

# ELLINGTON TRAILER REPLACEMENT PROGRAM

The information in this form will be held confidential.

**This is a pre-screening form only. It will be used to support an application to the NYS Office of Community Renewal for Community Development Block Grant funds to help homeowners in the Town of Ellington with mobile home replacements.**

In order to submit a successful application, we are asking you to fill out this form. We will use this information to show the NYS Office of Community Renewal that there is a need for these funds in Ellington and that there are people interested in receiving help with home repairs through the Community Development Block Grant program.

**Please return the completed form to the Ellington Town Hall**

**Or mail to: CHRIC, 2 Academy St, Mayville NY 14757**

A Rehab Specialist from CHRIC may contact you to do a preliminary inspection of your house and collect verification of your income to provide justification for the funds we are requesting. If Ellington does receive funding for this program, you will be contacted immediately to complete a full application to receive assistance through the program

**For further information, please call  
Chautauqua Home Rehabilitation and Improvement Corp (CHRIC) at 661-7650**

1. Your Name: \_\_\_\_\_

2. Your Home Address: \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

3. Township: \_\_\_\_\_

4. Phone \_\_\_\_\_

5. Are you the legal owner of the property (is your name on the deed?) Yes  No

6. Are all taxes on this property paid to date? Yes  No

7. What year was your mobile home built? \_\_\_\_\_

8. How many bedrooms are in your home? \_\_\_\_\_

9. Please provide a description of the problems in your current mobile home; describe the repairs that you think would need to be made to make the home safer and more affordable to live in

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. How many people live in your household all together? \_\_\_\_\_

16. Are any of the homeowners over age 60? Yes  No

17. Are any of the homeowners disabled? Yes  No

**PLEASE TURN OVER AND COMPLETE QUESTIONS ON THE BACK**

18. Are any of the homeowners veterans of the US armed forces? Yes  No

19. Please describe your income by checking all of the sources that apply and filling in the appropriate dollar amount and how often you receive it. **Please report your GROSS INCOME before any taxes or any other deductions are taken out (not your "take-home" pay)**

The total annual income of everyone over the age of 18 who lives in the home (whether they contribute or not) must be below the following maximum amounts:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000	\$62,000	\$66,000

<b><u>TYPE OF INCOME</u></b>	<b><u>AMOUNT</u></b>	<b><u>HOW OFTEN?</u></b> (weekly, bi-weekly, monthly, annual)
<input type="checkbox"/> Working	_____	_____
<input type="checkbox"/> Income from your own business	_____	_____
<input type="checkbox"/> Receiving Unemployment Benefits	_____	_____
<input type="checkbox"/> Receiving Pension Benefits	_____	_____
<input type="checkbox"/> Receiving Veteran Benefits	_____	_____
<input type="checkbox"/> Receiving Social Security/SSI/SSD	_____	_____
<input type="checkbox"/> Receiving Insurance Benefits	_____	_____
<input type="checkbox"/> Receiving Public Assistance (DSS)	_____	_____
<input type="checkbox"/> Receiving Worker's Compensation	_____	_____
<input type="checkbox"/> Receiving Disability	_____	_____
<input type="checkbox"/> Receiving alimony/child support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Income from assets	_____	_____
<input type="checkbox"/> Other Income	_____	_____

If you'd like to provide any additional information, please do so below:

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If the Town of Ellington receives funding through the Office of Community Renewal's Community Development Block Grant Program to provide low-income mobile home owners with new replacement mobile homes, I would be interested in participating in the program.

YES       NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date