



2026 REBUILDING DAY VETERAN APPLICATION

Dear Dutchess/Ulster County Homeowner:

This package includes an application for our **home repair services for veterans** through our Rebuilding Day program. The main goal of the **critical repair** work we perform is to ensure that you can live in a **safe and healthy home**. Before you begin the application, please take a few minutes to review the information below about our application and selection process so you know what to expect over the coming months.

Please note:

Our Service Area: Rebuilding Together Hudson Valley (RTHV) only serves **owner-occupied homes** in Dutchess and Ulster Counties.

Our Application Process: Our process is detailed, and the review of applicants may take several months. We appreciate your patience as we carefully review every application.

Application Period:

Applications with **veterans** living in the home will be accepted year-round to be considered for assistance via our Rebuilding Day program. During this period RTHV staff will review your application to determine whether you meet our basic income, home value and homeownership eligibility requirements. **Please understand that meeting these basic eligibility requirements does not guarantee that you will receive services.** You will be notified of your qualification status regardless of the outcome.

Next Steps:

Once you have been determined to be qualified an RTHV team member will contact you to schedule one or more required home visits. During these visits we will discuss the program details with you and discuss the **critical home repairs** that you are requesting to ensure that you are able to continue to live in a **safe and healthy** home.

Important: Having a home visit does **not** mean that you have been selected to receive services.

Selection Period:

Because our services are funded through community sponsorships and grants, we can only complete repairs on a limited number of homes per year. After all qualified homeowners have had their homes visited, we will review all of the applications and select the homes that will receive repairs. Rebuilding Day services typically occur from spring through the fall. If your home is chosen a team member will contact you to explain the next steps and provide an estimated timeline for repairs.

If you have any questions about the application process, please call our office at **845-454-7310**. Also, be sure to read the application instructions carefully so your application is complete and can be processed as quickly as possible. We recommend that you remove and keep this cover letter for your records before you submit your application so you can look back at the information within it if needed.

Sincerely,
Rebuilding Together Hudson Valley
845-454-7310

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REBUILDING TOGETHER HUDSON VALLEY

2026 Dutchess County and Ulster County Veterans Rebuilding Day Application

This Institution is an Equal Opportunity Provider

ELIGIBILITY

Rebuilding Together Hudson Valley is only able to serve **owner-occupied homes located in Dutchess and Ulster Counties**. This application is **ONLY** for **veterans living** in the home, all others use the Rebuilding Day application.

Total gross income for the applicant household must not exceed the following:

Household Size	1	2	3	4	5	6	7	8
Total Gross Income for Dutchess*	68,900	78,750	88,600	98,400	106,300	114,150	122,050	129,900
Total Gross Income for Ulster*	67,100	76,700	86,300	95,850	103,550	111,200	118,900	126,550

*The income limitations listed above are set annually by HUD

If the applicant answers **YES** to any of the following questions, they are **NOT ELIGIBLE** to be served by the Rebuilding Day program:

- Is your Dutchess County home's assessed full market value greater than **\$413,000?** Yes No
- Is your Ulster County home's assessed full market value greater than **\$371,000?** Yes No
If you are unsure, RTHV can look this up for you. Call (845) 454-7310.
- Are you currently past due in your property and/or school tax payments? Yes No
- Do you live in a home within a manufactured home community and you don't own the property the home is located on? Yes No
If **YES**, RTHV is only able to provide accessibility ramps
- If you have a mortgage, is it currently delinquent? Yes No
- Are you a renter of this home (do you pay rent to a landlord)? Yes No
- Is this home uninsured? Yes No
- Is this home located outside of Dutchess County or Ulster County? Yes No
- Do you live in a home other than the one you are seeking assistance for? Yes No

SECTION 1 - HOMEOWNER INFORMATION

Homeowner Name: _____ Date of Birth: _____

Male Female

Are you disabled: Yes No Do you receive compensation for this disability? Yes No

Please describe the nature of the disability: _____

Additional Homeowner Name: _____ Date of Birth: _____

Male Female

Are you disabled: Yes No Do you receive compensation for this disability? Yes No

Please describe the nature of the disability: _____

Is anyone living in the home a veteran of the US military? Yes No

Is anyone living in the home a renter? Yes No If so, what is the monthly rent amount? \$_____

Do you own any additional homes or properties other than the home you're applying for?

Please list **ALL** Persons listed on the deed of the home: _____

Do you own any additional homes or properties other than the home you're applying for? Yes No

Alternate Contact Name: _____ Phone: _____

Email Address: _____ Relation: _____

SECTION 2 – PROPERTY INFORMATION

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Cell Phone: _____

Email Address: _____

Mailing Address, if different from above: _____

What county is the home located in? Dutchess County Ulster County

What municipality is the home located in (to which town do you pay property taxes)? _____

How long have you owned the home? _____

How did you hear about us? _____

What kind of home do you live in? single family multi-family condo/townhome mobile home*

*** Mobile/manufactured homes within manufactured home communities are only eligible for accessibility ramps.**

SECTION 3 – HOUSEHOLD INFORMATION

This income table **MUST** be filled out in its entirety for your application to be complete. Provide current monthly gross income information for **ALL household residents** in table below. Please provide the **Date of Birth** and **relationship** to the homeowner (homeowner, child, sister, etc.)

If any household residents have ZERO income, regardless of age, they must still be included in the table below:

Monthly Income	List Resident #1 Name and DOB Below: Name _____ DOB _____ Relation _____	List Resident #2 Name and DOB Below: Name _____ DOB _____ Relation _____	List Resident #3 Name and DOB Below: Name _____ DOB _____ Relation _____	List Resident #4 Name and DOB Below: Name _____ DOB _____ Relation _____	List Resident #5 Name and DOB Below: Name _____ DOB _____ Relation _____
	Gross Monthly \$ Amount				
Social Security (SSI, SSD, etc.) Including under 18 years of age	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Salary - Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/ Alimony	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Assistance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Death Benefits Including under 18 years of age	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Please describe)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Please copy this page or provide an additional sheet of paper for additional residents as necessary

Section 4 – Verification of Income**Proof of Income: Proof of income for ALL persons living in the home is REQUIRED**

Please send **copies** of the documents listed below which correspond to the total household income for all sources.

Send all applicable copies and check the boxes below for what is being submitted.

- full tax returns
- pay stubs for wages/salary (most recent 2 months' worth)
- current 2025 social security benefit statement
- current 2025 disability statement
- unemployment statement
- IRA/pension statement
- interest/dividend statements
- rental receipts or signed rental agreement with renter outlining rent paid to the applicant
- child support/alimony payments
- other income received by or on behalf of any household member not listed above:

Note: Bank statements are NOT valid proof of income.

Sign below to certify that the documents being submitted represent ALL sources of income for ALL the household residents:

Homeowner Signature: _____

Additional Homeowner(s) Signature(s): _____

Applications received without proper proof of income will not be considered for service.

Section 5 - Requested Repair Needs

Describe the type of critical repairs that you need at your home in the boxes below. Please note that all requested repairs may not be able to be taken on by RTHV. Attach additional sheet if necessary. Please list any critical accessibility, interior or exterior repairs, plumbing, electric, masonry repair needed

Priority	
1	
2	
3	
4	
5	
6	
7	
8	
9	

*Please include an additional sheet of paper if necessary to list any additional requested critical repairs

SECTION 6 – APPLICANT AGREEMENT

WARNING!! It is a Federal crime punishable by fine and/or imprisonment to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY:

All individuals listed on the deed of this property, whether living in the home or not, must agree to the terms and sign below:

Applicants certify agreement to statements below. Check ALL boxes:

- I certify that I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying.
- I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.
- This application and all supporting documentation submitted shall remain the property of Rebuilding Together Hudson Valley (herein referred to as RTHV), to which it is submitted for the purpose of obtaining assistance.
- I hereby consent to and authorize RTHV, after providing me with reasonable notice, to enter the property for the purpose of determining the need and scope of the repairs specified above.
- Submission of your application does not guarantee that RTHV will perform repair work at your home or that all repairs being requested will be taken on.
- There will be no cost to me for the work being performed and that RTHV makes no warranty on the work completed by its volunteers.
- That if I, the deed holder(s), sell my home within a minimum of **two years** after the last date of work at my home by RTHV, I will pay RTHV the value of materials, supplies and labor expended by RTHV in its work on my property and will also pay RTHV for the value of the labor of its volunteers based upon the Points of Light Foundation formula for estimating the value of volunteer labor.
- I agree to allow press coverage and photography of RTHV's work on my home and to the use of images of myself and my home in appropriate publications and media outlets. (Address and telephone numbers will not be released).
- I certify that all individuals living in this home are legal US residents.

Deedholder Signature (required)

Print Name

Date

Additional Deed Holder's Signature (required)

Print Name

Date

Additional Deed Holders Signature (required)

Print Name

Date

Please submit by one of these methods:

Rebuilding Together Hudson Valley

Mail: PO Box 3695, Poughkeepsie, NY 12603

FAX: (845) 454-7378

EMAIL: info@rthudsonvalley.org

If you have any questions, please call (845) 454-7310 or email info@rthudsonvalley.org

Internal Use:
Hospice Vet.

