



## CUMBERLAND COUNTY HOUSING REHABILITATION PROGRAM FOR HOMEOWNERS

### APPLICATION

**PLEASE READ THE ENTIRE PAGE BEFORE STARTING.** Your application for assistance will only be considered if documentation for all of the following is included. **The application must be completed in full.** Return the completed application to: Cumberland County Redevelopment Authority, ATTN: Housing Programs Manager, 114 N. Hanover St., Carlisle, PA 17013. **SEND COPIES OF YOUR DOCUMENTS—DO NOT SEND ORIGINALS.**

#### SUBMIT THE FOLLOWING ITEMS WITH THE APPLICATION

1. VERIFICATION OF INCOME FROM ALL PERSONS LIVING IN THE HOUSEHOLD OVER 18 AND NOT IN SCHOOL. INCOME FROM ALL SOURCES INCLUDING SOCIAL SECURITY, INTEREST INCOME, CHILD SUPPORT, ETC.
2. COPY OF MOST RECENT PAY STUB (IF YOU ARE WORKING)
3. COPY OF SOCIAL SECURITY AWARD LETTER (IF APPLICABLE)
4. COPY OF MOST RECENT INCOME TAX RETURN AND W-2 FORMS
5. COPY OF CHILD SUPPORT DOCUMENTATION
6. COPY OF THE DEED TO THE PROPERTY
7. LAST PAID PROPERTY TAX RECEIPT. MUST BE A COPY OF THE PAID RECEIPT SHOWING THE ASSESSMENT OF THE PROPERTY. *(THIS CAN BE OBTAINED FROM THE TAX COLLECTOR)*
8. COPY OF YOUR MOST RECENT CHECKING AND SAVINGS ACCOUNT STATEMENT(S)
9. COPY OF BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS
10. COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
11. COPY OF CERTIFICATE OF HOMEOWNER'S INSURANCE
12. COPY OF CERTIFICATE OF FLOOD INSURANCE (IF APPLICABLE)
13. COPY OF PROOF OF PAYMENT OF SEWER, WATER AND TRASH BILL (IF THESE ARE PAID TO YOUR MUNICIPALITY)

# APPLICATION

APPLICANT NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ YEAR PROPERTY WAS BUILT \_\_\_\_\_

## DESCRIPTION OF REHABILITATION WORK TO BE PERFORMED

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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.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

## HOUSEHOLD INCOME

RECIPIENT	SOURCE	ANNUAL INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME		\$ _____

## HOUSEHOLD ASSETS

ACCOUNT DESCRIPTION	BALANCE AMOUNT <i>(provide bank statements)</i>
1. CHECKING ACCOUNT BAL. _____	\$ _____
2. SAVINGS ACCOUNT BAL. _____	\$ _____
3. OTHER SAVINGS _____	\$ _____
TOTAL HOUSEHOLD ASSETS	\$ _____

4. REAL ESTATE OWNED OTHER THAN RESIDENCE \_\_\_\_\_

5. 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(S)

## 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 (*the total number of sources is \_\_\_\_\_*) (*except Greenthumb, VISTA, RSVP, JTPA*)
- 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
- recurring income or gifts
- 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: \_\_\_\_\_*)
- 401K, IRA or annuity accounts (*number of accounts: \_\_\_\_\_*)
- life insurance policies (*number of policies: \_\_\_\_\_*)
- 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



## 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** *(please print)* \_\_\_\_\_  
**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**

### 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: _____	<b>Base Pay</b>	\$	\$
Is continuance of bonus likely? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipated bonus next 12 months: \$	<b>Overtime</b>	\$	\$
Number of hours worked per week:	<b>Commissions</b>	\$	\$
Anticipated increase or decrease in salary in the next year: +\$ -\$	<b>Bonus</b>	\$	\$
<b>Signature:</b>  Please print name and phone number: _____	<b>Title of Employer</b>		<b>Date</b>

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:	

To Whom It May Concern:

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Signature of Applicant	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. \_\_\_\_\_

\_\_\_\_\_ I do not wish to furnish this information

## Lead Based Paint Summary of Standards

If the property 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 item 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 discusses in item 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 County of Cumberland, 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 Cumberland County Housing Rehabilitation Program which the Redevelopment Authority administers.

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Date

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Homeowner's Signature

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Homeowner's Signature