



Town of  
Brookhaven  
Long Island

**Edward P. Romaine**, Supervisor

**RESIDENTIAL REHABILITATION PROGRAM**

**I AM INTERESTED IN REHABILITATING MY HOME:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS (If Different)** \_\_\_\_\_

**TELEPHONE:** HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**OWN HOME:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**IF YES, IS THERE A MORTGAGE ON THE HOME:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**HOUSEHOLD GROSS INCOME FROM ALL SOURCES (ADULTS ONLY):** \$ \_\_\_\_\_

**NUMBER OF PERSONS IN HOUSEHOLD:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE BE ADVISED THAT YOU MUST HAVE ALL VALID DOCUMENTS PERTAINING TO HOME OWNERSHIP.**

**CHECK ALL THAT APPLY**

- Handicap Ramp or Lift
- Handicap Accessibility Improvements
- Residential Rehabilitation
- Public Water Connections

**ATT: JOHN KELLY**

**Department of Housing and Human Services**

Alison Karppi, Commissioner

One Independence Hill • Farmingville • NY 11738 • Phone (631) 451-6600 • Fax (631) 451-6597

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