

# CELORON VILLAGE REHAB PROGRAM

The information in this form will be held confidential.

**This is a pre-screening form only. It will be used to support an application to the NYS Office of Community Renewal for Community Development Block Grant funds to help income-eligible homeowners in the Village of Celoron with necessary home repairs.**

In order to submit a successful application, we are asking you to fill out this form. We will use this information to show the NYS Office of Community Renewal that there is a need for these funds in Celoron and that there are people interested in receiving help with home repairs through the Community Development Block Grant program.

**Please return the completed form to the Village Hall or mail it to:  
Chautauqua Home Rehabilitation and Improvement Corp (CHRIC)  
2 Academy St.  
Mayville NY 14757**

**For further information, please call  
Chautauqua Home Rehabilitation and Improvement Corp (CHRIC) at 753-4650**

1. Your Name: \_\_\_\_\_

2. Your Home Address: \_\_\_\_\_  
\_\_\_\_\_

3. Phone \_\_\_\_\_

5. Are you the legal owner of the property (is your name on the deed?) Yes  No

6. Are all taxes on this property paid to date? Yes  No

7. Do you have insurance on this property? Yes  No

8. Are you over age 60? Yes  No

9. Are there minors (18 or younger) living in the home? Yes  No

10. Are you or anyone who lives in the home disabled? Yes  No

11. Are you a veteran of the US military? Yes  No

12. How many bedrooms are in your home? \_\_\_\_\_

13. Please state the ONE (only one) most important home repair concern that you have:  
\_\_\_\_\_

14. Please state any other repairs that your home may also need:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE QUESTIONS ON THE BACK**

15. How many people live in your household all together? \_\_\_\_\_

Please describe your income by checking all of the sources that apply and filling in the appropriate dollar amount and how often you receive it. Please report your **GROSS INCOME** before any taxes or any other deductions are taken out (**not your “take-home” pay**)

The total annual income of everyone over the age of 18 who lives in the home (whether they contribute or not) must be below the following maximum annual amounts:

| 1<br>Person | 2<br>People | 3<br>People | 4<br>People | 5<br>People | 6<br>People | 7<br>People | 8<br>People |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| \$43,050    | \$49,200    | \$55,350    | \$61,500    | \$66,450    | \$71,350    | \$76,300    | \$81,200    |

| <u>TYPE OF INCOME</u>                                      | <u>AMOUNT</u> | <u>HOW OFTEN?</u><br>(weekly, bi-weekly,<br>monthly, annual) |
|--|---------------|--|
| <input type="checkbox"/> Working                           | _____         | _____  |
| <input type="checkbox"/> Income from your own business     | _____         | _____  |
| <input type="checkbox"/> Receiving Unemployment Benefits   | _____         | _____  |
| <input type="checkbox"/> Receiving Pension Benefits        | _____         | _____  |
| <input type="checkbox"/> Receiving Veteran Benefits        | _____         | _____  |
| <input type="checkbox"/> Receiving Social Security/SSI/SSD | _____         | _____  |
| <input type="checkbox"/> Receiving Insurance Benefits      | _____         | _____  |
| <input type="checkbox"/> Receiving Public Assistance (DSS) | _____         | _____  |
| <input type="checkbox"/> Receiving Worker’s Compensation   | _____         | _____  |
| <input type="checkbox"/> Receiving Disability              | _____         | _____  |
| <input type="checkbox"/> Receiving alimony/child support   | _____         | _____  |
| <input type="checkbox"/> Rental Income                     | _____         | _____  |
| <input type="checkbox"/> Interest Income                   | _____         | _____  |
| <input type="checkbox"/> Income from assets                | _____         | _____  |
| <input type="checkbox"/> Other Income                      | _____         | _____  |

If you’d like to provide any additional information, please do so below:

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I am interested in receiving assistance with repairs on my home through the Celoron Village Rehab Program if this grant is awarded.

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Signature