Access To Home For Heroes

The Access to Home for Heroes (formerly known as Access to Home for Veterans) program provides financial assistance to make dwelling units accessible for low- and moderate income veterans living with a disability. Examples include: wheelchair ramps and lifts, handrails, doorway widening, and roll-in showers.

A full description can be found online at https://hcr.ny.gov/access-home-heroesveterans



Eligible participants are individuals that meet the criteria below:

- The individual is a Veteran
- The Veteran's income is at or below 120 percent of area median income
- The Veteran has disability. This is defined as a permanent physical or medical impairment which prevents the exercise of a bodily function, substantially limits a major life activity or which is demonstrable by medically accepted clinical or laboratory diagnostic techniques. The assisted residential unit must be the primary, permanent residence of the eligible participant. The primary residence may be owner-occupied or a rental unit.

Requested documentation to confirm veteran status may include but is not limited to any of the following:

- Documentation confirming that the person is a veteran and certified by the Department of Veterans Affairs or Department of Defense as entitled to receive disability payments for a disability
- Documentation providing proof of household income not exceeding 120 percent of the area median income (AMI)
- Documentation providing proof of home ownership when applicable or when a rental unit is being considered for Access to Home assistance, applicant must obtain written consent from building owner consenting to the accessibility modifications and will also require a Property Maintenance Declaration (PMD) form signed by both the building owner and tenant before any work can commence.

For Additional Information, Please Contact:

Jack Jaworski, Project Coordinator and Community Development Family Residences and Essential Enterprises, Inc 516-667-2746 (office) JJaworski@familyres.org 191 Bethpage Sweet Hollow Road | Old Bethpage, NY 11804 www.familyres.org



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Assistive Technology Information Sheet

Name:					
Address:					
Phone#:			Secondary Pho	ne#:	
What Agency have you heard abo	out this				
opportunity from:					
Modifications Proposed:					
(Can be more then one)	and that if a set is so				
Explanation, along with Medi	cal Justification:				
Household Income:					
(Housedhold Income cannot exceed 20%	of the area median income	e)			
Approximate Modification	Cost: (if Known)				
Branch of Service:	(_
Years of Service:					
-					_
Sex:	(Check one)	Male	Female	Choose not to Answer	
	Committe	e Authoriza	ation		
				1.1	
	authorization grante		with (Check al	I that apply):	
Scope		Process			
Committee Signature				Date	-
**Final approval is contingent on appropriate documentation, reviews, and approval by the Family Residences					
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**Final approval is contingent or	n appropriate docume Essential Enterprise				ces and

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Jack Jaworski, Project Coordinator Office Phone #: (516)-667-2746