

## Application for Free Home Repair - Group Workcamp \*June 28<sup>th</sup> thru July 4<sup>th</sup>, 2020\*

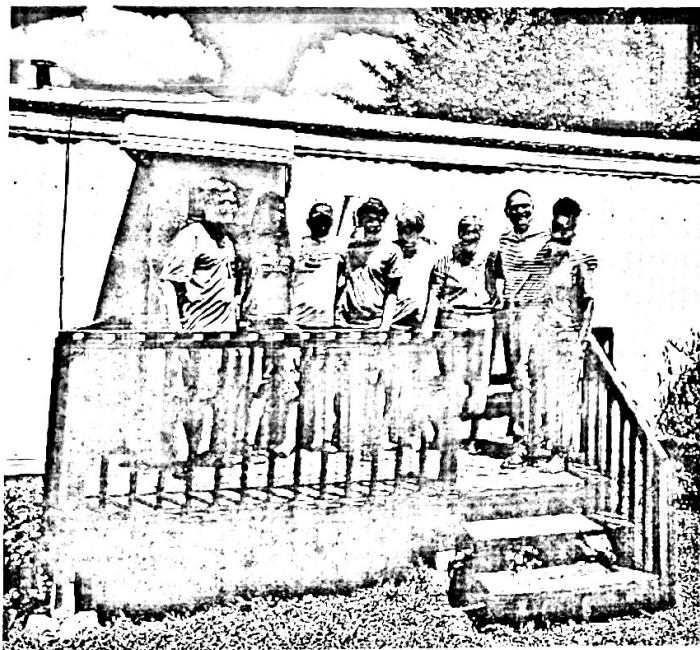
Workcamps are intensive one-week trips aimed at helping individuals grow in a faith-based environment through service. Young people and their adult leaders come from across the country to spend a week in our community performing hands-on home-repair projects for elderly, low-income (see income eligibility guidelines), and disabled families in Tioga County.

Both labor and materials are free to qualifying households. To learn how your home may be considered, please complete this confidential application and return to the address below by **April 15, 2020**: \* Home improvements are limited to the projects listed on page 2)

**Tioga Opportunities, Inc.**  
**Attn: Workcamp 2020**  
**1023 State Route 38**  
**Owego, NY 13827**

### Applicant Eligibility Criteria

- Must be a Tioga County Resident
- Must own your own home (Residence cannot be a rental or multi-family home)
- Requested projects must be within the skill levels or experience limits of participants.
- Homes with elderly, disabled or small children are given priority.
- During the Workcamp week, a responsible adult must be on site the entire time they are there.
- Youth must have access to a bathroom at the residence.
- Drinking water must be available at the site.
- There cannot be any signs of an unsafe environment for young people (example: drug/alcohol abuse, unsafe neighborhood, domestic violence, sex offenders, offensive or abusive behavior).
- If the site is accepted, it is possible that the work can be cancelled at any time and for any reason. It is also possible that not all the work will be completed due to unforeseen circumstances. (example: weather permitting)
- Must meet current income guidelines:



2018-19 HEAP Benefit Gross Monthly Income Guidelines	
Household Size	Max Gross Monthly Income
1	\$2,391
2	\$3,127
3	\$3,863
4	\$4,598
5	\$5,334
6	\$6,070
7	\$6,208
8	\$6,346
9	\$6,483
10	\$6,621
11	\$6,918
Each additional	Add \$540

Applicant's Name: \_\_\_\_\_

Do you own your own home in Tioga County? Y \_\_\_ N \_\_\_      Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_      Cell Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_      Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_      Alternate's Phone: \_\_\_\_\_

**EMPLOYMENT / INCOME INFORMATION**

Household Member Name:	Type of Income (wage, SS, SSI, pension...):	Amount per year:
		\$
		\$
		\$
		\$
		\$
<b>Total ANNUAL Family Income</b>		\$

**HOUSEHOLD INFORMATION**

Household Member's Name	Relation	Social Security #	Sex (M/F)	Date of Birth	Disability (Y/N)	Race	Hispanic /Latino (Y/N)
(head):	<i>Applicant</i>						

**\*\*Identify your needs from the following eligible projects only:**

<input type="checkbox"/> Porch repair/construction	<input type="checkbox"/> Weatherization ( <u>caulking and weather stripping only</u> )
<input type="checkbox"/> Wheelchair ramp repair/construction	<input type="checkbox"/> Interior/Exterior Painting
<input type="checkbox"/> Step repair	<input type="checkbox"/> Mobile Home Skirting

## ADDITIONAL QUESTIONS FOR PRELIMINARY APPLICATION

*FOR STATISTICAL PURPOSES ONLY*

The purpose of this data is for Tioga Opportunities to better serve you. Please provide us with the following data to better assess the needs of the community. Providing us with this information will not influence your eligibility.

Type of Dwelling :  Own-Mobile     Own-Single     Own-Multi-family home     Rent     Homeless

Do you receive other services?     Food Stamps?     WIC?     HEAP?     Other? \_\_\_\_\_

**Please circle Agree, Somewhat Agree or Disagree to each of the following 9 statements:**

My family & I have safe, stable housing.	Agree / Somewhat Agree / Disagree
My family & I have regular access to health care & all health conditions are being managed.	Agree / Somewhat Agree / Disagree
My family & I have adequate food.	Agree / Somewhat Agree / Disagree
My current household income meets my basic expenses.	Agree / Somewhat Agree / Disagree
My family & I have regular access to reliable & affordable transportation.	Agree / Somewhat Agree / Disagree
My home is safe & free of emotional or physical abuse.	Agree / Somewhat Agree / Disagree
My home is safe & free of mental health challenges.	Agree / Somewhat Agree / Disagree
My home is safe & free of drug or alcohol addictions.	Agree / Somewhat Agree / Disagree
I am able to care for myself & my family.	Agree / Somewhat Agree / Disagree

### HOUSEHOLD INFORMATION

Household Member's Name	Pregnant ?	Reliable Transport -ation?	Marital Status	Health Insurance	Veteran	Highest Level of Education
(head: )						
Choose from these Responses:	Yes No	Bike, Public, No, Yes, Friends, Family	Single Married Separated Divorced	Medicaid, Medicare Employee-based Military, Child Health Ins None, State Ins for Adults	Yes No	Grade, HS graduate 2-yr degree 4-yr degree Post graduate

## Site Information

Type of home: One-story \_\_\_\_\_ Two-story \_\_\_\_\_ Frame \_\_\_\_\_ Brick \_\_\_\_\_ Mobile Home \_\_\_\_\_

Please circle or initial:

Has the house had previous repairs done through Tioga Opportunities (such as Weatherization)?	Yes    No
Is the house in need of visible repair?	Yes    No
I understand that five youth and one adult will be doing the work and an adult will always be present.	Initial: _____
Will you allow the youth to utilize the bathroom?	Yes    No
Is drinking water available at the site?	Yes    No
I understand that I, or another responsible adult, need to be home during the entire Workcamp Week.	Initial: _____
<i>If the site is accepted, it is possible that the work can be cancelled at any time and for any reason. It is also possible that not all of the work will be completed. Is this acceptable to you?</i>	Initial: _____
I, the applicant, understand that I am responsible for the behavior of <u>all</u> household members and guests on the property. If at any time there is offensive or abusive behavior towards the workcampers- the project will cease immediately and any obligation to complete the project is null and void.	Initial: _____
Are there any signs of an unsafe environment for young people (drug or alcohol abuse, unsafe neighborhood, domestic violence, sex offenders etc.)?	Yes    No
I, the applicant, understand that Tioga Opportunities Inc. will notify me on the status of our site ( <u>whether it is a priority site, a backup site, or if the site was declined.</u> ) I also understand that the Housing Rehab Specialist will be contacting me to come out and assess the work that needs to be done. I know that this evaluation does not guarantee that the home will be selected.	Initial: _____

In some instances, not all the jobs you have listed can be done within the time frame allowed.  
Out of the jobs listed below, please prioritize what is the most to least important to you:

- 1) Exterior/Interior Painting 2) Wheelchair Ramp 3) Porch/Steps 4) Weatherization (Caulking & Stripping only) 5) Mobile Home skirting

First (Most Important) Priority:	
Second Priority:	
Third Priority:	
Forth Priority:	
Last (Least Important) Priority:	

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

*Signing this application does not guarantee any work will be done. Work selected depends on budget and time available.*

**For more information, call Stephen Kamper at the Housing Services Office at 607-687-0707**

**Fax 607-687-2017 or email [skamper@tiogaopp.org](mailto:skamper@tiogaopp.org)**

**NYS Relay Telephone Number for TTY/VCO users:**

**711 or 800-662-1220**

