



125 Washington Street  
Newburgh, NY 12550  
Call: 845-568-6035  
Fax: 845-568-5632  
Email: [info@habitatnewburgh.org](mailto:info@habitatnewburgh.org)

## Newburgh Homeowner Roof Repair Program

### **For City of Newburgh Owner Occupied Single Family Homes**

The Homeowner Roof Repair Program is a program of Habitat for Humanity of Greater Newburgh's Neighborhood Revitalization Initiative (NRI) in partnership with the City of Newburgh.

### **Scope of Services**

Habitat for Humanity of Greater Newburgh (Habitat Newburgh) will facilitate roof repairs/replacements of low/moderate-income owner-occupied homes in the City of Newburgh. Habitat Newburgh's repair/replacement initiative, allowing up to \$12,500 to be used for roof repair/replacement projects will be administered in the same manner as Habitat Newburgh's Homeownership Program, where project approval is contingent upon each recipient's ability to meet HUD income guidelines. Each homeowner will be required to provide income statements and will assume responsibility for any costs beyond \$12,500.

These services are provided by Habitat for Humanity of Greater Newburgh at an affordable cost to the homeowner. If you meet the requirements listed in the Applicant Eligibility section below please proceed and fill out the Roof Repair Application.

This application, including the requested documents, will be reviewed by Habitat for Humanity of Greater Newburgh staff. If the application and materials provided meet our program criteria and the project is within Habitat's resources, your application will be reviewed and considered with other qualifying applications. Incomplete applications will not be considered.

Chosen recipients for a Roof Repair Project, will be notified by phone by a representative of Habitat for Humanity of Greater Newburgh. A home visit will then be scheduled to conduct an assessment of the repairs requested and work will begin once the homeowner and Habitat agree on the Scope of Work and a Work & Payment Agreement. Completing this application does not guarantee project approval or acceptance into the program.

**If you have any questions or concerns regarding this application or the process, please call (845) 568 - 6035 ext. 104 or email [callen@habitatnewburgh.org](mailto:callen@habitatnewburgh.org).**

**Thank you for your interest in partnering with Habitat for Humanity of Greater Newburgh.**





125 Washington Street  
 Newburgh, NY 12550  
 Call: 845-568-6035  
 Fax: 845-568-5632  
 Email: info@habitatnewburgh.org

Office Use Only:  
 Date Received:  
 Project ID:  
 Referred By:

# Newburgh Homeowner Roof Repair Program

If you have any questions, please contact Corey Allen, NRI Specialist, weekdays between 9:30 AM and 5:00 PM at (845) 568-6035 ext. 104 or email callen@habitatnewburgh.org.

**Applicant Eligibility:**

- Applicant must be the homeowner residing in a single-family house that is no more than 2.5 stories high
- House must be the primary place of residence
- Applicant must have lived in Habitat Newburgh's service area for at least 1 year
- Applicant must meet household income guidelines [up to 80% of the area median income]
- Applicant must be willing to agree to the Work & Payment Agreement

**Payment Agreement/Fees**  
 Fee: \$75 Household income up to 49% of the Area Median Income  
 Fee: \$150 Household income 50-80% of the Area Median Income

**Homeowner Information**

Owner Name	First Name	Last Name	
	<input type="text"/>	<input type="text"/>	
Co-owner Name	First Name	Last Name	
	<input type="text"/>	<input type="text"/>	
Contact Information	Street Address Line 1	City	
	Street Address Line 2	State/Province	Postal/Zip Code
	Phone Number Owner	Email Owner	
	Phone Number Co-Owner	Email Co-Owner	

### Household Members

(Used to determine household size)

1.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)
2.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)
3.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)
4.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)
5.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)
6.	First Name	Last Name
	Date of Birth	Relationship to Owner(s)

Is anyone in your household a veteran or serving in the military?  Yes  No

### Special Needs

Is anyone in your household disabled?  Yes  No  
 If yes, please describe below:

Is translation needed?  Yes  No

If yes, what language? \_\_\_\_\_

**Information Referral-** If your application is a more appropriate fit with similar programs of other organizations, may we share it with them on your behalf?  Yes  No

## Household Income

Indicate in the spaces provided below, the monthly income of all residents of the home, including the homeowner/s and other adults over the age of 18 years old, unless they are a student and student status can be shown.

<b>Monthly Income</b>			
	<b>Homeowner</b>	<b>Co-Owner</b>	<b>Any Others in the Household</b>
Base Employment Income			
Pension/Retirement Income			
Investment Income (stocks, bonds, dividends, etc.)			
Tips			
SNAP/TANF			
Food Stamps/EDT			
Social Security			
Social Security Insurance			
Social Security Disability Insurance			
Private or Employer Offered Disability Insurance			
Workman's Compensation			
Alimony			
Child Support			
Medicaid, etc.			
<b>Sub Total</b>			
<b>Total</b>			

### Basic House Information

What size is your house?    1 story       1.5 story       2 story       2.5 story

Year purchased	Year Built

### Media & Publicity

Where/how did you learn about the Roof Repair Program?

If Habitat Newburgh selects your roof to be repaired, pictures of you and/or the outside of your home may be taken. By signing and submitting this application, you are granting Habitat for Humanity of Greater Newburgh permission to use these photos and videos in promotional and marketing materials for the program unless otherwise noted below.

Deny Permission

### Homeowner Agreement

I certify that the information on this application and in the attached documents and worksheets is accurate to the best knowledge. I further certify that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside volunteers. I confirm that, except for the conditions attached, my home is a safe place for volunteers. To the extent permitted by law and without affecting the coverage provided by the required homeowner's insurance, I agree to sign and release a waiver of liability.

Owner Signature: \_\_\_\_\_

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

Co-Owner Signature: \_\_\_\_\_

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

## Required Documents

1. A copy of the deed/title on your home or other proof of ownership such as property tax receipt. (All documents submitted must show the name and address of the applicant.)
2. A copy of your current homeowner's insurance
3. A statement verifying income for each household member employed. This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. All adults over the age of 18 must submit an income document or prove current student status.

## Application Checklist

- Did you complete all sections of this application?
- Did you upload a copy of the deed/title of your home or other proof of ownership such as property tax receipt?
- Did you upload a statement verifying income for each household member employed?
- Did you sign the application?

If you have any questions or concerns regarding this application or the process, please call **(845) 568-6035 ext. 104** or email **callen@habitatnewburgh.org**.

**Thank you for your interest in partnering with Habitat for Humanity of Greater Newburgh.**

Completing this application does not guarantee project approval or acceptance into the program.

