



HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

Better Places, Better Lives

**CARLISLE BOROUGH
OWNER OCCUPIED REHABILITATION
PROGRAM APPLICATION**

Thank you for your interest in the Carlisle Owner Occupied Rehabilitation 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 18.
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 FEDERAL 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.
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).

APPLICATION FOR HOUSING REHABILITATION

APPLICANT NAME _____

PROPERTY ADDRESS _____

TELEPHONE _____ AGE OF PROPERTY _____

DESCRIPTION OF REHAB

LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS (If additional persons, list on the back.)

	NAME	S.S. #	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

REAL ESTATE OWNED OTHER THAN RESIDENCE _____

ARE THERE ANY MORTGAGES, JUDGMENTS, OR OTHER LIENS FILED AGAINST YOUR HOME? YES _____ NO _____

IF YOUR ANSWER IS YES, PLEASE IDENTIFY THE NAME(S) OF THE MORTGAGE, JUDGMENT, OR LIEN HOLDER AND

THE CURRENT MORTGAGE BALANCE(S): _____

I CERTIFY THAT I AM THE OWNER/OCCUPANT OF THIS PROPERTY AND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE

Homeowner's Signature

DATE

Homeowner's Signature

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 - No. of sources _____ (except Greenthumb, VISTA, RSVP, JTPA)
- Unemployment Compensation Benefits (including disability, workmen’s 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 Pa.
- Income from Insurance Installment Payments (such as Death Benefits)
- Income from Regular Dividends
- Recurring Income or Gifts
- 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 _____
- Treasury Notes- No. of Notes _____
- Stocks- No. of Shares _____
- Trust Funds
- Savings Accounts- No. of Accounts _____
- Checking Accounts- No. of Accounts _____
- Money Market Accounts – No. of Accounts _____
- 401K, IRA or Annuity Accounts – No. of Accounts _____
- Life Insurance Policies – No. of policies _____
- 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

Homeowner’s Signature

Date

Homeowner’s Signature

EMPLOYMENT VERIFICATION

Applicant must complete the top section only of this verification. Please 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 this contact. If your company uses The Work Number, please provide the employer's code and your salary key.

Applicant's Name (please print) **Social Security No.**

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 Redevelopment Authority of the County of Cumberland as soon as possible.

Signature of Applicant **Date**

FOLLOWING INFORMATION IS TO BE COMPLETED BY AN EMPLOYER ONLY

Employment Data	Pay Data		
Applicant's Date of Employment	Base Pay		
	\$ _____ Annual	\$ _____ Weekly	\$ _____ Other (Specify)
	\$ _____ Monthly	\$ _____ Hourly	
Applicant's Present Position Title: _____	Type	Year to Date as of _____	Past Year
Is continuance of overtime likely? ___yes ___no Anticipated overtime in the next 12 months _____	Base Pay	\$ _____	\$ _____
Is continuance of bonus likely? ___yes ___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

EMPLOYMENT VERIFICATION

Applicant must complete the top section only of this verification. Please 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 this contact. If your company uses The Work Number, please provide the employer's code and your salary key.

Applicant's Name (please print) **Social Security No.**
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 Redevelopment Authority of the County of Cumberland as soon as possible.

Signature of Applicant **Date**

FOLLOWING INFORMATION IS TO BE COMPLETED BY AN EMPLOYER ONLY

Employment Data	Pay Data		
Applicant's Date of Employment	Base Pay		
	\$ _____ Annual	\$ _____ Weekly	\$ _____ Other (Specify)
	\$ _____ Monthly	\$ _____ Hourly	
Applicant's Present Position Title: _____	Type	Year to Date as of _____	Past Year
Is continuance of overtime likely? ___yes ___no Anticipated overtime in the next 12 months _____	Base Pay	\$ _____	\$ _____
Is continuance of bonus likely? ___yes ___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

INFORMATION FOR GOVERNMENT MONITORING PURPOSE

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 sex on the basis of visual observation or surname.

Applicant #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
 American Indian/Alaskan native and Black/African American
 American Indian/Alaskan native and White
 Asian and White
 Black/African American and White

Gender: Female Male
 I do not wish to furnish this information.

Applicant #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
 American Indian/Alaskan native and Black/African American
 American Indian/Alaskan native and White
 Asian and White
 Black/African American and 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 9 categories shown above); and gender.

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

I do not wish to furnish this information.

**HOUSING REHABILITATION PROGRAM
INFORMATION TO PROPERTY OWNER**

Lead Based Paint Summary of Standards

If this unit was constructed before 1978, the unit must comply with HUD Lead Based Paint Regulations, 24 CFR. Part 35, which requires the following:

1. All interior surfaces must be either free of cracking, scaling, peeling, chipping, and loose paint or be adequately treated or covered (as discussed in "3" below) to prevent the exposure of the occupants to lead based paint hazards.
2. All exterior surfaces (such as stairs, decks, porches, railing, windows and doors) which are accessible to children under seven years of age must be free of cracking, scaling, peeling, chipping and loose paint or be adequately treated or covered (as discussed in "3" below) to prevent the exposure of such children to lead based paint hazards.
3. All surfaces to be treated must be thoroughly washed, sanded, and scraped or wire brushed so as to remove all hazards before repainting with at least two coats of a suitable non-lead paint. All surfaces to be covered must have had the paint removed or covered with materials such as gypsum wallboard, plywood, drywall, plaster, or other suitable material. (Simply painting over surfaces requiring treatment or covering as an abatement method is not an acceptable means of compliance).
4. It is recommended that all children in your household under seven years old have their blood tested for the presence of lead. If it is found that a child in your household has an elevated blood level of lead, a special test must be performed on all chewable painted surfaces in your residence. If the test shows that the painted surfaces contain a higher concentration of lead than is allowable, then this painted surface must be either removed or covered.

I have read the above statement and understand the necessity for meeting this requirement in housing rehabilitation.

Date

Homeowner's Signature

Homeowner's Signature

HOUSING REHABILITATION PROGRAM

I, the undersigned, give the Redevelopment Authority of the County of Cumberland as agents of the Borough of Carlisle, permission to obtain verification of information from any source given in this application. This information is to be used to determine eligibility for a deferred loan under the Borough of Carlisle Housing Rehabilitation Program.

Date

Homeowner's Signature

Homeowner's Signature