



CUMBERLAND COUNTY
AFFORDABLE HOUSING TRUST FUND

ACCESSIBILITY IMPROVEMENT GRANT PROGRAM

APPLICATION

- ! EVERY PERSON WHO WILL BE RESIDING IN THE HOUSE MUST BE INCLUDED ON THIS APPLICATION.
- EVERY ADULT RESIDING IN THE HOUSE MUST PROVIDE INCOME INFORMATION.

1. NAME: _____
FIRST MIDDLE LAST (MAIDEN)

2. TELEPHONE: _____
DAY EVENING

3. SOCIAL SECURITY NUMBER: _____

4. DATE OF BIRTH: _____

5. PRESENT ADDRESS: _____

6. How long have you lived at this address? _____

7. Are you a U.S. citizen?: ____ yes ____ no
(if no, you must provide documentation regarding your immigration status with this application)

8. Employer: Name: _____
Address: _____
Your Job Title: _____
How long have you been employed? _____

9. Additional/ Part-Time Name: _____
Address: _____
Employer: Your Job Title: _____
How long have you been employed? _____

10. List dependents that will live in the household at least 50% of the time:

NAME:	DATE OF BIRTH:	RELATIONSHIP:
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION FOR AN ADDITIONAL ADULT LIVING IN THE HOME

1. NAME: _____
FIRST MIDDLE LAST (MAIDEN)

2. TELEPHONE: _____
DAY EVENING

3. SOCIAL SECURITY NUMBER: _____

4. DATE OF BIRTH: _____

5. PRESENT ADDRESS: _____

6. How long have you lived at this address? _____

7. Are you a U.S. citizen? ____ yes ____ no *(if no, you must provide documentation regarding your immigration status with this application)*

8. Employer: Name: _____
Address: _____
Your Job Title: _____
How long have you been employed? _____

9. Additional/ Part-Time Employer: Name: _____
Address: _____
Your Job Title: _____
How long have you been employed? _____

NOTE: If there are more than two adults living in the household, make an additional copy of this page and complete for that individual.



GROSS INCOME INFORMATION

GROSS MONTHLY INCOME:	ADULT (PAGE 1)	ADULT (PAGE 2)
MONTHLY SALARY/ WAGES FROM FULL-TIME EMPLOYMENT	_____	_____
MONTHLY SALARY/WAGES FROM PART-TIME EMPLOYMENT	_____	_____
MONTHLY BONUS	_____	_____
MONTHLY PENSION	_____	_____
MONTHLY SOCIAL SECURITY	_____	_____
MONTHLY ALIMONY RECEIVED	_____	_____
MONTHLY CHILD SUPPORT RECEIVED	_____	_____
MONTHLY DIVIDENDS	_____	_____
MONTHLY INTEREST	_____	_____
OTHER MONTHLY INCOME: <i>(specify)</i>	_____	_____
	_____	_____
MONTHLY TOTAL:	_____	_____

YOU MUST LIST ALL OF YOUR ASSETS (Do not leave blank. Fill in zero if no assets exist):

Checking Account(s)	Saving Account(s)	Money Market Account(s)
Total Balance: \$ _____	Total Balance: \$ _____	Total Balance: \$ _____

Stocks and Bonds (non-retirement), Description: _____
 Total Balance: \$ _____

Copies of most recent statements from all assets, accounts, pay stubs, documentation of all sources of income including but not limited to pensions, SSI, child support and alimony payments must be provided with this application in order for this application to be considered.

I/We verify that the information provided above is true and correct. I/We understand that false statements herein are made subject to the penalties of 18 Pa CSA 4904 relating to unsworn falsification to authorities.

Applicant's Signature	Date
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Applicant's Signature	Date
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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government for certain types of home ownership and housing rehabilitation programs. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, under federal regulations this Authority is required to note race and ethnicity and gender on the basis of visual observation or surname.

Adult #1 **Ethnicity:** Are you Hispanic or Latino? yes no
Race: American Indian or Alaskan native
 Black/African American
 Asian
 Native Hawaiian/other Pacific Islander
 White
Gender: female male
 I do not wish to furnish this information

Adult #2 **Ethnicity:** Are you Hispanic or Latino? yes no
Race: American Indian or Alaskan native
 Black/African American
 Asian
 Native Hawaiian/other Pacific Islander
 White
Gender: female male
 I do not wish to furnish this information

NUMBER OF ADDITIONAL MEMBERS IN HOUSEHOLD: _____

Please list ethnicity, race and gender of all other household members. Identify each household member by ethnicity—Hispanic or Latino or **NOT Hispanic or Latino**—race (using one of the five categories shown above) and gender.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Opportunities for Persons with Disabilities: I (or a member of my household) have a disability)



EMPLOYMENT VERIFICATION

The applicant must complete the top section only of this verification. Return this entire form with your application. Please provide the appropriate contact information (payroll dept., human resource dept.) so this office can verify your employment and income. This office will then send it to your employer. If your company uses *The Work Number*, provide the employer's code and your salary key.

Applicant's Name <i>(please print)</i>	Social Security Number
Applicant's Address:	
Name of Employer:	
Address of Employer:	
Phone Number of Employer:	
Fax Number of Employer:	

To Whom It May Concern:

I would like the requested information regarding my wages furnished to the Cumberland County Redevelopment Authority as soon as possible.

Signature of Applicant	Date
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THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE EMPLOYER ONLY

Employment Data	Pay Data		
Applicant's Date of Employment:	Base Pay		
	\$ _____ Annual	\$ _____ Weekly	\$ _____ Other <i>(specify)</i>
	\$ _____ Monthly	\$ _____ Hourly	
Applicant's Present Position Title:	Type	Year to Date as of:	Past Year:
Is continuance of overtime likely? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipated overtime in the next 12 months: _____	Base Pay	\$	\$
Is continuance of bonus likely? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipated bonus next 12 months: \$	Overtime	\$	\$
Number of hours worked per week:	Commissions	\$	\$
Anticipated increase or decrease in salary in the next year: +\$ -\$	Bonus	\$	\$
Signature: Please print name and phone number: _____	Title of Employer		Date

Thank you for your cooperation in supplying this information. Please return to the Cumberland County Redevelopment Authority, ATTN: Pat Mrkobrad, Housing Programs Manager, 114 N. Hanover St., Carlisle, PA 17013, or fax to 717-249-4071. Phone 717-249-0789 x 136 if you have any questions.



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Applicant's Name <i>(please print)</i>	Social Security Number
Applicant's Address:	
Name of Employer:	
Address of Employer:	
Phone Number of Employer:	
Fax Number of Employer:	

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CERTIFICATION OF DISCLOSURE OF INCOME AND ASSET SOURCES

Federal law and HUD regulations require that all applicants disclose all sources of income and assets. Failure to disclose all sources of income and assets constitutes fraud against the federal government which is punishable by law. As a certification, please check below all sources of income which you receive and assets which apply to you. You must disclose all sources including joint accounts or assets which are held for your benefit. **THE FOLLOWING INCOME SOURCES AND ASSETS APPLY TO ME** (check all that apply):

INCOME SOURCES - check all that apply to you

- income from employment
- unemployment compensation benefits (disability, worker's compensation and severance pay)
- income from veteran's benefits
- Social Security income
- SSI benefits
- state supplemental payments (SSP)
- retirement pension from employer (the total number of sources is _____)
- income from IRAs or annuities (the total number of sources is _____)
- income from self-employment (including "under the table" income)
- income from child support (name of the child: _____)
- alimony
- income from ownership of rental property(s) (do not include rent rebates)
- income from public assistance (TANF or General Assistance)
- income from lottery installment payments
- income from business
- income from military pay
- income from insurance installment payments (such as death benefits)
- income from regular dividends
- other sources of income not listed above (specify: _____)

ASSETS - check all of the following assets that you possess

- certificates of deposit (number of CDs: _____)
- bonds or savings bonds (number of bonds: _____) (non-retirement accounts)
- treasury notes (number of notes: _____) (non-retirement accounts)
- stocks (number of shares: _____) (non-retirement accounts)
- trust funds
- savings accounts (number of accounts: _____)
- checking accounts (number of accounts: _____)
- money market accounts (number of accounts: _____)
- other investments (specify: _____)
- land and/or home/business property ownership (number of properties: _____)
- other assets not listed above (specify: _____)

I certify with my signature below I have checked and disclosed all sources of income and assets which apply to me. I realize failure to provide correct information constitutes fraud and is punishable under federal law.

Date

Applicant's Signature

Date

Applicant's Signature