



**JEFFERSON COUNTY OFFICE FOR THE AGING**

175 ARSENAL STREET  
 WATERTOWN, NEW YORK 13601-2529  
 (315)785-3191  
 Fax (315)785-5095

**Bethany Munn**  
 Director

**Louise Haraczka**  
 Deputy Director

**Home Modification/ Chore Program Application 2026**

**Date:** \_\_\_\_\_

<b>Client Information</b>	
Name:	DOB:
Address:	PHONE NUMBER Land line:
Last 4 Digits of Social Security Number:	PHONE NUMBER Cell:
<b>Homeowner Information</b>	
1. Do you meet the income eligibility requirements set by HEAP listed below? [ ] Yes [ ] No <div style="text-align: center; font-weight: bold; font-size: small;">           *Single- \$3,473   *Couple- \$4,542   *Monthly Gross Income         </div>	
2. Do you receive HEAP or SNAP benefits? [ ] Yes [ ] No	
3. Do you own your home? [ ] Yes [ ] No	
4. Are your property taxes current? [ ] Yes [ ] No	
5. Do you have a current home insurance policy? [ ] Yes [ ] No Expiration date: ___ / ___ / ___	
6. Do you live alone or with others? [ ] Alone [ ] Others Names, relationship:	
• Low Income Minority [ ] Yes [ ] No	
• Social Security Monthly - \$	
• Pension Monthly - \$	
• Supplementary Social Security Monthly - \$	
• Interest Monthly - \$	
• Dividends Monthly - \$	

<ul style="list-style-type: none"> <li>• Salary Monthly - \$</li> </ul>	
<ul style="list-style-type: none"> <li>• Other Monthly Income (LIST SOURCE(s)) - \$</li> </ul>	
Total Monthly Income \$	Total Annual Income \$
What is the client requesting for home modification?	

<b>Staff Use Only</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Signature _____ Bethany Munn, Director	
Application sent to Subcontractor	Quote received from Subcontractor
Date: _____	Date: _____
Intials: _____	Intials: _____
Estimated completion of work	Quote Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Signature _____ Bethany Munn, Director
<b>Cost Overrun</b>	
Has the subcontractor requested additional funds to complete the project in excess of the approved quote? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must be approved by the Director.	New Quote Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature _____ Bethany Munn, Director
<b>Completion of Work</b>	
Did subcontractor provide pictures?*	Did subcontractor provide an invoice?*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Project complete.
Signature _____ Bethany Munn, Director	Date: _____

\*Please attach all documentation to the back of this application for record purposes.