



SERVING
DELAWARE COUNTY

HEAD START
RESPITE CARE
SERVICES COORDINATION
BIG BUDDY
PARENT AIDE
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES
PREGNANT AND PARENTING TEENS

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Crime Victims)

JOBS WORK CREW
JOB COACHES

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION

HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

FAMILY DEVELOPMENT

FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS

WIC
(Women Infants and Children)
(Car Seat Safety)

NEIGHBORHOOD CENTER
CLOTHING/HOUSEHOLD GOODS/
AND FOOD BANK SERVICES

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN NY 13782

PHONE (607) 746-1600 * FAX (607) 746-1605

website: www.delawareopportunities.org

NOTICE TO HOMEOWNERS IN THE TOWN OF SIDNEY REGARDING HOME REPAIR GRANT

On behalf of the Town of Sidney, Delaware Opportunities Inc. is conducting a housing repair needs survey for the purpose of making an application to the Office of Community Renewal under the Federally funded Community Development Block Grant Program.

The CDBG application will request funding for the Town of Sidney to assist homeowners in making repairs to their homes.

The Housing Rehabilitation Program will target owner occupied residents who meet income requirements and have eligible housing repair needs.

Income Guidelines 2021 by family size:
1-\$49,600., 2-\$56,650., 3-\$63,750., 4- \$70,800.,
5-\$76,500., 6-\$82,150., 7-\$87,800., 8-\$93,500.

The state deadline for submission in this round is **September 26, 2025**. This is a competitive process. The Office of Community Renewal accepts applications from municipalities throughout New York State. Each application is ranked and scored based on the greatest need for the funding. In order for Walton to receive a score high enough to receive funding, Delaware Opportunities Inc. needs a good response from the residents.

Our survey deadline is August 1, 2025.

Only households that return the completed survey and are determined eligible will be included in the application. These will be the households that will be targeted first if funding is received.

If funded, this program could assist between 12-15 households with repairs.

Please take a few minutes to fill out the survey and return it in the envelope provided. It will assist us with the application and may result in saving you thousands of dollars if the Town is successful in securing the funding. If you have any questions please call the Delaware Opportunities Inc. Housing Office at 607-746-1650. If you are not interested or feel that you may not qualify please send back the statement of intent to participate and mark the appropriate response.

Thank you for your cooperation and assistance.

Regards,
Housing Office
Cc: Town of Sidney

HOUSING DEPARTMENT

PHONE (607) 746-1650 * FAX (607) 746-1648

TOWN OF Sidney
HOUSING CONDITIONS SURVEY

Prepared By

DELAWARE OPPORTUNITIES INC. HOUSING OFFICE

35430 State Highway 10, Hamden, NY 13782

607-746-1650 phone

607-746-1648 fax

Attention:

Information about your household income and composition that you provide in writing, via email, on the phone (including information left on voice mails), contained in this survey is held in strictest confidence. Information that is provided by you is necessary to apply for grant funding. Some surveys may be reproduced as part of a confidential exhibit and provided to a funding source. Please complete survey in its entirety or it will not be included in grant application and funding.

PART 1

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

OWNER OCCUPANT: _____

LANDLORD: _____

PRIMARY RESIDENCE _____ SEASONAL PROPERTY _____

IS THE HEAD OF HOUSEHOLD?

Male _____ Female _____ Disabled or Handicapped _____ Elderly _____

Total number of persons in household: _____

Total number of children: _____

Total number of elderly: _____

Total number of disabled: _____

GROSS ANNUAL INCOME LEVEL OF HOUSEHOLD

(Including all income sources, i.e. Wages, Social Security, Pensions, Public Assistance etc.):

Approximate Annual Income: \$ _____

RACIAL/ETHNIC COMPOSITION OF FAMILY (Check all that apply)

_____ White

_____ Black/African American

_____ Asian

_____ American Indian /Alaskan Native

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaskan Native & White

_____ Asian and White

_____ Black/African American & White

_____ American Indian/Alaskan Native & Black/African American

_____ Other Multi-Racial

_____ Hispanic

TAX MAP NUMBER AND LOCATION:

Taken from your tax bill where it say SWISS # _____
(Example: SWISS 125600 Town Code, section/block/lot 115.-1-12)

TYPE OF RESIDENCE:

Single Family _____ Two Family _____

Three or
More Family _____ Mobile Home _____

House Color _____ **Total Units** _____

If apartment building, how many units total: _____
How many are vacant? _____

Approximate Age of Building: Pre-1900 _____ 1900-30 _____
1931-60 _____ 1961-78 _____ 1979 or newer _____

If **known** please enter: Year unit was constructed? _____

Has the home ever received home repair funding? _____

If yes, approximate date & where from? _____

Has this home ever received weatherization assistance? _____

If yes, what date? _____ (Approximately)

Has your home ever been tested for lead? _____ **Results:** _____

PART 2

.....
Please check those items that describe the condition of the following (Check all that apply). You may use the comment area to explain a condition checked. If there is no problem in an area leave blank.

PART 2 MUST BE COMPLETED

.....
Structure:

Foundation:

Cracked _____ leaking _____ bulging _____ Comments: _____

Collapsed Section of wall _____

Exterior Wall Framing:

Shifting siding _____ Bowing or Bulging Wall _____

Out of plumb _____ Comments: _____

Roof:

Bulging or Buckling Rafters _____ Missing or Broken Shingles _____

Exposed Sheathing/Plywood _____ Water Damage _____ Leaks _____

Comments: _____

Floor Joists, Sills and Headers:

Sagging _____ Rotted Areas _____ Bulging or Shifting _____

Cracked _____ Improperly Installed _____ Comments: _____

Systems: Please check any that accurately describe the following systems.

Electrical System:

Fuses _____ Breakers _____ Inadequate Service Entrance _____
Insufficient Number of Receptacles _____ Continual Blowing of Fuses _____
Lack of or Poor Quality Lighting Fixtures _____ Comments: _____

Heating System:

No Central heating unit _____ does not produce enough heat _____ malfunctions or does not work
occasionally _____ malfunctions constantly _____ high heat bills _____ Produces exhaust gases
to interior _____ comments _____
_____.

Approximately how old is the system? _____

Type of Heat:

Electric _____ Natural Gas _____ Propane gas _____ oil _____ wood _____
Coal _____ comment: _____
Furnace _____ space heater _____ baseboard _____ radiator _____
comments: _____

Water System:

Village or Town System _____ well _____ spring _____ no system _____
Runs dry in summer _____ poor pressure _____ bad odor or taste _____
Cloudy _____ comments: _____

Sewer System:

Village or Town system _____ septic tank _____ no system _____ backs up _____
Waste obvious at ground level _____ unpleasant odors _____
Comments: _____.

Secondary:

Plumbing:

Leaks _____ no interior plumbing _____ lacks fixtures _____
Comments: _____.

Exterior Siding:

Lacking Exterior siding material _____ missing or broken sections _____ leaking to interior _____
Comments: _____.

Porches, Steps and Rails:

Broken or weak steps _____ missing or loose rails _____ poor supports _____ rotted decking _____
sagging/leaking porch roof _____
Comments: _____.

Chimney:

Cracked blocks/bricks _____ cracked or broken flue _____ missing mortar _____ metal chimney not to
code _____ chimney not in use _____
Comments: _____.

Doors and Windows:

Decayed or rotted frames _____ broken or missing glass _____ inoperable _____ no locks _____
Comments: _____

Finished interior walls and ceilings:

Loose plaster _____ holes _____ bulging _____ missing wall _____ covering _____ lack of ceiling covering _____ exposed studs _____

Comments: _____.

Finished Flooring:

Rotted subflooring _____ no floor covering _____ torn or broken _____ weak areas _____

Comments: _____

Insulation and Ventilation:

No insulation _____ very little insulation _____ sidewall insulation only _____ Attic insulation only _____
no vents _____ poor ventilation of moisture or gases _____ Comments:

Interior Stairs and Rails:

Cracked or broken treads _____ weak steps _____ loose railing _____ no railing _____ missing steps _____
cracked risers _____

Comments: _____

ADDITIONAL COMMENTS OR ITEMS THAT MAY NOT HAVE BEEN COVERED:

Please describe any history that may be connected to your home. Example: What was the original use? (farming, schoolhouse, store, post office, boarding house, etc.) Any history that tells the story of your property and its place in the community.

TOWN OF SIDNEY

STATEMENT OF INTENT TO PARTICIPATE

_____ The CDBG Housing Rehabilitation Program has been explained to me, and I am willing to participate in a home improvement program if it is available, using a grant.

_____ The CDBG Housing Rehabilitation Program has been explained to me and I am not interested in participating in this program.

_____ The CDBG Housing Rehabilitation Program has been explained to me, and I understand that I am not qualified to participate, because my household income is over eligible income guidelines.

_____ The CDBG Housing Rehabilitation Program has been explained to me, and I understand that I am not qualified to participate, because my home is not substandard.

Please give correct 911 addresses and telephone numbers where you can be reached in order to set up appointments.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER _____

Tax Map #: _____