

SOUTHTOWNS RURAL PRESERVATION CO., INC.
P.O. Box 153, 9441 Boston State Road, Boston, New York 14025-0153
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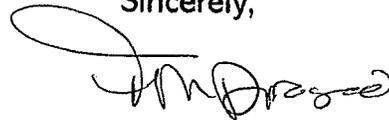
RE: NYS RESTORE Program

Dear Homeowner:

Please review the enclosed information about our home repair program and complete the enclosed application.

Return the completed application to our office at the address indicated above. If you have any questions, please contact our office at 941-5787 or trishd.srpc@aol.com.

Sincerely,



Tricia M. Dragoo
Program Coordinator



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

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

Income/Benefits	Amount	Frequency	Recipient
Employment (before deductions)	_____	_____	_____
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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.

