



HOME RESOURCES

209 North Union Street, Olean NY 14760
office: 716-373-4100 fax: 716-373-4120
www.nwhomeresources.org

REPAIRS

Date: _____

Applicant: Head of Household, Social Security #, Birth Date, Mailing Address; Co-Applicant: Social Security #, Birth Date, County of Residence (Check One) with checkboxes for Cattaraugus, Erie, Wyoming.

Home Phone: Work Phone: Other Phone:

Table with columns: Number of Persons in Household (Total), Relationship, Age. Includes a vertical label 'NAMES' on the left.

Marital Status: Single, Married, Divorced, Widowed, Separated, Other (checkboxes)

Race: White, American Indian, Black, Asian, Alaskan Native, Other (checkboxes)

Ethnicity: Hispanic, Non-Hispanic, No Response (checkboxes)

Housing Type: Single Family, Multi-Family, Mobile Home, Other (checkboxes)

Date of Construction: Before 1950, After 1950, Year of Mobile Home (checkboxes)

Table with 6 columns: QUESTION?, YES, NO, QUESTION?, YES, NO. Contains questions about deed, taxes, liens, income, fire insurance, land contract, mortgage, and emergency repairs.

Is your mortgage payment current? YES NO



Helping people.

LIST ALL GROSS HOUSEHOLD INCOME			Check Frequency \checkmark			
Source	Recipient	\$ Amount	Week	Bi-week	Month	Year
Wages-List Employer						
Wages-List Employer						
Wages-List Employer						
Veterans Pension						
Other Pension						
Social Services						
Alimony						
Child Support						
Workman's Comp.						
Food Stamps						
Unemployment						
Interest Income						
Social Security						
Social Security SSI						
Social Security SSD						
Other						

Please rate the systems in your home \checkmark	New	Good	Fair	Poor	This Space for Agency Use Only	
					Total Monthly Income	Total Yearly Income
Electrical Wiring					Total Monthly Income	Total Yearly Income
Heating System						
Plumbing						
Septic System or Sewer Line						
Well or Water Line						
Foundation/Basement					Eligibility Income Limit	% of Median
Roofing						
Porches/Steps						
Windows						
Insulation/Weatherization						

Give a short explanation of what rehabilitation you are requesting for your home. _____

Have you applied for assistance with an other agency? YES NO If yes, where?
 USDA / Rural Development Cattaraugus Community Action Other

This application is made for the purpose of requesting assistance for housing rehabilitation either with a grant or a loan. I authorize you to communicate with any person, agency or corporation necessary, and to obtain any information as you may need concerning the statements made in this application.

Signature of Applicant

Signature of Co-Applicant

Return To: NeighborWorks® Home Resources
209 North Union Street, Olean NY 14760