



**NEIGHBORS OF
WATERTOWN, INC.**

**A Neighborhood Preservation Company
Serving Watertown Since 1969**

March 11, 2025

Village of Clayton C/O Village Clerk
425 Mary St., PO Box 250
Clayton, NY 13624-0250



Re: Owner Occupied Home Rehabilitation Program

To whom it may concern,

Neighbors of Watertown, INC. is currently conducting outreach to towns and villages within Jefferson County. One of the many services our agency has to offer is our Owner-Occupied Home Rehabilitation program. This program facilitates the distribution of government grants to homeowners to rehabilitate their homes and improve overall housing conditions within the county. We are currently encouraging homeowners in our service area to apply, particularly veterans, individuals with disabilities, senior citizens, single parents, and those who are otherwise low-income and in need of assistance. Enclosed, you will find copies of our brochures and a copy of our application to distribute as you see fit. If you have any questions, concerns or just want more information about our programs we can be reached at the contact information below.

Thank you for your time,

Delanie Seaver

Delanie Seaver
Housing Program Assistant



The Housing & Redevelopment Store
112 Franklin Street, Watertown, NY 13601
Phone (315) 782-8497 Fax (315) 782-0102
www.neighborsofwatertown.com





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Owner Occupied Rehabilitation Program

Applicant Information

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Total Units: _____ #People in Household: _____ # of children under 18: _____

of people over 60: _____ # of people that are Disabled: _____

Are you a Veteran who served at least 90 active days during a time of War? YES NO

Are you a single parent with minor children? YES NO

Is your home a mobile/manufactured home? YES NO

If yes, is it a single or double wide? _____

Do you have tenants in this property? YES NO

Have you received State/Federal grant assistance before? YES NO

DATE OF WORK:	WORK DONE:	COST OF WORK:



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Household Expenses

Do you have a Mortgage? YES NO Payment Amount: _____

Do you have home insurance? YES NO Are your property taxes current? YES NO

Are you on a well/septic system? YES NO If no, is your water bill current? YES NO

Household Income

List Names of ALL household members who are over 18, their source of income/assets and monthly amount:

Name:	Source:	Gross monthly income:

Do you have or have you received code violations? YES NO

Are there health and safety hazards in your home? YES NO

Are you without water, power, heat or basic kitchen and bathroom facilities? YES NO

Repairs needed:

<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Chimneys
<input type="checkbox"/> Roofing	<input type="checkbox"/> Heating System
<input type="checkbox"/> Exterior Painting	<input type="checkbox"/> Other Plumbing
<input type="checkbox"/> Siding Repairs	<input type="checkbox"/> Electrical
<input type="checkbox"/> Exterior Doors	<input type="checkbox"/> Insulation
<input type="checkbox"/> Windows	<input type="checkbox"/> Basic Kitchen Facilities
<input type="checkbox"/> Porches or Outside Steps	<input type="checkbox"/> Bathroom Facilities
<input type="checkbox"/> Handicap accessibility repair	<input type="checkbox"/> Other:

DISCLAIMER: This Pre-application is being submitted to establish eligibility for assistance under the Housing Improvement Program in Watertown. I understand that additional documentation will be required and give permission for representatives of Neighbors of Watertown, Inc. to verify the information listed above.

Applicant Signature: _____ Date: _____