

Town of Saratoga Manufactured Home Replacement Program

Administered By:

Flatley Read, Inc
PO Box 104
Schuylerville, NY 12871
518-577-5681

Dear Homeowner:

Thank you for your interest in the Town of Saratoga Manufactured Home Replacement Program.

To start the application process quickly and efficiently, fill out and return the application along with income information and ownership verification. Ownership can be established with a copy of the deed to the house or the most recent property tax statement. Income can be verified with the following information:

- a signed copy of most recent Federal Income Tax Form
- a copy of most recent W-2 statement from an employer regarding wages
- bank statements concerning interest income
- copy of award letter, or of checks, concerning Social Security, disability, workers' compensation, VA or retirement pension, unemployment insurance, etc.
- proof of paid property taxes or payment plan agreement

Please note that your application is not complete without proof of all applicable income sources. Incomplete applications will not be processed, thereby risking the opportunity for a grant.

The rest of the application process is explained in detail in the program guidelines. Please feel free to contact us at 518-577-5681 with any questions.

Sincerely,

Flatley Read, Inc

Town of Saratoga Manufactured Home Replacement Program

Applicant Information

Name of Property Owner _____

Address of Property _____

Tax Parcel Number (found on property or school tax statement) _____ - _____ - _____

Phone: Home _____ Work _____ Cell _____

Household size: Adults _____ Dependant Children _____

Is anyone in the Household over 62 years of age: YES / NO Disabled: YES / NO

Is the Head of Household: ___ Male ___ Female

The following information is obtained for statistical purposes only. Minority group data will not be considered in determining the applicant's eligibility for assistance. Circle one:

Caucasian African American Native American Hispanic Asian Other

Income eligibility guidelines are based on the Area Median Income and household size. The current targeted income limits are:

Total Residents in Applicant Household								
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Annual Income:	\$46,550	\$53,200	\$59,850	\$66,500	\$71,850	\$77,150	\$82,500	\$87,800

Program Verification

Please attach copies of the following (as applicable):

- signed copy of most recent Federal Income Tax Form
- copy of most recent W-2 statement from all employers regarding wages
- bank statements concerning all interest income
- copy of award letter concerning Social Security, Disability, Workers' Compensation, VA or retirement pension, unemployment insurance, etc.
- copy of deed to property
- property tax bill or approved payment agreement

Please note that your application is not complete without proof of all applicable income sources. Incomplete applications may not be processed, thereby risking the opportunity for a grant.

How long have you: Owned the property _____ Resided at this address _____

Do you own the land: _____ Number of structures on property: _____

Age of mobile home: _____

Sewage Disposal: ___Septic ___Public Sewer

Water Supply: ___Well ___Public Water

Are sewer and water to your home adequate? ___YES ___NO

Are there any back taxes (school, village, county, etc.) due on the property: YES / NO

Are there any outstanding mortgages or liens against the property: YES / NO

If yes:

Monthly Payment: _____ To whom paid: _____

Have you previously received any state or federal home improvement assistance (such as Saratoga County Weatherization): YES / NO If yes, name of program _____

Conflict of Interests: Are you related to:

___ Any staff or board member of the Town of Saratoga

___ A municipal official in the locality where your home is located

___ An employee, volunteer, immediate family member or staff person to a state or local elected official

Certification and Authorization

All the information I have given in this application is true and correct. I understand that the Town of Saratoga will confirm the information and retain the application whether or not the application is approved. I hereby authorize the Town of Saratoga or its representative to verify all information as a condition of this application.

Applicant Signature

Date

Co-Applicant Signature

Date

Note to Applicant: Signing this application form in no way obligates you to participate in this program. Your signature is required only to verify your interest in the program. Participation in this program is contingent upon funding availability and applicant eligibility. Submitting an application does not guarantee a grant award.

Return Completed Application To:

**Flatley Read, Inc
PO Box 104
Schuylerville, NY 12871
518-577-5681**