



SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET | LOWVILLE | NY 13367

PH: 315-376-2639 | NYS RELAY SERVICE NO. TTD: (800) 662-1220

E: information@snowbelt.org | FAX: 315-376-2518

FUTURE SERVICES – PRE-APPLICATION

NAME	PHONE	EMAIL
STREET ADDRESS		
CITY/TOWN	STATE	ZIP
Please check all statements that apply? <ul style="list-style-type: none">• I am a homeowner• I am a landlord• I am a renter• I am have no steady place to sleep		
Which type of future service are you interested in? <ul style="list-style-type: none">• Rehabilitation Programs (First Time Homebuyer, Mobile Home Replacement, Emergency Shelter, Accessibility Programs, Accessory Dwelling Units, etc.)• Homeless Programs (Supportive Housing, Emergency Sheltering, Short Term Housing, Vouchers, etc.)• Property Management (Special Population Housing (Veteran, Senior, etc.), Market Rate Housing, Workforce Housing, Income Based, etc.)		
Which service are you interested in applying for: <ul style="list-style-type: none">• Mobile Home Replacement• First Time Homebuyer• Accessory Dwelling Unit• Homeless Supportive Housing• Other (please explain a need in our community that is not being met):		



Information collected on this form is confidential, will only be used for the purpose of determining service or program eligibility.

Information will not be disclosed to third parties without your consent.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law



SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET | LOWVILLE | NY 13367
 PH: 315-376-2639 | NYS RELAY SERVICE NO. TTD: (800) 662-1220
 E: information@snowbelt.org | FAX: 315-376-2518

FUTURE SERVICES – PRE-APPLICATION

<i>IF CONSTRUCTION RELATED, PLEASE CHECK ALL AREAS OF THE HOME THAT MAY NEED REPAIRS</i>			
FOUNDATION	ROOFING/SHINGLES	CHIMNEY	PLUMBING
SIDING/PAINT	WINDOWS	HEATING SYSTEM	ELECTRICAL
EXTERIOR DOORS	INSULATION	ACCESSIBILITY	PORCHES/ENTRANCE
OTHER:			

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (CHILDREN AND ADULTS):		
LIST NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE 18 AND OVER & INCOME DETAILS		
FIRST NAME	SOURCE OF INCOME	TOTAL MONTHLY INCOME
TOTAL MONTHLY HOUSEHOLD INCOME		

IS ANYONE IN YOUR HOUSEHOLD: 62 YEARS OLD OR OLDER
 DIAGNOSED WITH A DISABLING CONDITION

IS YOUR HOUSEHOLD CONSIDERED: FEMALE HEAD OF HOUSEHOLD
 SINGLE PARENT
 VETERAN

SIGNATURE:

DATE:

