

Place an "X" Next To Type of Application:

Landlord \_\_\_\_\_

Homeowner \_\_\_\_\_

**APPLICATION FOR HOME REPAIRS**

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Applicant date of birth: \_\_\_\_\_

Co-Applicant date of birth: \_\_\_\_\_

Number of people in the Household: \_\_\_\_\_

Number of Children under the age of 6: \_\_\_\_\_

Have any of these children been identified as having elevated lead blood levels? \_\_\_\_\_

Number of Dependents Under 18 Years of Age: \_\_\_\_\_

What year was your house built? \_\_\_\_\_ Mobile Home \_\_\_\_\_ YES \_\_\_\_\_ NO

HOUSEHOLD INCOME

What is your Gross Annual Household Income? \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Repairs Needed:

- \_\_\_\_\_ 1. Heating System - Repair and Installation
- \_\_\_\_\_ 2. Electrical Systems
- \_\_\_\_\_ 3. Plumbing Systems - Repair and Replacement
- \_\_\_\_\_ 4. Walls, Ceilings and Floors
- \_\_\_\_\_ 5. Roofs, Gutters and Downspouts
- \_\_\_\_\_ 6. Chimney
- \_\_\_\_\_ 7. Foundation
- \_\_\_\_\_ 8. Insulation
- \_\_\_\_\_ 9. Room Additions
- \_\_\_\_\_ 10. Other (Please Indicate) \_\_\_\_\_

**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.

<b>Racial/Ethnic Composition</b>	<b>Racial Group</b>	<b>Hispanic</b>
<b>Racial Categories (HUD Designated)</b>	<b>Total # of</b>	<b>Total # of</b>
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, or 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  
 Housing Assistance Program of Essex County, Inc.  
 103 Hand Avenue  
 P.O. Box 157  
 Elizabethtown, NY 12932

(518) 873-6888