

# RPC

Rural Preservation Company of Clinton County

## General Application Form

Date \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Home phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Date of Birth (Head of Household) \_\_\_\_\_

Date of birth (spouse) \_\_\_\_\_ Number of people living in household \_\_\_\_\_

Ages of others in the household \_\_\_\_\_ Age of your home \_\_\_\_\_

	YES	NO
Do you have homeowner's insurance?		
Are there any liens on your property?		
Is your home a mobile home?		
Do you own the home?		
Do you own the property where the home is located?		
Do you have a life lease?		
Do you need accessibility modifications for a member of the household?		
Is anyone in your household a Veteran?		

Total Combined Household Income (Circle the one your combined income falls below)

\$36,200    \$41,400    \$46,550    \$51,700    \$55,850    \$60,000    Over \$60,000

### Repairs Needed (Check all that apply)

Heating System \_\_\_\_\_ Electrical Systems \_\_\_\_\_ Plumbing/Septic Systems \_\_\_\_\_

Walls/Ceilings/Floors \_\_\_\_\_ Roof \_\_\_\_\_ Chimney \_\_\_\_\_ Foundation \_\_\_\_\_

Insulation \_\_\_\_\_ Lead-Based Paint \_\_\_\_\_

Any other repairs (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RPC is required to have copies of **ALL** of the following documents to complete your application. Please use this form as a checklist:

\_\_\_\_ Your deed

\_\_\_\_ Homeowner's insurance

\_\_\_\_ Your most recent tax return or 4506-T "Do not file taxes" and sign (For EVERY person living in the home)

\_\_\_\_ Copy of Social Security Card (each adult person in the home)

\_\_\_\_ Most recent Social Security statements or 2 months of income (including paystubs, child support, alimony, etc.) for EVERY person living in the home

\_\_\_\_ Copy of Social Security earnings for current year (each adult person in the home)

\_\_\_\_ 2 most recent bank statements for EVERY adult person living in the home (Checking AND Savings statements)

\_\_\_\_ Copy of paid Land and School Taxes

\_\_\_\_ Photo ID (each adult person the home)

\_\_\_\_ FOR VETERANS: Must provide proof of disability percentage

I/We certify that all information and documentation in this application for assistance is true and complete to the best of my/our knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: U.S. Law provides a penalty of a \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under these programs (U.S.C. Title 18, Section 1001)**

Please return your completed application to:

RPC of Clinton County  
48 Ganong Drive, Suite 1  
Saranac, NY 12981

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For office use only: Date received \_\_\_\_\_ Income Qualified: YES or NO