

RAP / SRP CHECKLIST

CITY OF ALBANY, NEW YORK
ALBANY COMMUNITY DEVELOPMENT AGENCY
 200 HENRY JOHNSON BOULEVARD
 ALBANY, NEW YORK 12210-1550
 518.434.5240 • 518.434.5242 FAX
 www.AlbanyNY.gov • www.facebook.com/AlbanyACDA

Kathy M. Sheehan
 Mayor

The Maximum Income for this program is based on family size and total income for all wage earners over age 18.

Household size	1	2	3	4	5	6	7
Max income	\$63,000	\$72,000	81,000	89,900	97,100	104,300	118,700

These programs are for **Emergency Assistance Only**. The determination of an emergency will be made by ACDA rehabilitation staff.

Copy of Photo ID.

Copy of Recorded Deed.

Copy of Homeowner's Insurance Declaration page.

Proof of all Income (If employed, two months of current paystubs) and award letters showing gross monthly amounts for Social Security / SSI / Pension.

Most recent *Signed* Federal Income Tax Return (with all attachments, including W-2 forms).

Letter explaining what work needs to be done. (Assistance up to \$5,000 may be available)

Have you ever received assistance from ACDA No ___ Yes ___ When _____

Have you ever filed Bankruptcy No ___ Yes ___ Date Discharged _____

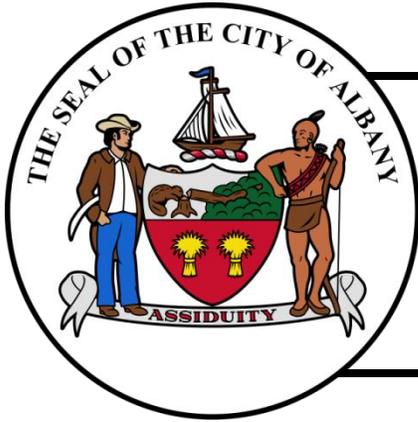
(When the owner has filed personal bankruptcy, the bankruptcy must be discharged (proof of discharge is required) and credit worthiness must be re-established, as determined by ACDA)

Do you have any open Judgements or Liens No ___ Yes ___

Applicant's Name: _____

Reviewed By: _____

Date: ____/____/____



RAP / SRP APPLICATION

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Mayor

Co-Applicant's Name: _____

Address: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Is this a single-family house? YES NO If not, how many units are there? _____

Are all taxes current on the property? YES NO

Are you or any immediate relative an employee, agent, consultant, officer, or an elected or appointed official of the City of Albany or a Neighborhood Improvement Corporation? YES NO

Which of the following do you consider your family to be? (Check all that apply.)

- White Asian Black / African American Hispanic
 American Indian / Alaskan Native Native Hawaiian / Pacific Islander Other(s)

Proof of **ALL** income must be submitted with this application: If employed, two months of current paystubs and award letters showing **GROSS** monthly amounts for Social Security / SSI / Pension, and proof of rental income (if received). Please also submit a copy of your photo ID, a copy of your recorded deed, and proof of homeowner's insurance.

Please list all income for ALL household members:

TYPE OF INCOME	ANY RECEIVED?	RECEIVED FROM	GROSS ANNUAL INCOME	ACDA INCOME VERIFICATION
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Pension / Disability	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Rental Income	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Wages	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>			

For office use only: _____ RAP _____ SRP _____ RAPII

**Application for Rehabilitation Assistance Program (RAP) (RAPII)
and Senior Rehabilitation Program (SRP), Continued**

HOUSEHOLD COMPOSITION: List the full legal names of all household members. "Household" is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. Attach an additional sheet if necessary.

Legal Name	Relation to Head	Sex	Age	D.O.B.	Soc. Sec. #	Occupation
	SELF					

RELEASE FORM

By signing below, I / we certify/certifies that all information in this application is true to the best of my / our knowledge and belief. Verification may be obtained from any sources named in this document. Any knowingly false information supplied by the applicant(s) will render this application null and void.

I / We, the undersigned, hereby authorize the Albany Community Development Agency and its agents/ employees to obtain credit, financial, income tax and any additional information necessary to process this application.

I / We also authorize the Social Security Administration to disclose information relative to the amount of my gross benefit to the Albany Community Development Agency.

APPLICANT #1:	APPLICANT #2:
Signature:	Signature:
Printed name:	Printed name:
Date:	Date:
Social Sec. #: _____ - _____ - _____	Social Sec. #: _____ - _____ - _____

Reviewed by: _____ Date: _____