

**APPLICATION FOR REHABILITATION ASSISTANCE**

Applicant's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Number of person(s) in household; including applicant: \_\_\_\_\_

Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

1. Are Property Taxes paid? (i.e. Town, County, School)  Yes  No

If no, what years are unpaid? \_\_\_\_\_

2. Is this Your Primary Residence?  Yes  No If No, please explain:

\_\_\_\_\_

3. Type of Housing:  Single Family house  Mobile Home Year \_\_\_\_\_

4. Do you own the land where your mobile home sits (yes/no)(N/A) \_\_\_\_\_

5. How old is the home? \_\_\_\_\_ Year Built? \_\_\_\_\_

6. Have you occupied your home for one year or more? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have a current Homeowner's Insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is there a mortgage?  Yes  No      Are payments current?  Yes  No
9. Name of mortgage holder: \_\_\_\_\_
10. Is the Deed in applicant's name? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Is there a land contract on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
12. How did you hear about us? \_\_\_\_\_
13. Do you have more than \$15,000 in assets (checking, savings, IRA, 401K, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Are you related to any public official in the County in which you reside in or to any officer or employee of Arbor Housing and Development?  Yes  No      If YES, please explain:

\_\_\_\_\_

15. Have you received repair services from Arbor/ SCAP or another agency such as Weatherization, Sheen Housing, Community Progress or City of Hornell in the past?       Yes  No

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_ Date of Service \_\_\_\_\_

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_ Date of Service \_\_\_\_\_

Agency Name \_\_\_\_\_ Amount \_\_\_\_\_ Date of Service \_\_\_\_\_

Please provide a description of the repairs needed. (i.e., roofing, plumbing, electrical, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL SOURCES OF INCOME AND AMOUNTS FOR ALL HOUSEHOLD MEMBERS**

*Include SSI, SSD, PA, child support, pension, wages, unemployment, etc.)*

NAME	SOURCE	GROSS AMOUNT (per week/month)

**STATISTICAL DATA**

Federal and State Law prohibits discrimination on the basis of age, sex, race and national or ethnic origin. Arbor Housing and Development is committed to serving its community without discrimination and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, State, or Federal official in determining applicant eligibility for assistance.

**APPLICANT**

**ETHNICITY** Check One:

- Hispanic
  - Mexican
  - Puerto Rican
  - Other
- Non-Hispanic

**RACE** Check One:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Single Racial \_\_\_\_\_
- American Indian or Alaskan Native & White
- American Indian or Alaskan Native & Black
- Asian & Black/African American
- Asian & Pacific Islander
- Asian & White
- Black/African American & White
- Native Hawaiian or Other Pacific Islander & Black
- Native Hawaiian or Other Pacific Islander & White
- Other Multi-Racial \_\_\_\_\_

Are you a citizen of the U.S.? ( ) yes ( ) no

Are you a veteran or entitled to veteran's benefits?  
( ) yes ( ) no

Are you a person with a physical disability?  
( ) yes ( ) no

**CO-APPLICANT**

**ETHNICITY** Check One:

- Hispanic
  - Mexican
  - Puerto Rican
  - Other
- Non-Hispanic

**RACE** Check One:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Single Racial \_\_\_\_\_
- American Indian /Alaskan Native & White
- American Indian /Alaskan Native & Black
- Asian & Black/African American
- Asian & Pacific Islander
- Asian & White
- Black/African American & White
- Native Hawaiian or Other Pacific Islander & Black
- Native Hawaiian or Other Pacific Islander & White
- Other Multi-Racial \_\_\_\_\_

Are you a citizen of the U.S.? ( ) yes ( ) no

Are you a veteran or entitled to veteran's benefits?  
( ) yes ( ) no

Are you a person with a physical disability?  
( ) yes ( ) no

All information provided will be kept confidential. All applications received will become the property of Arbor Housing and Development.

I (We) hereby apply for assistance from Arbor Housing and Development. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

I (We) hereby consent to and authorize Arbor Housing and Development to obtain verification of information required for compliance with the regulations of this program, including income, expenses and employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Return to:**

Arbor Housing and Development  
26 Bridge Street  
Corning, NY 14830