



## 2025 YEAR-ROUND HANDYMAN APPLICATION

Dear Dutchess and Ulster County Homeowner:

On the following pages is the application for our **Handyman Program**. The main goal of the handyman program is to provide **no cost small-scale repairs** to assist homeowners to 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 will know what to expect over the coming months applications we receive.

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

### **Handyman Application Period:**

Applications can be submitted at any time. RTHV staff will review your application to determine whether you meet our basic income, home value and homeownership eligibility requirements for our program. **Please understand that meeting these basic eligibility requirements does not guarantee that you will receive services.** You will be notified of your application status regardless of the outcome.

### **Next Steps:**

Once we have determined you are 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 **small-scale critical home repairs** that you are requesting to ensure that you can continue to live in a **safe and healthy** home.

### **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. If you are selected to receive assistance a team member will contact you to explain the next steps and provide an estimated timeline for repairs.

### **Eligible Repairs:**

The Handyman program provides **small-scale** repairs and **safety/accessibility modifications**. These repairs can typically be completed in four hours or less and include repairs such as grab bars, handrails, improved lighting, minor accessibility modifications, and fire safety installations.

If you have any questions about the application process, please call our office at **845-454-7310**. Please 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**

*This page intentionally left blank.*

## 2025 Handyman Application

### ELIGIBILITY

Please remember that Rebuilding Together Hudson Valley is only able to serve owner-occupied homes located in Dutchess and Ulster Counties, NY and applicants must be income qualified to be considered for this program.

2025 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 Dutchess County*	68,900	78,750	88,600	98,400	106,300	114,150	122,050	129,900
Total Gross Income Ulster County*	67,100	76,700	86,300	95,850	103,550	111,200	118,900	126,550

\*The total income limitations above are set annually by HUD.

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

- Is your Dutchess County home's assessed full market value greater than **\$383,000**? ☐ Yes ☐ No
- Is your Ulster County home's assessed full market value greater than **\$348,000**? ☐ Yes ☐ No  
If you are unsure, RTHV can look this up. Call (845) 454-7310.
- Are you currently past due in your property and/or school tax payments? ☐ Yes ☐ No
- 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 have 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 If so, whom? \_\_\_\_\_

Please list ALL Persons listed on the deed of the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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/manufactured

Have you been served by an RTHV program in the last 5 years? Yes ☐ No ☐

### SECTION 3 – REPAIRS NEEDED

What small repairs or accessibility modifications are needed for you to live in a safe and healthy home?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

### SECTION 3 – HOUSEHOLD INCOME 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.**

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

<b>Monthly Income</b>	List Resident #1 Name and DOB Below:  _____	List Resident #2 Name and DOB Below:  _____	List Resident #3 Name and DOB Below:  _____	List Resident #4 Name and DOB Below:  _____	List Resident #5 Name and DOB Below:  _____
	Gross Monthly \$ Amount	Gross Monthly \$ Amount	Gross Monthly \$ Amount	Gross Monthly \$ Amount	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)	\$	\$	\$	\$	\$
<b>TOTAL MONTHLY INCOME:</b>	\$	\$	\$	\$	\$

## SECTION 5 – 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 (2 months' worth)
- ☐ current 2025 social security benefit statement
- ☐ current 2025 disability statement
- ☐ unemployment statement
- ☐ IRA/pension statement
- ☐ interest/dividend statements
- ☐ rent receipts or letter from tenant 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 here to certify that the documents being submitted represent **ALL** sources of income for **ALL** the household residents:

Homeowner: \_\_\_\_\_

Additional Homeowner(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## 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 (please check each box):

- ☐ 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 reasonable notice, to enter the property for the purpose of determining the need and scope of the repairs specified above.
- ☐ That there will be no cost to me for the work performed and that RTHV does not warranty 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. Know that full names, addresses and telephone numbers will not be released.
- ☐ I certify that all individuals living in this home are legal US residents.

\_\_\_\_\_  
Applicant 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:**

**MAIL :** Rebuilding Together Hudson Valley

PO Box 3695, Poughkeepsie, NY 12603

**FAX:** (845) 454-7378

**EMAIL:** [info@rthudsonvalley.org](mailto:info@rthudsonvalley.org)

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

Internal Use: