



**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.**  
159 Main St. Cortland, NY 13045 (607) 753-8271

HOME Program

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Do you own your home?  Yes  No

Number of Persons in the Household: \_\_\_\_\_

On the chart below, find the line that corresponds to the number of people in your household. Next, put an "X" on the space in either Column B, C, or D, which indicates your annual household income. (Remember to check only ONE column, please)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Number of persons in Household	(30%) Annual Income At or Below	(50%) Annual Income At or Below	(60%) Annual Income At or Below
1	\$9,950	\$16,550	\$19,860
2	\$11,350	\$18,900	\$22,680
3	\$12,750	\$21,300	\$25,560
4	\$14,200	\$23,650	\$28,380
5	\$15,350	\$25,550	\$30,660
6	\$16,450	\$27,450	\$32,940
7	\$17,600	\$29,350	\$35,220
8	\$18,750	\$31,200	\$37,440

Are any of the following items in need of repair or replacement in your home?

- Carpentry       Masonry       Siding       Electric  
 Painting       Window       Insulation       Plumbing/Heating  
 Other

Explain: \_\_\_\_\_

Would you be interested in receiving assistance to rehabilitate your home if the assistance was in the form of a deferred payment loan?  Yes  No

I/We, \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ do hereby affirm that this is my principal residence and the income stated above is true and accurate.

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Date received: \_\_\_\_\_