



HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

Better Places, Better Lives

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

Please provide the completed application and all required documents to:

ATTN: Cindy Wise
114 N. Hanover St.
Carlisle, PA 17013
cwise@cchra.com
(717) 249-0789 x159

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR COMPLETED APPLICATION:

1. Starting July 1, 2026 there will be a \$50.00 Non-Refundable Application Fee.
2. Copy of birth certificate or social security card for all household members.
3. Copy of photo id for all household members over 17.
4. 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
5. Copies of your last two months' checking and savings account statements for all household members.
6. Recent statement of all assets showing the cash value.
7. Copies of last year's income tax return and w2 forms.
8. Copy of certificate of homeowner's insurance.
9. Copy of certificate of flood insurance (if applicable).
10. Copy of proof of payment of sewer and water bill showing zero balance.
11. 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).
12. Copy of the deed to the property (do not send the original).

**CUMBERLAND COUNTY AFFORDABLE HOUSING TRUST FUND
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Please provide the requested information for each person residing in the home, regardless of age. Please ensure each adult residing in the home (aged 18+) includes their income information. You may print and complete as many copies of this page as necessary.

Name (First, Middle, Last, and Maiden): _____

Phone Number: _____ Email: _____

Social Security Number: _____ D.O.B.: _____

Address: _____

How long at this address? _____ U.S. Citizen? _____ Yes _____ No

(If no, you must provide documentation regarding your immigration status with this application.)

Nature of Rehab: _____

Employer Information

Name: _____

Address: _____

Your Job Title: _____

How long employed? _____

Additional /Part-time Employer

Name: _____

Address: _____

Your Job Title: _____

How long employed? _____

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

Name	Date of Birth	Relationship to Applicant

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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

Information	Adult #1	Adult #2
Gross Monthly Income		
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		

ASSETS (Do not leave blank. Fill in zero if no asset exists):

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

Stocks and Bonds (non-retirement): _____

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 1 Signature

_____ **Date**

Applicant 2 Signature

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

- _____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