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## Home Modification/ Chore Program Application 2023

**Goal:** To assist eligible seniors over 60 to remain in their home by providing funding for a home modification/chore service. Examples include but are not limited to grab bars in shower, chairlift, ramps, railings on stairs, window or door replacement or furnace repair. Additional examples are replacing incandescent and compact fluorescent bulbs with highly efficient LED bulbs. Insulating attics, basements, and exterior walls. Replace bath fans and range hoods. Testing and replacing water heaters as needed. Ramps are also funded up to a cost of \$4500. There is no cost-sharing component and all projects have a cap of \$4500 (materials and labor).

| Client Information   |                        |  |  |  |
|--|------------------------|--|--|--|
| Client's Name:   | Client's Age:          |  |  |  |
|  | Date of Birth://       |  |  |  |
| Client's Address:  | Client's Phone Number: |  |  |  |
|  |                        |  |  |  |
| Client's Last 4 Digits of Social Security Number:                        |                        |  |  |  |
| Home Owner Information   |                        |  |  |  |
| <sup>1</sup> . Does client own their own home or trailer? [              | ] Yes [] No            |  |  |  |
| 2. Is client's property taxes current to this date? [                    | ] Yes [] No            |  |  |  |
| <sup>3.</sup> Does client live alone or with a family member? [          | ] Alone [] Family      |  |  |  |
| 4. Does the homeowner have a current home insurance policy? [] Yes [] No |                        |  |  |  |

| *Single- \$2,852                               | *Couple- \$ 3,730    | *Month | ly Gross Income             |  |
|--|----------------------|--------|-----------------------------|--|
| • Low Incor                                    | ne Minority          | []Yes  | [ ] No                      |  |
| • Social Sec                                   | urity Income Amount: |        |                             |  |
| • Pension Amount:                              |                      |        |                             |  |
| • Supplementary Social Security Income Amount: |                      |        |                             |  |
| • Interest Income Amount:                      |                      |        |                             |  |
| • Dividend 1                                   | ncome Amount:        |        |                             |  |
| Salary Income Amount:                          |                      |        |                             |  |
| • Other Income Amounts:                        |                      |        |                             |  |
| Total Monthly Inc                              | come Amount:         |        | Total Annual Income Amount: |  |
| What is the client                             | requesting be done?  |        |                             |  |

## Do Not Fill Out- Staff Only

| Approved by:   | Date and Time Approved:             |  |  |
|--|-------------------------------------|--|--|
| Has the application been sent to Bob at Community<br>Action Planning Council (CAPC)?<br>[]Yes []No | Quote received from CAPC:           |  |  |
|  |                                     |  |  |
| Estimated completion of work:  | Quote approved?                     |  |  |
| Completion of Work   |                                     |  |  |
| Did (CAPC) provide pictures?*  | Did (CAPC) provide an invoice?*     |  |  |
| []Yes []No   | []Yes []No                          |  |  |
| Was payment approved?  | Date and Time of completed project: |  |  |
| []Yes []No   |                                     |  |  |

\*Please attach these documents to the back of this application for record purposes.