

2021 YEAR-ROUND HANDYMAN APPLICATION

Dear Homeowner:

Included in this package is an application for our handyman program. <u>Before you begin filling out the application</u>, please take a few minutes to read through the information below about our application and selection process so you will know what to expect over the coming months. Please note, Rebuilding Together Dutchess County Handyman program only serves owner-occupied homes within Dutchess County and households which include a member that is 60 years and older which could benefit from these services. Should you apply, please understand that it may take a few months for you to hear from us and we ask that you have patience while we review the numerous applications we receive.

Handyman Application Period:

Applications can be submitted at any time. Rebuilding Together Dutchess County (RTDC) staff will review your application and determine if you are qualified for our program. Qualification means that you meet our income and home ownership requirements; this does not mean you have been selected to receive services. If you do not qualify, you will receive notification. If you do qualify, you will receive notification and be contacted by an RTDC staff member or volunteer who will want to set up one or more appointments at your home to discuss the program with you as well as look at your home to determine what critical home repairs are needed to help ensure that you are able to live in a warm, safe, dry and independent home environment. Making your home warm, safe, dry and independent are our main priorities. PLEASE NOTE: Having an RTDC staff member or volunteer visit your home does NOT mean that you have been selected for our programs.

Selection Period:

Unfortunately, not all homes can be selected. Our organization is funded through sponsorships and grants from the community and Rebuilding Together Dutchess County must base the number of homes completed on the funds available to us. When and if an opportunity arises to have repairs completed at your home, an RTDC staff member will contact you to discuss this process and the anticipated timeframe as to when the work will be completed.

Eligible Repairs:

The Handyman program provides small-scale repairs and safety and accessibility modifications. These repairs can typically be completed in four hours or less and include repairs such as grab bars, hand rails, improved lighting, minor accessibility modifications, and fire safety installations. *Mobile homes are not eligible for the Handyman program.

If you have any questions about eligible repairs or the application process, feel free to call the office at the number below. Please make sure you read through the application instructions so that nothing is left out and your application can be processed as quickly as possible.

Sincerely,

Wyeth Drummond

Wyeth Drummond, Program Manager Rebuilding Together Dutchess County 845-454-7310

This program supported in part by the Dutchess County Office for the Aging.



Return via post mail with
PROOF OF All INCOME
to:
Rebuilding Together
PO Box 3695
Poughkeepsie, NY 12603

ELIGIBILITY:

All applicants for Rebuilding Together Dutchess County's Handyman Program must be **income qualified** and own and occupy the **home located in Dutchess County, NY** that requires repairs. In addition, at least one household member, who could benefit from these services, must be **60 years of age or older**.

2020 total gross income for the applicant household must not exceed the following:

Household Size	1	2	3	4	5	6	7	8
Total Gross Income	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

Not sure if the Handyman Program is the right program for your needs? Call us as (845) 454-7310 to discuss our other programs.

HOMEOWNER(S) INFORMATION:					
(Homeowner Name)	(Date	of Birth)	(Gender)		
Are you the listed on the deed of this property?	□ Yes □	No Do you l	ive in the home?	☐ Yes	□ No
(Additional Homeowner Name)	(Date	of Birth)	(Gender)		
Are you the listed on the deed of this property?	□ Yes □	No Do you l	ive in the home?	☐ Yes	□ No
Street Address:					
City/State/Zip:					
Municipality (to which you pay property taxes): _					
Phone number:	Alternate p	hone number: _			
Email Address:	Н	ow did you hear	about us?		
REPAIRS NEEDED					
What small repairs or accessibility modifications a *Please note that mobile homes are not eligible for		•	a safe and healthy	y home?	
1.					
2.					
3.					
4.					
5.					

HOUSEHOLD INFORMATION:

Information about all household residents, including the homeowner(s)

Name	Age	Gender	Relationship to Homeowner(s)	Disability (Y/N)		
Total number of individuals receiving ANY SOURCES of income: Please check box: $\bigcirc 0$ $\bigcirc 1$ $\bigcirc 2$ $\bigcirc 3$ $\bigcirc 4$ $\bigcirc 5$						
What kind of home do you live in? ☐ Single Family ☐ Multi-Family ☐ Condo/Townhouse						
Have you applied for any Rebuilding Together programs in the past? \square Yes \square No						
If so, were you served by Rebuilding Together? Yes No						

VERIFICATION OF INCOME

Please include the **total** income for <u>ALL</u> persons living in the home in the table below.

MONTHLY GROSS INCOME INFORMATION

Salary	\$
Social Security Benefits	\$
Disability Benefits	\$
Child Support / Alimony	\$
Rental Income	\$
Interests/Dividends	\$
Pension / IRA:	\$
Other:	\$
Total Monthly Income:	\$

Please also send proof of income for all individuals living in the home.

The following is a sample list of documentation required to verify the total gross income of the home. Please include <u>all</u> documentation from the list that applies to you and your household.

- 2 months' worth of your most recent pay stubs
- 2021 social security/disability benefit statement
- pension award letter
- 1099-R
- rent receipts
- any/all other applicable sources of income

If you file taxes, please also provide your most recent full tax returns in addition to everything listed above that applies to your household. Note, tax returns alone are not sufficient proof of income.

APPLICANT AGREEMENT

WARNING!! It is a Federal crime, punishable by fine and/or imprisonment to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT - READ CAREFULLY

All individuals listed on the deed of this property, whether living in the home or not must verify the statements below, agree to the terms listed below and sign below where required:

Applicants certify agreement to stateme	ents belov	v (please c	heck eac	h box):
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□ I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I							
	applying.						
	☐ I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.☐ This application and all supporting documentation submitted shall remain the property of Rebuilding Together						
_	Dutchess County (herein referred to as RTDC), to which it is submitted for the purpose of obtaining assistance.						
	purpose of determining the need and scope						
	completed by its volunteers.						
	I agree to allow press coverage and photogra	aphy of RTDC's work on my home a	and to the use of images of myself				
	and my home in appropriate publications an	d media outlets. (Address and tele	phone numbers will not be				
	released).						
	I certify that all individuals living in this home	e are legal US residents.					
							
Applica	ant's Signature (required)	Print Name	Date				
<u> </u>							
Additio	onal Deed Holder's Signature (required)	Print Name	Date				
	onal Deed Holder's Signature (required)	Print name	 Date				
Additio	onal Deed Holder's Signature (required)	Time name	Date				
If	you have any questions about completing	this application please call the R	TDC office at 845-454-7310.				
•	you have any questions about completing	uns application piease can the K	10c office at 043-434-7310.				
RFFFR	RING AGENCIES ONLY						
(Case I	Manager/Referral Partner Name)						

(Case Manager/Referral Partner Phone Number)

(Case Manager/Referral Partner Email Address)