

**MINOR REPAIR PROGRAM FOR HOMEOWNERS  
APPLICATION & PRESCREENING FOR MAJOR REHABILITATION**

**APPLICANT**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? Who referred you to us? \_\_\_\_\_

**HOUSING INFORMATION**

Do you own and live in the above home currently? \_\_\_\_ Yes \_\_\_\_ No COFA EISEP/Case Management \_\_\_\_

Do you own other property? \_\_\_\_ Yes \_\_\_\_ No

If Yes then please explain: \_\_\_\_\_

Is the home a Manufactured Home? \_\_\_\_ Yes \_\_\_\_ No Year Manufactured \_\_\_\_\_

If it is a Manufactured Home, and you are located in a park, what is the name of the park? \_\_\_\_\_ Lot # \_\_\_\_\_

If it is a Manufactured Home, do you own the property under the mobile home? \_\_\_\_ Yes \_\_\_\_ No

**HOUSEHOLD INFORMATION**

PEOPLE IN HOUSEHOLD (list all household members)							
Name	Date of Birth	Gender	Disabled?	Veteran?	Race	Hispanic?	Frail?
Head of Household:							

HOUSEHOLD INCOME (list all income for each household member listed above)		
Name	Source of Income	Monthly Amount

**May we share your information with other agencies, as they may be able to provide you with further resources?** Unless you check below, you grant INHS permission to use these photographs in INHS sponsored publications.

I do not grant INHS permission to share my information with other agencies.

**May we use photographs?** I understand that INHS is required to take before and after photographs of the work they are doing in my home due to funding requirements. Unless you check below, you grant INHS permission to use these photographs in INHS sponsored publications.

I do not grant INHS permission to use photographs of the work in INHS sponsored publications.

Work or modifications requested: \_\_\_\_\_

Emergency Repair:  No Heat  No Hot Water  Roof Leak  Plumbing Leak  Broken Window  
Other Emergency \_\_\_\_\_

**CONFLICT OF INTEREST ACKNOWLEDGEMENT:**

Are you related to, or do you have a business interest with or income from, any NYS Elected Official or their employee, NYS Political Party, Tompkins County or an employee thereof, the City of Ithaca or an employee thereof or any officer or employee of Ithaca Neighborhood Housing Services?  Yes  No

If yes, please explain: \_\_\_\_\_

***The above information is true to the best of my knowledge.***

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If completed by someone other than homeowner, name and relationship to the homeowner:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*INHS and BHTC have adopted the Grievance Procedures for Area Agencies on Aging. Copies available upon request*

*The INHS Minor Repair Program for Homeowners is made possible through funding from INHS, Tompkins County Office for the Aging), the Ithaca Urban Renewal Agency, the Legacy Foundation of Tompkins County, the United Way and individual donors.*

