications due to disability; (Describe): _____

Relocation of Bedroom or Bathroom to 1st Floor

(flip over to complete)

- Kitchen Modifications due to disability
- Other (please indicate) _____

Condition of home?

- No obvious repairs needed
- Some repairs or maintenance needed
- Needs structural or other major repairs

Voluntary Information for Monitoring Purposes

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Racial/Ethnic Composition	Racial Group	Hispanic
Racial Categories (HUD Designated)	Total # of	Total # of
White		
Black/African American		
Asian		
Native Hawaiian/ Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals		

Sex of Applicant: Male Female

Sex of Co-Applicant: Male Female

Marital Status: Married Separated Unmarried: (Single Divorced Widowed)

Handicapped: Yes No

Disabled: Yes No

I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY, INC., IS HEREBY AUTHORIZED TO PERFORM SUCH VERIFICATIONS OF THIS INFORMATION AS MAY BE NECESSARY.

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN TO: Community Development Director
 ADIRONDACK ROOTS
 103 Hand Avenue, P.O. Box 157
 Elizabethtown, NY 12932

 (518)873-6888
info@adironackroots.org