

**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 # _____ Lot Rent _____

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

EMERGENCY CONTACT INFO (complete all fields)

Name _____

Phone _____

Email _____



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.