

**APPLICATION FOR REHABILITATION ASSISTANCE**

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

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

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

County \_\_\_\_\_

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

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

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

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

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

Name	Age	Relationship
		Self

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

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

Are you on an installment plan with the county?  Yes  No

4. Is this Your Primary Residence?  Yes  No If No, please explain: \_\_\_\_\_

5. Have you owned & occupied your home for one year or more?  Yes  No

6. Do you have a current Homeowner's Insurance policy?  Yes  No

7. Is this a single-family home?  Yes  No Year Built \_\_\_\_\_

8. Is this a  Mobile Home (or)  Single-story house (or)  Two-story house

9. Do you own the land where your mobile home sits?  Yes  No  Not Applicable

10. Is there a mortgage?  Yes  No      Are payments current?  Yes  No

Name of mortgage holder: \_\_\_\_\_

11. Is the Deed in applicant's name?  Yes  No    If no, do you have **Life Use**  Yes  No

12. Is there a Land Contract on the property?  Yes  No

13. How did you hear about us? \_\_\_\_\_

14. Do you have more than \$15,000 in assets (checking, savings, IRA, 401K, CDs, etc.)?  Yes  No

15. Are you related to any public official in the County in which you reside or to any officer or employee of Arbor Housing and Development?  Yes  No      If YES, please explain:

16. Have you received repair services in the past from Arbor/ SCAP or another agency such as Weatherization, ProAction, EOP, Sheen Housing, Community Progress, Habitat for Humanity, City of Hornell, Near Westside, etc.?       Yes  No

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

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

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

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

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

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

*(Include SSI, SSD, PA, child support, alimony, pension, wages, unemployment, workers comp., etc.)*

NAME	SOURCE	GROSS AMOUNT (specify per week or month or year)

**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**

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

**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 person with a **physical** disability?  
 Yes  No

Are you a **veteran**?  Yes  No  
Discharged w/ a disability?  Yes  No

Are you a **MEDICAID** recipient?  Yes  No

**CO-APPLICANT**

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

**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 person with a **physical** disability?  
 Yes  No

Are you a **veteran**?  Yes  No  
Discharged w/ a disability?  Yes  No

Are you a **MEDICAID** recipient?  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

**AUTHORIZATION TO SHARE/RELEASE INFORMATION:** I am applying for, or seeking to obtain, a loan or grant from Arbor Housing & Development. As part of the this process, ARBOR may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds.

I understand any rights which I (we) may have to the contrary, pursuant to the privacy act, are hereby expressly waived for this purpose.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Return to:**

Arbor Housing & Development  
26 Bridge Street  
Corning, NY 14830