



**Orange County  
Rural Development Advisory Corporation (RDAC)**  
[www.ocrdac.org](http://www.ocrdac.org)

**Access to Home Program Application**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Household Members  
(Please include ages of children):  
\_\_\_\_\_  
\_\_\_\_\_

Please describe modifications needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe services used by the disabled person in the household, and how often these services are used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will services continue after modifications are in place? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you a disabled veteran? Yes\_\_\_\_\_ No\_\_\_\_\_

If applicable, please describe daily activities that these modifications will allow you to do independently:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Applicant Qualifications**

- ✓ I am a resident of Orange County, NY (or RDAC received a waiver from NYS Division of Housing and Community Renewal to work in my county).
- ✓ My household includes an occupant that has a permanent physical disability or substantial difficulty with an activity of daily living because of aging.
  - **Please attach documentation from a physician or other health care professional.**
- ✓ The dwelling unit listed on page 1 of this application is my primary residence.
  - **Please attach a copy of your most recent tax return or STAR School Property Tax Exemption (if you do not file a tax return).**
- ✓ To be eligible for this program, total household income cannot exceed 80% of area median income, adjusted for household size (or the household income cannot exceed 120% of AMI adjusted for household size, if the household includes a disabled veteran).
  - **Please attach a copy of your most recent tax return or annual Social Security statement (if you do not file a tax return). Please also attach a most recent tax return or annual Social Security statement for each additional adult member of your household.**

By signing below, I acknowledge that all personal information listed on this application, as well as all letters, tax forms, and Social Security statements attached, are accurate. I also acknowledge that if I do not meet one of the qualifications listed above, or if any information in the application packet is not accurate, I will not qualify for the program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail completed applications, including all supporting eligibility documents, to PO Box 1224, Pine Bush, NY 12566. If it is more convenient, you may also drop off your application to our offices located at 59b Boniface Drive, Pine Bush, NY 12566.**

Thank you for your time—we look forward to assisting you!

Access to Home Program:  
**How to Calculate Income Eligibility**

1. Locate your most recent tax return (OR annual Social Security statement, if you do not file a tax return).
2. Also locate the most recent tax returns (OR annual Social Security statements) of all additional members of your household.
3. Calculate the total annual income for your household.
4. Use the chart below to discover if the total annual income for your household falls at or below 80% of area median income (and at or below 120% if there is a disabled veteran in the household). If so, you may be eligible for the Access to Home program, pending approval of the other eligibility requirements listed in this application.

Household Size	80% of Area Median Income	120% of Area Median Income
1	\$45,840	\$68,760
2	\$52,320	\$78,480
3	\$58,880	\$88,320
4	\$65,440	\$98,160
5	\$70,640	\$105,960
6	\$75,920	\$113,880
7	\$81,120	\$121,680
8	\$86,400	\$129,600