



HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

Better Places, Better Lives

**CUMBERLAND COUNTY
AFFORDABLE HOUSING TRUST FUND
EMERGENCY REPAIR LOAN PROGRAM
APPLICATION**

Thank you for your interest in the Affordable Housing Trust Fund Emergency Repair Loan Program. Please provide the completed application and all required documents to: The Redevelopment Authority of Cumberland County, 114 N. Hanover St., Carlisle, PA 17013, Attn: Micki Paxton. You can also fax (717-249-4071) or email (mpaxton@cchra.com) your information. You can reach me at 717-249-0789 Ext. 136 if you have questions.

Thank you, Micki Paxton
Housing Program Specialist

**APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS
WITH YOUR COMPLETED APPLICATION**

1. COPY OF BIRTH CERTIFICATE OR SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS.
2. COPY OF PHOTO ID FOR ALL HOUSEHOLD MEMBERS OVER 17.
3. COPY OF VERIFICATION OF INCOME FROM ALL HOUSEHOLD MEMBERS OVER 18 AND NOT IN SCHOOL. INCOME FROM ALL SOURCES INCLUDING SOCIAL SECURITY, INTEREST INCOME, CHILD SUPPORT, ETC. INCLUDING:
 - a. Two months of recent consecutive pay stubs for all working members of the household;
 - b. Copy of Social Security letter showing gross and amount you receive;
 - c. Statement of child support received for the past two months
4. COPIES OF YOUR LAST TWO MONTHS' CHECKING AND SAVINGS ACCOUNT STATEMENTS FOR ALL HOUSEHOLD MEMBERS.
5. RECENT STATEMENT OF ALL ASSETS SHOWING THE CASH VALUE.
6. COPIES OF LAST YEAR'S INCOME TAX RETURN AND W2 FORMS.
7. COPY OF CERTIFICATE OF HOMEOWNER'S INSURANCE.
8. COPY OF CERTIFICATE OF FLOOD INSURANCE (IF APPLICABLE).
9. COPY OF PROOF OF PAYMENT OF SEWER AND WATER BILL SHOWING ZERO BALANCE.
10. COPY OF LAST PAID PROPERTY TAX RECEIPT FOR COUNTY/MUNICIPAL AND SCHOOL TAXES. MUST BE A COPY OF THE PAID RECEIPT SHOWING THE ASSESSMENT OF THE PROPERTY. (This can be obtained from your tax collector).
11. COPY OF THE DEED TO THE PROPERTY (DO NOT SEND THE ORIGINAL).

**CUMBERLAND COUNTY AFFORDABLE HOUSING TRUST FUND
EMERGENCY REPAIR LOAN 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)
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2. TELEPHONE:

DAY	EVENING
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3. SOCIAL SECURITY NUMBER:

4. DATE OF BIRTH:

5. ADDRESS:

6. How long 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 employed? _____

9. Additional / part-time employer: Name: _____

Address: _____

Your job title: _____

How long employed? _____

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

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

INFORMATION FOR 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 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 employed? _____

9. Additional / part-time employer: Name: _____

Address: _____

Your job title: _____

How long employed? _____

~~~~~ If there are more than two (2) adults living in the household, please make an additional copy of this page and complete for that individual.

GROSS INCOME INFORMATION

<u>GROSS MONTHLY INCOME:</u>	ADULT <u>(PAGE 1)</u>	ADULT <u>(PAGE 2)</u>
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: (PLEASE SPECIFY)	_____	_____
	_____	_____
MONTHLY TOTAL:	_____	_____

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

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

Applicant's Signature

Date

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, ethnicity, and gender based on 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.

Please list ethnicity, race, and gender of all other household members.

NUMBER OF ADDITIONAL MEMBERS IN HOUSEHOLD: _____

Please identify each household member by: ethnicity: Hispanic or Latino or **NOT Hispanic or Latino**; race: (use 1 of 5 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.

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 (please check all that apply to you):

INCOME SOURCES

- _____ Income from Employment
- _____ Unemployment Compensation Benefits (disability, workers' comp., and severance pay)
- _____ Income from Veterans' Benefits
- _____ Social Security Income
- _____ SSI Benefits
- _____ State Supplemental Payments (SSP)
- _____ Retirement Pension from Employer - No. of sources _____
- _____ Income from I.R.A. or Annuity - No. of sources _____
- _____ Income from Self-Employment (including "under the table" income)
- _____ Income from Child Support – Support for: _____
- _____ Alimony
- _____ Income from Ownership of Rental Property(s). (DOES 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

Please check all of the following assets, which you possess:

- _____ Certificates of Deposit - No. of CD's _____
- _____ Bonds or Savings Bonds - No. of Bonds _____. Non-retirement accounts
- _____ Treasury Notes - No. of Notes _____. Non-retirement accounts
- _____ Stocks - No. of Shares _____. Non-retirement accounts
- _____ Trust Funds
- _____ Savings Accounts - No. of Accounts _____
- _____ Checking Accounts - No. of Accounts _____
- _____ Money Market Accounts – No. of Accounts _____
- _____ Other Investments. Please specify: _____
- _____ Land and/or Home/Business Property Ownership - No. of properties _____
- _____ Other assets not listed above. Specify: _____

I certify with my signature below that, 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