



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: Sue Dunfee. You can also fax (717-249-4071) or email ([sdunfee@cchra.com](mailto:sdunfee@cchra.com)) your information. You can reach me at 717-249-0789 Ext. 171 if you have questions.

Thank you, Sue Dunfee  
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 \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**

<b><u>GROSS MONTHLY INCOME:</u></b>	<b>ADULT <u>(PAGE 1)</u></b>	<b>ADULT <u>(PAGE 2)</u></b>
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>	_____	_____

**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**