



PO BOX 189 | MILFORD, NY 13807 | 607-286-7244

www.otsegoruralhousing.org

Mobile & Manufactured Home Replacement Program Application

General Information

Owner: _____ **Contact Number:** _____

Email Address: _____

Owner: _____ **Contact Number:** _____

Email Address: _____

Physical Address:

Mailing address *if different:*

Household Information

Name (First, Last)	Age	Adult Monthly Income	Income Source
--------------------	-----	----------------------	---------------

Assets

Type	Amount	Location/Bank Name
Savings		
Checking		
Cash		
Other		

Budget

To help us evaluate your current financial obligations, please complete this budget sheet as accurately as possible.

Loan Type	Payment	Balance	Monthly Expenses
Mortgage			Heat
Car Payment			Electric
Car Payment			Phone
Credit Card			Gasoline
Credit Card			Food/Groceries
Credit Card			Medical Payments/Bills
Other Loans			TV & Internet
Taxes			Car Insurance
Insurance			Health Insurance
Other			Child Care
			Trash Removal

Mobile & Manufactured Home Replacement Program Application

Current Mobile Home

Do you currently have a mortgage on the property?

Are your taxes current?

What year was the home manufactured?

How many acres of land is home on?

Is it a: Single Wide Double Wide Other

How many bedrooms?

Please describe why your current mobile home needs replacing:

The information provided on this Application for Housing Assistance by me (us) is true and accurate to the best of my (our) knowledge. Any information found to be false may be ground for rejection of your application.

Signature

Date

Signature

Date