NYC Department for the Aging

Older Adults Home Modification Program

NYC Department for the Aging is accepting applications to the U.S. Department of Housing and Urban Development's Older Adults Home Modification Program (OAHMP). The Older Adults Home Modification Program empowers low-income older adults to remain in their homes through a home assessment by an Occupational Therapist and no-cost home modifications. These modifications will help prevent falls, improve accessibility and general safety, improve older adults' functional abilities in their home to promote **aging in place** and prevent older adults from moving into nursing homes or assisted living facilities.

Eligibility Requirements

- Aged 62 or older residing in one of the five boroughs
- Requested modifications are for the primary residence of the older adult
- Older adult intends to live in property for at least 2 years
- Household has a low income that is less than or equal to 80% of the Area Median Income (AMI) of New York City
- Cannot be receiving project based rental assistance

# of people living in the home	80% of AMI
1	$90,720
2	$103,680
3	$116,640
4	$129,600
5	$140,000
6	$150,400
7	$160,720
8	$171,120

New York City Area Median Income

If you have any questions regarding the program or application, please contact:
HomeMod@aging.nyc.gov
212-602-4455

Examples of Home Modification Work

- Grab bars and safety railings
- Durable Medical Equipment (DME) such as raised toilet seats, shower chairs, and tub transfer benches
- Non-slip strips for bathtubs and stairs
- Lever-handled doorknobs and faucets
- Furniture risers
- Improved lighting
- Floor repair to remove uneven surfaces
- Temporary ramps

Required Documents (see next page)

- Completed and signed application
- Proof of Age
- Proof of Residence
- Proof of Income for **ALL** household members

Email application and documents to HomeMod@aging.nyc.gov or mail to:
Home Modification Program
Department for the Aging
Bureau of Social Services
2 Lafayette Street, 4th Floor (Room 401)
New York, NY 10007
Attention: Jasmine Jean

Required Documentation

Please provide only the documents that apply to you and all household members. Upon application review, other documentation and information may be requested to confirm eligibility. **Please do not send original documents.**

Proof of Age (applicant only; only 1 required)

- Valid State ID
- U.S. Passport
- Birth Certificate
- Naturalization papers/Certifications of Citizenship

Proof of Homeownership or Tenancy *(*must have applicant's name; only 1 required)

- Property deed
- Mortgage statement issued within the last 12 months
- Property tax receipts from last 12 months
- Homeowners insurance document from last 12 months
- Current lease or rental contract

Proof of Total Household Income (provide for all household members 18 years of age or older; if applicable)

All applicants and household members must submit:

- Most recent federal tax return (2025 IRS Form 1040 or Form 1040-SR)
- Last 2 months bank statements for all checking and savings accounts used to receive income (Bank statements must show deposits from all reported income sources)

If you receive Social Security/SSI/SSDI, please provide one of the following:

- 2025 Social Security Benefits Statements (IRS Form SSA-1099)
- 2026 SSI or SSDI award letter(s)
- SSA Benefit Verification letter

If you receive pension/annuities, please provide one of the following:

- 2026 pension award letter
- 2025 IRS Form 1099-R
- Monthly pension statement issued within the last 6 months

If you receive employment income, please provide one of the following:

- Last 3 pay stubs
- 2025 W-2 Statement of Earnings
- IRS Form 1099 Statement

If you receive any investment income, please provide one of the following:

- Brokerage statements issued within the last 6 months
- 2025 IRS Form 1099-INT or Form 1099-DIV

If you receive any public assistance or veteran's benefits, please provide:

- 2026 award or benefits letter
- Agency printout showing payments issued within the last 6 months

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Older Adults Home Modification Program Application

Administered by NYC Aging with funding from the U.S. Department of Housing and Urban Development (HUD)

Section 1: Referral Information

If the applicant is completing this form, leave this section blank.

Full Name:_____

Home Phone #:_____Cell Phone #:_____

Email Address:_____

Relationship to Applicant: _____

Section 2: Applicant Information

Full Name: _____

Date of Birth: _____/_____/_____ Age: _____

Primary Language: _____

Home Phone #:_____Cell Phone #:_____

Email Address: _____

Section 3: Primary Contact Information

Fill out this section only if you want us to contact someone other than the applicant about your application or to schedule visits.

Full Name: _____

Primary Language: _____

Home Phone #:_____Cell Phone #:_____

Email Address: _____

Preferred Contact Availability:_____

Section 4: Household Information

Address:_____ Apt/Fl #:_____

City: _____ State: _____ Zip Code: _____

1. **Is this your primary residence?** ☐ Yes ☐ No
2. **Do you own your home?** ☐ Yes ☐ No
3. **How long have you lived at this address?** _____ years
4. **Are you currently enrolled in:**
   - ☐ Project-Based Section 8
   - ☐ Section 202/811 Project-Based Assistance
   - ☐ Other housing assistance: _____
   - ☐ I do not receive any housing assistance

Please fill out table below with all household members 18 years of age or older.

Full Name	Age	Relationship to Applicant
		Self

If there are more than 8 residents in the household, please provide Name, Age, Relationship to Applicant, and Income Source on separate page

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Section 5: Income & Assets

1. **Are you or any members of your household employed?**
   - ☐ Yes
   - ☐ No (skip to next page, question #2)

If yes: For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income).

Please provide all full and/or part time employment income for **ALL household members**, including yourself. Use separate page if needed. **Paystubs, tax returns, and W2s or 1099s will be required for each employment source.**

Name of Household Member	Employer Name & Address	Length of Employment (Years/Months)	Amount	How Often? (e.g. weekly, bi-weekly, monthly)	Annual Income
			$		$
			$		$
			$		$
			$		$
			$		$
			$		$

2. **Do you or any members of your household receive other income?** For example, social security, pension, NY state supplement program, rental income, worker's compensation, unemployment compensation, alimony, child support, alimony, annuities, Armed Forces Reserves, etc.
   ☐ Yes
   ☐ No (skip to next page)

Please provide all sources of other income for **ALL household members**, including yourself. Use separate page if needed.
Please provide award letters or other documentation to support each income source.

Name of Household Member	Type of Income (SSI, pension, SSP, rent, etc.)	Amount	How Often? (e.g. weekly, bi-weekly, monthly)	Annual Income
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

Section 6: Demographic Information

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other: _____
- ☐ Prefer not to answer

What is your race or ethnicity? (check all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian (China, Japan, Cambodia, India, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam)
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Prefer not to answer

Section 7: Consent & Authorization

I, the undersigned, certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I authorize NYC Aging and its partners to verify my eligibility, including income and housing status, and to conduct a home assessment, which may include taking photos and videos of myself and my home, to determine modification needs. I also agree to release and hold NYC Aging and the contractor, including their directors, officers, employees, agents, attorneys, and volunteers harmless from any course of action, claim or suit arising from, or in connection with this application.

_____

Printed Name of Applicant

_____

Signature of Applicant Date