VILLAGE OF HUDSON FALLS

NYS Division of Housing and Community Renewal
FY 2006 HOME Program
Owner Occupied Housing Rehabilitation Program
Pre-Application

Name								
Address					Hudson Falls		NY	12839
Phone	518			e-mail		@		
Including yourself, how many people reside in your home?								
Heating system currently used?	Natural Gas □		Oil □		Electric □		LP Gas □	
What is the most important item to be repaired?								
What is the average monthly cost for utilities? (Gas and electric only)								
Is this a single or multi family home?	Single □		Multi □		If multi, how many units?			

What is the total household income for all persons over the age of 18 residing at the residence? (All property owners must reside in the home and all incomes reported.)

ANNUAL GROSS HOUSEHOLD INCOME	
□	UNDER $12,450.00
□	$12,450.00 - $20,800.00
□	$20,801.00 - $24,900.00
□	$24,901.00 - $33,250.00
□	$33,251.00 - 38,000.00
□	$38,001.00 - 42,750.00
□	$42,750.00 - 47,500.00
□	$47,501.00 - 51,300.00
□	$51,301.00 -55,100.00
□	$55,101.00 - 58,900.00
□	$58,901.00 - 62,700.00
□	OVER $62,701.00

The following information is requested for Federal reporting purposes. You are NOT required to furnish this information and the information provided will not affect your participation in the program.

RACE/ETHNICITY OF HOUSEHOLD				
White				□
Black/African American				□
Asian				□
Native Hawaiian/Other Pacific Islander				□
American Indian/Alaskan Native and White				□
Asian and White				□
Black/African American and White				□
American Indian/Alaskan Native & Black African American				□
Other Multi Racial				□
Do you identify as ethnic Hispanic?	Yes	□	No	□

WARNING

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Are there any children under the age of 5?	Yes □	No □
Is the household female headed?	Yes □	No □
Is anyone in the household over the age of 62?	Yes □	No □
Is anyone in the household permanently disabled?	Yes □	No □

To the best of my knowledge, the answers indicated above are true and correct.

_____ Date_____

Signature