**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

\_\_\_\_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.)

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

\_\_\_\_2 most recent bank statements

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

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

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

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