Albany County Rural Housing Alliance Inc.
PO Box 83, Cohoes, New York 12047
(tel) 518/430-7299 (fax) 518/279-7643
grantinfo.acrha@gmail.com

Albany County Senior Home Repair Program

Date ____/____/____

Applicant Name(s) _____

Address _____

City/Town _____

State _____ Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

e-mail address _____

Referred by? _____

Dwelling Size? *Please Circle* 1 2 units

Age of Structure? _____ years

How long have you lived there? _____ years

Do you own this property? Yes No

Motgage Paid off? Yes No

Mortgage Payments Current? Yes No

School and Property Taxes Current? Yes No

Homeowner's Insurance Current? Yes No

Household Members (including applicant)

Name	**Relationship**	**Date of Birth**	**Source of Income** (child support, alimony, SSI, SSD, earned income) (list place of employment where applicable)	**Gross Annual Income** (before taxes)
	SELF			

FOR OFFICE USE ONLY		
	Total Household Income	
	Household Size	
	% Area Median Income	

Application continued on next page

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HUD Required:

Household Ethnicity: Hispanic Not Hispanic

Household Race: White Asian Black Black & White

(Circle all that apply) Asian & White America Indian/Alaskian Native Other Choose not to respond

Please list repairs needed, if known: _____

_____

_____

_____

If you have any estimates, please include them with your application. If you do not have estimates, we will be assisting you in obtaining them when the time comes.

Please return this application, and any additional items listed on the cover sheet, to the address at the top of the page.

_____

Applicant(s) Signature(s) Date