



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

www.otsegoruralhousing.org

Initial Screening Form: Home Rehab/Repair & Accessibility Modification Programs

If you are a resident of Otsego County and would be interested in receiving help from Otsego Rural Housing Assistance, Inc.'s (ORHA) home repair/rehabilitation and accessibility modification programs, you can complete this form to share some initial information with us. If it seems like you could be eligible for current or future ORHA programs, we will add you to our list of families in need of help. ORHA works from this list to invite families to apply for help when funding is available.

Head of Household Name: _____ DOB: _____

Co-Head of Household Name: _____ DOB: _____

Property Address: _____

Mailing Address: _____

Phone: _____ Email: _____

About Your Household

How many people live in your home, including you? _____

Please list everyone else (including the co-head of household) who lives in the home. Provide each person's name, date of birth, and relationship to the head of household (e.g., child, parent, grandchild, spouse). You may also include any other information about a household member that you think ORHA should know, including alternate contact information like a co-head's phone number or email address.

Name	Birthdate	Relationship	Other Information

Use the back of page 3 if you need more room to write your comments or additional household members.

How many children (minors under 18) live in your home? _____

How many seniors (people age 60 or over) live in your home? _____

How many people with disabilities live in your home? _____

OFFICE USE ONLY	Date Received	Processed (Staff Initials)

Are you or anyone else living in the home a veteran?

☐ Yes ☐ No

☐ Yes, AND they are entitled to receive payments due to a disability incurred in a time of war

What is the gross annual income for your entire household? _____

Include all income for every adult living in your home and all non-employment income for any minors. (Your gross income is your income before any taxes or deductions are taken out.)

Do you receive benefits from any of the following programs? Check all that apply.

☐ SNAP ☐ HEAP ☐ WIC ☐ TANF (Public Assistance) ☐ Medicaid ☐ Section 8

About Your Home

Is this your primary residence? ☐ Yes ☐ No

What parts of the home are you looking for help with? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Heating | <input type="checkbox"/> Roof | <input type="checkbox"/> Ramps/lifts |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Windows & doors | <input type="checkbox"/> Bathroom accessibility modifications |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Foundation | <input type="checkbox"/> Other accessibility modifications |
| <input type="checkbox"/> Septic/well | <input type="checkbox"/> Insulation | <input type="checkbox"/> Exterior painting/siding |
| <input type="checkbox"/> Walls, ceilings, floors | <input type="checkbox"/> Stairs, porches/decks | <input type="checkbox"/> Chimney |

Tell us why you need help with these parts of the home. Please describe the problem(s) in detail. Include any other information you think could be helpful, such as a recent contractor's recommendation/quote, your ideal solution, a warning you got from your insurer, negative effects the issue is having on your life, other repair programs that have already helped or denied you, etc. Use the back of page 3 if you need more room.

How would you rate the current overall condition of your home?

- | | |
|--|---|
| <input type="checkbox"/> No obvious repairs needed | <input type="checkbox"/> Some repairs or maintenance needed |
| <input type="checkbox"/> A single important system is failing/has failed | <input type="checkbox"/> Many different repairs are needed |
| <input type="checkbox"/> Needs structural or other major repairs | |

Is your home a mobile or manufactured home? ☐ Yes ☐ No

In roughly what year was your home built? (Use your best guess if you aren't sure.) _____

Do you own this property? Choose the category that best describes you:

- | | | | |
|--|-------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Own Land & Home | <input type="checkbox"/> Lot Renter | <input type="checkbox"/> Life Use | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Renter (<i>eligible for accessibility modifications only</i>) | | <input type="checkbox"/> Other: _____ | |

Who owns this home? Please list all the owners named on the current deed/title for the property, including the remaindermen of life estates. (Renters: list your landlord and any other owners you know of.)

Are you current on all payments for any mortgage(s) or other loan(s) secured by the property?

☐ Yes ☐ No ☐ No mortgages/loans ☐ N/A (Renter)

Do you carry homeowner's insurance ☐ Yes ☐ No, insurers denied/cancelled due to condition
on the property? ☐ No, for other reasons ☐ N/A (Renter)

Are you current on all taxes on the property? This includes school, town, county, and village taxes.

☐ Yes ☐ On a payment plan ☐ No ☐ N/A (Renter or Lot Renter)

What municipality do you pay your property taxes to? _____

If you aren't responsible for the property taxes, list what municipality the home is located in. This may be different from the city/town listed on your address. If you're registered to vote at this address, this will be the city/town whose elections you can vote in.

Housekeeping Questions

How did you find out about ORHA? _____

If this form is not being completed by the head of household, please provide your name below.

If you are not a member of the household, please also list your relationship to the household, organization (if applicable), and contact information.

Certify & Return

By signing below, you are certifying that you have done your best to honestly and accurately answer these questions.

By signing below, you acknowledge that this form is an initial screening form only. It is not an application for any specific ORHA program. Submitting this form does not guarantee ORHA will assist you.

Signature

Date

Return to:

Otsego Rural Housing Assistance, Inc.
P.O. Box 189
Milford, NY 13807

Fax: (607) 286-7244

Email: ORHA@OtsegoRuralHousing.org

Keep in mind that a standard, un-encrypted email is **not** guaranteed to be a secure way to send private information. Only email documents to ORHA if you are comfortable with the risk that someone else could intercept them.

You can also fill this form out online at: OtsegoRuralHousing.org/repair-intake