



SAFE AT HOME MODIFICATION PROGRAM

Dear Applicant,

The Safe at Home Program, operated by Rebuilding Together Dutchess County (RTDC), is designed to assist individuals in their homes to remain as safe and independent as possible. This program applies particularly to those who have a disability affecting their mobility or for those who are aging in place.

The types of modifications we are equipped to execute are as followed:

- ✓ Wheelchair Ramps and lifts
- ✓ Expanded Doorways
- ✓ Handheld Shower Devices
- ✓ Grab Bars and Handrails
- ✓ Non-skid flooring
- ✓ Appropriate detector devices
- ✓ Electrical outlet and switch relocation...etc.

You may need some services identified above that we can provide and you also may need additional services that are beyond our financial capacity. We encourage you to complete the application. It's possible that you may qualify for assistance through our Access to Home grant. In addition, it's possible we will be able to provide some, but not all of the assistance you need.

Please remember volunteers perform much of our work and do our home assessments. While our goal for approved applications is to complete the work within six weeks, this is not always possible.

Please fill out this application as completely and accurately as possible. If you have any questions about the application or Safe at Home Program, in general, our office can be reached at 845.454.7310 or 845.454.7378 (fax) Monday through Friday from 10AM to 3PM.

THIS APPLICATION SHOULD BE MAILED TO:

**REBUILDING TOGETHER DUTCHESS COUNTY
P.O. BOX 3695
POUGHKEEPSIE, NY 12603**

OR CAN BE DROPPED AT OUR OFFICE LOCATED AT 824 MAIN STREET IN POUGHKEEPSIE.



Information and Instructions for Applicants

Safe at Home applications are accepted on a rolling basis throughout the year. The timeliness in which we can assist you is dependent on our volunteers, funds, and resources. Homeowners are encouraged to complete and send the applications together with the required supporting documents as soon as possible. This helps us to schedule home assessments and inspections needed to get the process at each home started.

Home Ownership Requirements

- The applicant must reside in and own or pay rent for the residence requiring repairs. Life tenancy or life estate agreements may also qualify for the program.
- The homes must be free of liens other than mortgages or home equity loans.
- The homeowner is expected to reside in the home for a minimum of 2 years following the repairs

Income Guidelines

Household Size	1	2	3	4	5	6	7	8
80% of Median	\$43,050	\$49,200	\$55,350	\$61,500	\$66,400	\$71,350	\$76,250	\$81,200

Please be sure your entire household GROSS income is below the 80% guideline before applying.

You will be required to provide documentation that will verify your household income. In addition, on page 3 of the application you will find a table that you MUST fill out concerning you household income.

EXAMPLE

Name	Date of Birth	Relationship	Annual Wages/Salary + Annual Social Security + Disability Comp + Interest/Dividend Income	Other Income*	Total per person
Mary	05 / 21 / 1945	SELF	\$4000 Salary + \$9000 SSI + \$500 Disability Comp.	Rent: \$4000	\$17,500
John	12 / 01 / 1920	Father	\$0.00 Salary + \$15,000 SSI	Pension: \$10,000	\$25,000
*Peter	04 / 28 / 1969	Tenant	Pays Rent		
TOTAL					\$42,500

*Completing the table on Page 3 does NOT exempt you from providing the necessary documentation to verify your income.



**SAFE AT HOME
HOMEOWNER APPLICATION**

Date ____/____/____

SECTION 1: HOMEOWNER INFORMATION

Name _____
First Last

Address _____

City State Zip

Home Phone _____ Alternative Contact (optional) _____

Best Time to Call _____ Referred By _____

Property Information:

Dwelling Units? *(Please Circle)* 1 2 3 4 5 units
 Age of Structure? ____ years
 How long have you lived here? ____ years
 How long will you remain here? ____ years
 Do you own this property? Yes No
 Are the Mortgage payments current? Yes No
 Are the School & Property taxes current? Yes No
 Is the Homeowner's Insurance current? Yes No

Living Arrangement: (check one)

Do you have a caregiver? Yes No
 Are you a Veteran or spouse of veteran? Yes No
 Is anyone living in the home disabled? Yes No
 Can you get in and out of the tub/shower with ease? Yes No
 Can you see your way to the bathroom easily? Yes No
 Can you get on and off the toilet with ease? Yes No
 Do you have a non-slip mat in the tub/shower? Yes No
 Do you have a smoke and monoxide detector in the home? Yes No

Ethnicity: (check one)

Hispanic

Asian

Black

White

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Choose not to respond

Other _____

Choose not to reply

SECTION 2: CAREGIVER INFORMATION

Name: _____ DOB: ____/____/____

Address: _____

Phone: _____ Relationship _____

Is he/she receiving payment for services? Yes No
 Describe area he/she lives? Rural Suburban Urban

Ethnicity: (check one)

Hispanic Asian Black White

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Other _____

Choose not to reply

SECTION 3: REQUESTED MODIFICATIONS

The **Safe at Home** Program focuses on safety and mobility throughout the home. Please indicate the type(s) of home modifications you believe you need to ensure safety and mobility in your home. The actual work decision will be based on needs agreed upon by owner and our assessment people.

- | | | |
|---|---|--|
| <input type="checkbox"/> Wheelchair Ramps | <input type="checkbox"/> Stair Glides | <input type="checkbox"/> Expanded Doorways |
| <input type="checkbox"/> Electrical Outlet & Switch Relocation | <input type="checkbox"/> Handheld Shower Devices | <input type="checkbox"/> Grab Bars & Handrails |
| <input type="checkbox"/> Smoke/Monoxide detector installation | <input type="checkbox"/> Easy to reach storage area | <input type="checkbox"/> Roll-in Showers |
| <input type="checkbox"/> Friendly heating, AC & lighting controls | <input type="checkbox"/> Non-skid Flooring | <input type="checkbox"/> Other |

If other, briefly explain _____

SECTION 4: HOUSEHOLD INCOME

In the table below, list the names of each person living in your home, related to you or not, and their income. If they do not have income, please put \$0.00 in the Total for that person. Put an asterisk (*) next to all persons that contribute to the costs of running the home. **Refer to Instruction sheet for further guidance in filling out the table, if needed.**

NOTE: the Other Income Column should show any other income not mentioned, such as payments received from other people living in the household, Rents you receive from any other property you own, Employer pensions, 401 k, IRA payouts, SSI benefits, Child Support Payments, Public Assistance payments, Alimony. If yours is a multiple family home, or if you own other income properties, the rent you receive from tenants not living with you must be included and labeled as "Rent". But the tenant's income information is not required.

Name	Date of Birth	Relationship	Annual Wages/Salary + Annual Social Security + Disability Comp + Interest/Dividend Income	Other Income*	Total per person
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
TOTAL					

SECTION 5: HOMEOWNER AGREEMENT

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION. YOUR APPLICATION CANNOT BE PROCESSED UNTIL ALL THE DOCUMENTS HAVE BEEN PROVIDED.

PROOF OF HOUSEHOLD INCOME REQUIRED

Please provide the following documents for each person living in your home that has income.

- The first page of their most recent federal income tax return form
- Their most recent Annual Social Security/ Disability benefits statement...and, if they receive wages
- A recent pay stub showing their gross earnings and their payroll period (weekly, monthly, etc.)
- Other Retirement Income Sources

PROOF OF HOME OWNERSHIP REQUIRED

Please provide a copy of ONE of the following documents

- Copies of the most recent property and school tax bills (OR)
- A mortgage statement (OR)
- A copy of the deed (OR)
- A Court Order showing Tenancy for Life and any one of the above identifying the actual owner (OR)
- An equivalent official document establishing ownership. Identify: _____

ACCEPTANCE AGREEMENT

I certify that the information provided in this form and any attachments to it are true and correct to the best of my knowledge. I realize that failure to provide all information requested could result in the application being invalid _____ (Initial).

I understand that there will be no charge to me for the work actually performed and that Rebuilding Together Dutchess County makes no warranty on the work completed by its volunteers _____ (Initial).

I understand that Rebuilding Together Dutchess County is a non-profit agency that utilizes volunteers to complete their work _____ (Initial).

I understand that if I cease living in my home within two years after the last date of work by Rebuilding Together or if I sell my home within that two year period, I will either repay rebuilding Together the value of materials and supplies used and expended by RTDC in its work on my property (or) guarantee that the property will be sold/rented to a new tenant with disabilities that could make use of the new repairs and additions modified by RTDC _____ (Initial).

I understand that Rebuilding Together relies on press coverage to raise funds and recruit volunteers to work on other homes in the future and I would allow press coverage or photographs to be taken of Rebuilding Together's work on my home for appropriate publications _____ (Initial).

PRINT NAME _____

APPLICANT'S SIGNATURE _____

DATE ____/____/____

FOR OFFICE USE ONLY

Qualified
 Disqualified Reason _____

Total Income (circle one)
<30% <40% <50% <60% <70% <80%

Funding Source

- Access to Home
- Caregiver Program
- Other

Date Received: ____/____/____

Application #: