Rockland County Office of Community Development

Residential Emergency Services to Offer (HOME) Repairs to the Elderly (RESTORE) Program Application

The Residential Emergency Services to Offer (Home) Repairs to the to the Elderly (RESTORE) Program was established to assist homeowners aged 60 and over with the cost of addressing emergency repairs and code violations that pose a threat to their health and safety or affect the livability of their home. The goal of the RESTORE program is to eliminate hazardous conditions in the home or unit that otherwise threaten the health and safety of the eligible participant. Eligible participants will not have incomes that exceed 100% area median income (see chart in section 1 of this application). The maximum amount of assistance given through this program is $20,000. RCOCD reserves the right to reject any application for which the repairs exceed $20,000.

Please complete this form in its entirety and submit to the Rockland County Office of Community Development at CD_Restore@co.rockland.ny.us with all supporting documentation. Incomplete applications will not be approved. If you have questions about this form, you can reach out to CD_Restore@co.rockland.ny.us or 845-364-3939.

The below documentation must be submitted with this application to prevent delays in review.

Yes	No	Form
		Application
		Proof of Ownership (generally a deed)
		Most recent mortgage statement
		Most recent paid tax receipt
		Homeowner insurance policy including policy declarations page
		Proof of Age for the Homeowner (drivers license, state photo ID, passport, or birth certificate)
		Proof of Address for all adults in the household (drivers license, state photo ID, utility bill)
		Income Documentation (as defined in Part 5 of this application)
		Income Taxes from the most recent year (unless providing a letter from a program listed in Part 5 of this application)
		Bylaws of Condo Association or Homeowners Association (if applicable)
		Trust Documentation (if applicable)

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Part 1: Basic Eligibility

Eligibility Questions	Yes	No
Are you at least 60 years old?		
Do you live in a home that you own?		
Does your home need emergency repairs due to hazards that pose a threat to your health and safety or affect the livability of your home?		
Are you current on your real estate taxes?		
Do you have comprehensive homeowners' insurance?		
Is your gross annual income below the amount listed for your household size in the below table?		

Area Median Income Chart

Household Size	1	2	3	4	5	6
Income Limit	$113,400	$129,600	$145,800	$162,000	$175,000	$188,000

If the answer to any of the above questions is no, do not continue the application. You are not currently eligible.

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Part 2: Property Information

Address Line 1	
Address Line 2	
City, State, Zip Code	
Total Number of Dwelling Units	

Please provide a brief description of the emergency repairs needed in the home. An emergency repair will eliminate hazardous conditions in the home or unit that otherwise threaten the health and safety of the eligible participant. To warrant RESTORE Program assistance, the faulty structural component or system:

- Must be non-functional or non-operative,
- Pose an imminent threat to the viability of the structure,
- Make the unit unsafe to occupy (such as a sudden need for disability modifications related to a medical condition or procedure).

You may submit photographs of the hazard, or estimates that you have previously received from contractors regarding the hazard, but it is not required.

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Part 3: Applicant Information

The primary applicant must be the homeowner. If the name of the applicant is not listed on the documents necessary to prove ownership, the application will be rejected.

Owner 1

Name of Owner	
Date of Birth	
Phone Number	
Email	

Owner 2

If there is only one owner, leave this blank.

Name of Owner	
Date of Birth	
Phone Number	
Email	

Owner 3

If there are only two owners, leave this blank.

Name of Owner	
Date of Birth	
Phone Number	
Email	

Owner 4

If there are only three owners, leave this blank.

Name of Owner	
Date of Birth	
Phone Number	
Email	

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Part 4: Authorized Contact Person

If you would like to allow RCOCD to discuss your application with another person, please insert their contact information into the below table. If you would only like RCOCD to discuss this application with you and the person listed in Part 3 of this application, you may skip this section.

Name of Contact Person	
Relationship to Homeowner	
Did this person assist with the preparation of this application (Yes/No)?	
Phone Number	
Email	

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Part 5: Household Composition

The name, age, and relationship to applicant are required for all individuals residing in the home. You are not required to furnish gender, race, or ethnicity information, but are encouraged to do so. Gender, race, and ethnicity information is requested by New York State in order to monitor compliance with State and Federal Laws prohibiting discrimination against applicants seeking to participate in this program. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Name (list yourself first)	Age	Relationship to Applicant	Gender	Race	Ethnicity

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Part 6: Income Information

If you are an active participant in SNAP, HEAP, or RPTL 467, you may skip this section of the application and provide recent documentation that you continue to be eligible for any of these programs.

List all income sources received by members of the household. Documentation for each income source must be provided. Examples of income sources and the required documentation are listed below.

- Employment – recent pay stubs (4 if weekly, 2 if biweekly).
- Housing Choice Voucher, if applicable
- Social Security, SSI, pension, or other retirement income – a statement that shows the gross
  amount received (most recent COLA letter or Proof of Income Statement). Call 1-800-772-1213 or visit socialsecurity.gov.
- Unemployment, disability, Worker's Comp – award letter or statement.
- Public Assistance – budget sheet or other official documentation.
- Alimony, child support – court decree/order or statement from Child Support Services.
- Income Tax Form – copy of most recent Federal 1040 forms, plus all 1099 forms.
- Proof of assets – bank statements, IRA/401k statements, other real estate, etc. for the most recent two months. One quarterly statement is acceptable.
- Business income or rental income – receipts and/or tax return forms. Veterans Benefits – Summary
  of Benefits Letter. Call (800) 827-1000 or visit VA.gov
- Full-time student over age 18 – proof of enrollment.
- Other income? Please call us at (845) 364-3939

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Name	Source of Income	How often income is received (weekly, monthly, etc.)	How much income is received	Annual amount
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

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Part 7: Grievance and Dispute Policy

Please read the below policy in its entirety.

If a program participant or applicant disagrees with a decision made on their case, they may request case review. This request must be made within 30 days of the date on the decision letter and should include contact information for the party requesting the review. If contact information is not included, RCOCD will use the most recent contact information on file. Upon receipt, the written dispute will be placed in the case file and a designated RCOCD staff member will acknowledge the receipt of the request in writing.

A designated RCOCD staff member will conduct a review of the case. During the course of the review, a designated RCOCD staff member will examine all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written decision to the party requesting the review within 20 business days of receiving the request for case review. The written decision will clearly state the reason for the decision, and what, if any, action RCOCD will be taking based on the case review. The written decision is considered final.

If an individual has a grievance but is not challenging a decision made on their case, they should submit the grievance in writing to RCOCD within 30 days of the event occurring. Upon receipt of the grievance, a designated RCOCD staff member will acknowledge the receipt of the grievance in writing and offer the party a chance to have a telephone meeting to discuss the complaint.

A designated RCOCD staff member will conduct an investigation around the grievance. During the course of the investigation, a designated RCOCD staff member will review all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written response to the party within 20 business days of grievance discussing the investigation into the grievance and the outcome.

By signing below, you are acknowledging that you have read, understand, and agree with the above policy. I understand that I may follow these procedures to make a complaint or dispute a finding and that it will be reviewed by program management.

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Part 8: Certification

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a Residential Emergency Services to Offer (HOME) Repairs to the Elderly (RESTORE) Program grant and is true and complete to the best of my knowledge and belief. I grant the Rockland County Office of Community Development permission to verify any or all of the information provided herewith. I understand that due to program requirements, my documents will be retained for a period of 7 years after the closeout of the grant, and may be disclosed to New York State Homes and Community Renewal as part of the program monitoring process. I acknowledge that I have read and understand the Grievance and Dispute Policy as set forth in part 7 of this application. I further certify that I am an owner and occupant of the subject property as defined by the RESTORE Program. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of RESTORE funds.

_____	_____	_____
Property Owner – Print	Signature	Date
_____	_____	_____
Property Owner – Print	Signature	Date
_____	_____	_____
Property Owner – Print	Signature	Date
_____	_____	_____
Property Owner – Print	Signature	Date