



GVRPC, Inc.

Rt. 63 at Hampton Corners
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Mt. Morris, NY 14510

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LIVINGSTON RESTORE VIII - PRELIMINARY ELIGIBILITY DETERMINATION APPLICATION

Please complete the front and back of this pre-qualifying form and return it to GVRPC to help us determine your eligibility for our programs. If you appear to qualify, you will be contacted for an intake appointment as funding becomes available. You will be required to bring in documentation verifying: income and assets, homeownership, fire insurance, mortgage payments current, paid school & property taxes.

Name of Head of Household: _____ Phone #: _____

Property Address: _____
Street & Number Town of Tax Payment

Mailing Address: _____
(If different than above) NY
Street & Number or PO Box Town zip code

Check all that apply: Female Head of Household Elderly (60+) Frail
 Handicapped Minority Veteran

List ALL persons who regularly live in this household - List head of household first.

Name	Relationship	Birth Date	Social Security Number <i>Required for family members age 18 & over</i>
	Head of Household		

List ALL sources of income for all adults over age 18 (wages, Social Security, unemployment, disability, pensions, child support, rental income, etc.) GVRPC will verify ALL income sources reported.

Source (employer/agency)	Recipient	Gross Monthly Amount	Gross Annual Amount

Please answer ALL questions below regarding your household assets.
GVRPC will verify your information upon approval of final application and at time of contract.

BANK	Checking Account:				Balance: \$
	Savings Account:				Balance: \$
		YES	NO	SOURCE	CASH VALUE
ASSETS	IRA or 401(k) Accounts				\$
	CD's or Money Market Accounts				\$
	Stocks, Bonds, Trust Funds				\$
	Life Insurance (other than TERM)				\$
	Other property (land, rentals, etc.)				\$