

PUTNAM COUNTY HOUSING
CORPORATION
11 SEMINARY HILL ROAD
CARMEL, NEW YORK – 10512

SENIOR ACTION WAGON REPAIR PROGRAM

REPAIRS MADE ON A SLIDING SCALE

Contact: Estella Randol

PUTNAM COUNTY HOUSING CORPORATION
(845) 225-8493, ext. 208

CARMEL – The Senior Action Wagon (SAW) Repair Program offers repairs on a sliding scale fee according to income from \$5 to \$15. Roofs and cosmetic items are slightly higher. The types of repairs include, but are not limited to: replacement of broken stairs; replacement of glass in window frames; minor repair of gutters; small concrete repairs to walks or basement walks; waterproofing; repairing and painting damaged walls and ceilings; minor plumbing repairs to bathroom and kitchen fixtures, such as, new washers or new tank flush assemblies.

Saw can also perform minor carpentry including new or replacement railings, installation of grab bars, and wheel chair ramps.

For further information, please contact Estella Randol Monday through Friday from 8:30 a.m. to 4:30 p.m. at (845) 225-8493.

Application for Rural Aging Service SENIOR ACTION WAGON HOME REPAIR SERVICE

Applicant Name: (Last) (First) (MI) Date of Birth SS #

Important: Please indicate if any member of your household has a disability.

Other household member ages

RESIDENCE ADDRESS: STREET/BOX TOWN/VILLAGE COUNTY STATE ZIP

Telephone

Area Code, Phone #

Homeowner _____ Renter _____ Sect. 8 recipient _____ On section 8
Waiting List _____

(List all household below receiving income)

Names	Source of Income	Gross Amt. Monthly	Verification (Office Use Only)

Total Monthly Income _____

VERIFICATION OF INCOME OR COPY OF YOUR LAST INCOME TAX RETURN IS HEREBY REQUESTED

I CERTIFY THAT THE ABOVE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE STATEMENT OR MISREPRESENTATION MADE BY ME FOR THE PURPOSE OF OBTAINING ASSISTANCE UNDER THIS PROGRAM MAY RESULT IN AN ACTION AGAINST ME WHICH MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PENALTIES.

FOR APPLICANT TO COMPLETE: DO YOU NEED ANY HOME REPAIRS OR IMPROVEMENTS? YES _____ NO _____ DESCRIBE: _____ _____
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INDICATE YOUR FIRE DISTRICT

IS YOUR HOME PROTECTED WITH A SMOKE DETECTOR? Yes _____ No _____ How Many _____

APPLICANT'S SIGNATURE: _____ DATE SIGNED _____

For Office Use Only:
Signature of Certifier _____ Date _____

Fire Dist. # _____ Smk. Det. Installation Date _____ Battery Replacement _____ By: _____

REMARKS: