



RESTORE PROGRAM

(Residential Emergency Services to Offer Repairs to the Elderly)

RESTORE is an emergency repair program for homeowners aged 60 and over, with a **combined household income** at or below 100% of the Household Median Income. No repayment is required providing the owner resides and maintains the home for three years.

Income Guidelines - Eligibility for this program will be determined from the total gross household income. The income limits are provided below.

<u>Household Size</u>	<u>Income Limit</u>
1	\$53,830
2	\$61,520
3	\$69,210
4	\$76,900

Guidelines are periodically revised by the US Department of Housing and Urban Development, usually on an annual basis. As new income guidelines are received, this will be updated.

HOMEOWNERS RECEIVING GRANTS WILL BE REQUIRED TO SIGN A THREE (3) YEAR PROPERTY MAINTENANCE DECLARATION. PENALTIES ARE OUTLINED IN THE CONTRACT IF THE THREE-YEAR OBLIGATION CANNOT BE MET.

To be eligible for this program, the application *must be returned* with the **MOST RECENT** copies of the following:

- 1) Copy of the deed to your property (including the property description)
- 2) Copy of your federal tax form and W-2s (if applicable)
- 3) Copies of your four most recent pay stubs, monthly benefits statement from Social Security, VA, Disability, Unemployment, etc...
- 4) Copy of most recent paid county/town tax bill
- 5) Evidence of homeowner's insurance, including flood coverage if applicable
- 6) Mortgage statement
- 7) Proof of Age (a copy of driver's license or birth certificate)

*****For Office Use only*****

Agency Referral Outreach efforts by RESTORE staff

Call in or walk in: Self Family Advocate Other

APPLICATION SOUTHTOWNS RPC RESTORE PROGRAM

Name(s) of Property Owner(s): _____

Address of Property: _____

Telephone Number: Home _____ Cell _____

Email: _____

Age of Dwelling: _____ Number of bedrooms _____

Please State **Life or Health Threatening** Nature of Emergency:

(Circle Yes or No)

Is the building located in an established flood plain? **Yes No**

If yes, do you have flood insurance? **Yes No**

Do you have property insurance? **Yes No**

Is it paid to Date? **Yes No**

Are all property taxes paid to date? **Yes No**

Family Members Beginning with Head of Household

	Name	Age	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Complete for all household members and list ALL sources of income.

Income/Benefits	Amount	Frequency	Recipient
Employment (before deductions)	_____	_____	_____
Employment (before deductions)	_____	_____	_____
Social Security/SSI	_____	_____	_____
Veterans Benefits	_____	_____	_____
Retirement Pensions	_____	_____	_____
Social Services	_____	_____	_____
Unemployment	_____	_____	_____
Workers Comp	_____	_____	_____
Child Support	_____	_____	_____
Spousal Support	_____	_____	_____
Self Employment	_____	_____	_____

Total Annual Income _____

Do you have assets? ____ Yes ____ No

(Example: Stocks, Bonds, Money Markets, Income Producing Property, Savings or any other source of asset income not listed.)

***** If income from assets is shown on income tax return and is provided as proof of income, it will not be necessary to list individually below.

Please list any and ALL assets

Asset/ Income	Amount	Owner
Checking Acct. _____		
Checking Acct. _____		
Savings Acct. _____		
Savings Acct. _____		
CD Acct. _____		
Stock/Bond/IRA Dividends _____		
Real Estate _____		

The undersigned hereby certifies that they are the owner of the property described and to the best of their knowledge all information submitted is true and correct. Southtowns RPC is hereby authorized to verify any of the information presented herein in any appropriate manner, including contracting employers, banks and other listed parties given in the supporting documentation submitted with this application. Southtowns RPC may inspect the property prior to grant approval, during construction and at the completion of work. It is understood that grant payment is subject to satisfactory completion of the approval scope of work.

_____ Signature of Applicant/ Homeowner	_____ Date
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THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY & REQUIRED DOCUMENTS INCLUDED OR THE APPLICATION WILL BE DELAYED.