



OFFICE USE ONLY
Date Received: _____
Reviewed by: _____

HOME REHABILITATION PRE-APPLICATION

Assistance funds are available to low- and moderate-income, qualified homeowners for home rehabilitation and accessibility modifications. The programs' intent is to assist those who do not have the funds, assets or the ability to borrow in order to complete these repairs themselves.

The programs serve a variety of income levels and housing needs. They require that the lowest-income homeowners and the worst homes be served first. All recipients of assistance must be willing to sign a lien agreement pertaining to the property assisted (contact our offices with questions).

If interested, please complete and sign the Pre-Application below. Return it to Ithaca Neighborhood Housing Services (INHS). You will be placed on a waitlist for assistance consideration.

Name: _____ Town/Village: _____

Street Address: _____

Phone: (c) _____ (h) _____ (w) _____ Email: _____

Number of people who live in your house _____

Mobile home? _____ Is it on a permanent foundation? _____ Do you own the land? _____

Include an estimate for all income received by all members of the household—including child support and Social Security for minors.

Name	Income
_____	_____
_____	_____
_____	_____
_____	_____

1. Are there any liens or judgments affecting the property other than the mortgage? Yes No
 If yes, please explain: _____
2. Does the applicant own any other real estate? Yes No
 If yes, please explain: _____
3. Does anyone in the household have special needs? Yes No
 If yes, please describe needed home modifications: _____
4. Have you had children under age six tested for lead? Yes No
 If yes, was blood level high? _____ if so, please send doctor's copy of lead level report / statement.
5. Have you received prior rehab assistance from Better Housing for Tompkins County or INHS?
 Yes No If yes, explain: _____

The most critical improvements needed at my house are (check all that are applicable):

Well _____ Electrical _____ Insulation _____ Chimney _____
 Septic _____ Plumbing _____ Foundation _____ Doors _____
 Roof _____ Heating _____ Exterior _____ Windows _____
 Wheelchair ramp _____ Stair lift _____ Walk-in shower _____ Grab bars _____

Please write any additional comments.

Age of head of household: _____ Number of children under the age of 6: _____

Number of persons age 60 or older: _____ Is there a female head of household? _____

Is anyone a veteran? **Yes** **No** If yes, who? _____

Is anyone Hispanic or Latino? **Yes** **No** If yes, who? _____

Please check the category that applies. If more than one category fits, please check all that apply.	Head of Household	Other family member	Other family member	Other family member
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
Multi-Racial				
Other				

If you do not wish to answer these questions, please check here: _____

(You are not obligated to answer these questions and not answering will in no way affect your eligibility for this program)

Signature of applicant: _____ **Date:** _____

Form completed by: _____

