

Place an "X" Next To Type of Application:

Landlord _____

Homeowner _____

APPLICATION FOR HOME REPAIRS

Applicant Name: _____

Co-Applicant Name: _____

Street Address: _____

Mailing Address: _____

Email address(if available): _____

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? _____ Is this a Mobile Home? ____YES ____NO

HOUSEHOLD INCOME

What is your Gross Annual Household Income? \$ _____

Employer: _____

Address of Employer: _____

Repairs Needed:

_____ 1. Heating System: _____

_____ 2. Electrical Systems: _____

_____ 3. Plumbing Systems: _____

_____ 4. Walls, Ceilings, Floors: _____

_____ 5. Roofing, Chimney, Gutters _____

_____ 6. Windows and Doors: _____

_____ 7. Foundation/Basement/Cellar: _____

_____ 8. Insulation(walls, ceiling, roof, floor): _____

_____ 9. Stairs, Cabinets, Porches/Decks: _____

_____ 10. Other (Please Indicate) _____

(flip over to complete)

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, 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