

## PROJECT ELIGIBILITY

The Town of Saratoga is applying for grants to fund the replacement of existing mobile homes with new modular homes within the Town of Saratoga.

- Applicant must own, occupy, and have title to a mobile home and land.
- The property must be located in the Town of Saratoga limits.
- The property must be the applicants' primary residence.
- Applicant must be current with all local, school and property taxes
- Applicant household must be within the income limits.

Filling out this pre-application does not guarantee a grant award, nor does it obligate the property owner to accept grant funding.

Please return this pre-application to:

**Flatley Read, Inc.**  
12 Spring Street Suite 102  
Schuylerville, NY 12871

Email applications to:  
[Rebecca@flatleyread.com](mailto:Rebecca@flatleyread.com)

## RETURN TO:

**Flatley Read, Inc.**  
12 Spring Street Suite 102  
Schuylerville, NY 12871

**Phone:** (518) 577-5681  
**Fax:** (518) 413-0853

## Questions?

Contact: Rebecca Calleri  
[Rebecca@flatleyread.com](mailto:Rebecca@flatleyread.com)

# Mobile Home Replacement Program

## Pre-application



**Flatley Read, Inc.**  
12 Spring Street Suite 102  
Schuylerville, NY 12871

# Pre-Application for Town of Saratoga Mobile Home Replacement Program

**Qualifications:** Applicants must meet all eligibility guidelines listed in this brochure. If a question doesn't apply to you, please write n/a.

Date: \_\_\_\_\_  
Owner/Applicant Name: \_\_\_\_\_  
Mailing Address (Physical): \_\_\_\_\_  
Street Address (if different than above): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Household Composition

*Please list all persons who reside in the home, **including yourself**, along with their annual income, if any.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ SELF \_\_\_\_\_ Age: \_\_\_\_\_ Income: \_\_\_\_\_  
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Do you own your home? \_\_\_\_\_ Is your mortgage paid up-to-date? \_\_\_\_\_  
Section/Block/Lot (found on your taxes) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are Property taxes paid and up to date? \_\_\_\_\_ Do you have hazard and liability insurance on your home?  
\_\_\_\_\_

Is your home located in the:  Town of Saratoga  Village of Schuylerville  Village of Victory

Is this a mobile or manufactured home? Yes  No

Approximate age of your home? \_\_\_\_\_

Assistance is provided as a declining balance loan, for which no payments are made as long as the applicant maintains program eligibility. Sale of a program-assisted home may result in repayment of all or part of program funds to NYS. The declining balance loan becomes a grant upon completion of a 10-year regulatory period.

Have you previously received any grant programs? \_\_\_\_\_ If yes, from whom?  
\_\_\_\_\_

This pre-application is being submitted to establish a waiting list for the current Mobile and Manufactured Home Replacement Program. By signing below, I acknowledge that additional qualifying documents will be required if my pre-application is selected for the program. I also certify that the information provided is true and give permission to the Town of Saratoga to verify.

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

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