

**PRE-APPLICATION  
TOWN OF SPRINGWATER HOUSING REHABILITATION PROGRAM**

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

1. Is your home:             Single Family    Multi-Family (If Multi-family, how many units? \_\_\_\_\_)
2. Total number of persons in your household: \_\_\_\_\_ (# of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_)
3. Is the head of your household                                 Male or                 Female?
4. Is anyone in your family 65 years of age or older?             YES                 NO
5. Is anyone in your family disabled?                                 YES                 NO  
If Yes, explain: \_\_\_\_\_
6. Is anyone in the household a minority?                                 YES                 NO
7. Which of the following racial categories do members of your household belong to (optional):  
 White     American Indian/Alaskan Native and White  
 Black/African American                                 Asian and White  
 Asian     Black/African and White  
 American Indian/Alaskan Native                         American Indian/Alaskan Native & Black/African American  
 Native Hawaiian/Other Pacific Islander                         Other Multi-Racial
8. Is anyone in your household Ethnic Hispanic? (optional)    YES    NO
9. Is anyone in the household employable but currently unemployed?  YES    NO If Yes, How many? \_\_\_\_

**INCOME INFORMATION:**

	<u>Yearly Totals</u>
Applicant's/Co-applicant's gross income from employment (excluding overtime)	\$ _____
Estimate of Applicant's overtime, if fairly regular	\$ _____
Estimate of Co-applicant's overtime, fairly regular	\$ _____
Applicant's/Co-applicant's Social Security/S.S.I. benefits	\$ _____
Applicant's/Co-applicant's Pension/retirement	\$ _____
Non full-time student/over age 18 income	\$ _____
Real estate and/or business income	\$ _____
Child support and/or alimony payments	\$ _____
Interest and/or dividends	\$ _____
Public Assistance	\$ _____
Other: _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**ASSET INFORMATION:**

Savings Account(s) balance	\$ _____
Checking Account(s) balance	\$ _____
Current value of stocks/bonds	\$ _____
Other Assets: _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

PLEASE EXPLAIN

**SIGNATURES:**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**DIRECTIONS:**  
Please complete this form and return in a sealed envelope, marked 'CONFIDENTIAL CDBG Pre-Application' to:  
Town of Springwater, 8022 S Main Street, Springwater, NY 14560. Please call (585) 669-2545 with questions.