



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](mailto:cwise@cchra.com)  
(717) 249-0789 x159

**YOU 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**

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

**INFORMATION FOR ADDITIONAL ADULT LIVING IN THE HOME**

1.NAME: \_\_\_\_\_

FIRST

MIDDLE  
(MAIDEN)

LAST

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):		
<b>Monthly Total</b>		

**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**

\_\_\_\_\_  
**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**