



**NEIGHBORS OF  
WATERTOWN, INC.**

**A Neighborhood Preservation Company  
Serving Watertown Since 1969**

### County Occupied Rehabilitation Program

#### Applicant Information

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Units: \_\_\_\_\_ #People in Household: \_\_\_\_\_ # of children under 18: \_\_\_\_\_

# of people over 60: \_\_\_\_\_ # of people that are Disabled: \_\_\_\_\_

Are you a Veteran who served at least 90 active days during a time of War? YES NO

Are you a single parent with minor children? YES NO

Is your home a mobile/manufactured home? YES NO

If yes, is it a single or double wide? \_\_\_\_\_

Do you have tenants in this property? YES NO

Have you received State/Federal grant assistance before? YES NO

DATE OF WORK:	WORK DONE:	COST OF WORK:



**The Housing & Redevelopment Store**  
112 Franklin Street, Watertown, NY 13601  
Phone (315) 782-8497 Fax (315) 782-0102  
[www.neighborsofwatertown.com](http://www.neighborsofwatertown.com)



**Household Expenses**

Do you have a Mortgage? YES NO Payment Amount: \_\_\_\_\_

Do you have home insurance? YES NO Are your property taxes current? YES NO

Are you on a well/septic system? YES NO If no, is your water bill current? YES NO

**Household Income**

List Names of ALL household members who are over 18, their source of income/assets and monthly amount:

Name:	Source:	Gross monthly income:

Do you have or have you received code violations? YES NO

Are there health and safety hazards in your home? YES NO

Are you without water, power, heat or basic kitchen and bathroom facilities? YES NO

**Repairs needed:**

<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Chimneys
<input type="checkbox"/> Roofing	<input type="checkbox"/> Heating System
<input type="checkbox"/> Exterior Painting	<input type="checkbox"/> Other Plumbing
<input type="checkbox"/> Siding Repairs	<input type="checkbox"/> Electrical
<input type="checkbox"/> Exterior Doors	<input type="checkbox"/> Insulation
<input type="checkbox"/> Windows	<input type="checkbox"/> Basic Kitchen Facilities
<input type="checkbox"/> Porches or Outside Steps	<input type="checkbox"/> Bathroom Facilities
<input type="checkbox"/> Handicap accessibility repair	<input type="checkbox"/> Other:

**DISCLAIMER:** This Pre-application is being submitted to establish eligibility for assistance under the Housing Improvement Program in Watertown. I understand that additional documentation will be required and give permission for representatives of Neighbors of Watertown, Inc. to verify the information listed above.

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