

PROJECT ELIGIBILITY

The Town of Corinth is has a grant from the New York State Office of Homes and Community Renewal to assist residents with housing rehabilitation. These funds will be available to residents of the Town:

- Applicant must own, occupy, and have title to the land.
- The property must be located in the Town of Corinth;
- The property must be used entirely for residential purposes;
- Applicant must be current with all local, school and property taxes;
- Applicant household must meet income eligibility requirements.

Submission of a pre-application guarantee a grant award, nor does it obligate the property owner to accept grant funding.

RETURN TO:

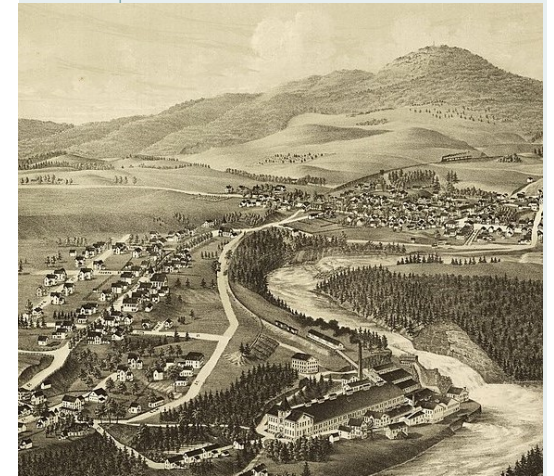
Town of Corinth
600 Palmer Avenue
Corinth, NY 12822

Phone: 518-654-9232 x 4

Questions?

Contact: Drew Alberti
Drew@FlatleyRead.com

Home Improvement Program Pre-Application



Town of Corinth
600 Palmer Avenue
Corinth, NY 12822

Pre-Application for Town of Corinth Home Improvement Program

Qualifications: Applicants must meet all eligibility guidelines listed in this brochure. If a question doesn't apply to you, please write n/a.

Date: _____
Owner/Applicant Name: _____
Mailing Address (Physical): _____
Street Address (if different than above): _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

Household Composition

*Please list all persons who reside in the home, **including yourself**, along with their annual income, if any.*

Name: _____ Relationship: _____ SELF _____ Age: _____ Income: _____
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Do you own your home? _____ Year home was built? _____ Is your mortgage paid up-to-date? _____
Section/Block/Lot (found on your taxes) _____ / _____ / _____
Are Property taxes paid and up to date? _____ Do you have property hazard and liability insurance? _____

Briefly describe the condition of your home: (use an additional piece of paper if necessary)

Have you previously received a repairs grant? _____ If yes, from whom? _____
By signing below, I acknowledge that additional qualifying documents will be required if grant funds are awarded. I also certify that the information provided is true and give permission to the Town of Corinth to verify.

Applicant Signature _____ Date _____
Co-Applicant Signature _____ Date _____