



Better Places, Better Lives

## Cumberland County Whole Home Repairs Homeowner Grant Application

### PROGRAM USE

This program is focused on improving habitability, energy efficiency, and disability accommodation concerns in owner-occupied dwellings. Grants of up to \$25,000 are available with a maximum of \$50,000 per household.

### TERMS

A lien will be filed on the property and the homeowner must reside in the home for five years from the date of the Grant Agreement for the lien to be removed.

### APPLICATION FEE

The program requires a \$100 application fee. Checks may be made payable to the Redevelopment Authority of the County of Cumberland. Checks and applications may be sent to:

**ATTN: Sue Dunfee**  
**The Redevelopment Authority of the County of Cumberland**  
**114 N. Hanover St.**  
**Carlisle, PA 17013**  
[sdunfee@cchra.com](mailto:sdunfee@cchra.com)

### ELIGIBILITY

Homeowner applicants must be at or below 80% of the area median income (AMI). Mobile homes are permissible as long as they are owned outright by the applicant. Homeowner insurance is not required to receive the grant, but if there is an active policy, it must be disclosed.

To be eligible for the program, the owner of the property must:

- Be able to pay any funds needed beyond the maximum grant amount to complete the work.
- Have resided on the property for at least the last six months.
- Be current on all property taxes and municipal utilities.
- Fall at or below 80% of the AMI as listed in the income limits below, adjusted for household size.

Household Size	1	2	3	4	5	6	7	8
80% AMI	\$55,900	\$63,900	\$71,900	\$79,850	\$86,250	\$92,650	\$99,050	\$105,450

## **ELIGIBILITY CHECKLIST**

- Property owned by applicant
- Property located within Cumberland County
- Household income falls at or below 80% Area Median Income
- Homeowner is up to date on property taxes and municipal utilities

## **REQUIRED DOCUMENTS CHECKLIST**

Applicants must provide all of the following along with this application:

- Copy of birth certificate or Social Security card for all household members
- Copy of photo ID for all household members over 18
- 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:
  - Two months of recent consecutive pay stubs for all working members of the household
  - Copy of social security letter showing gross and net pay you receive
  - Statement of child support received for the past two months
- Copies of your last two months' checking and savings account statements for all household members
- Recent statement of all assets showing the cash value
- Copies of last year's federal income tax return and W2 forms
- Copy of certificate of homeowner's insurance
- Copy of certificate of flood insurance (if applicable)
- Copy of proof of payment of sewer and water bill
- 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)
- Copy of the deed to the property (do not send the original)



HOUSING & REDEVELOPMENT AUTHORITIES  
OF CUMBERLAND COUNTY

*Better Places, Better Lives*

## Cumberland County Whole Home Repairs Homeowner Grant Application

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age of Property: \_\_\_\_\_ Annual Household Income: \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List **ALL** persons living at the above address (if additional space is needed, please attach a new sheet to this application).

Name	S.S. #	Relationship	Birth Date	Sex

Real Estate owned other than above residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MORTGAGE INFORMATION

Are there any mortgages, judgements, or other liens filed against your home?

Yes       No

If yes, please list the name(s) of the mortgage, judgement, or lien holder and the current mortgage balances:

Name of Bank	Original Mortgage Amount	Unpaid Balance	Monthly Payment

## INSTALLMENT DEBTS

Show all banks/credit unions and finance companies from which you have borrowed, or you are authorized to use.

Creditor - Address/Account Number	Original Amount	Unpaid Balance	Monthly Payment

TOTALS			

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.

\_\_\_\_\_

Homeowner Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Homeowner Signature

\_\_\_\_\_

Date

## 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 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. Please check all that apply.

### INCOME

- Income from employment  
Number of sources (do not include Greenthumb, VISTA, RSVP, or JTPA): \_\_\_\_\_
  - Unemployment Compensation Benefits (including 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  
Number of sources: \_\_\_\_\_
  - Income from I.R.A. or annuity  
Number of sources: \_\_\_\_\_
  - Income from self-employment (including "under the table" income)
  - Income from child support  
Name of child(ren): \_\_\_\_\_
- 
- Alimony
  - Income from ownership of rental property (does not include rent rebates)
  - Income from public assistance (TANF or General Assistance)
  - Income from lottery installment payments
  - Income from business
  - Income from military
  - Income from insurance installment payments (such as death benefits)
  - Income from regular dividends
  - Recurring income or gifts
  - Other sources of income not listed above: \_\_\_\_\_
- 
- 
-

**ASSETS**

- Certificates of Deposit  
    Number of C.D.'s: \_\_\_\_\_
  - Bonds or savings bonds  
    Number of bonds: \_\_\_\_\_
  - Treasury notes  
    Number of notes: \_\_\_\_\_
  - Stocks  
    Number of shares: \_\_\_\_\_
  - Trust Funds
  - Savings accounts  
    Number of accounts: \_\_\_\_\_
  - Checking accounts  
    Number of accounts: \_\_\_\_\_
  - Money Market accounts  
    Number of accounts: \_\_\_\_\_
  - 401K, I.R.A. or annuity accounts  
    Number of accounts: \_\_\_\_\_
  - Life Insurance policies  
    Number of policies: \_\_\_\_\_
  - Land and/or home/business property ownership  
    Number of properties: \_\_\_\_\_
  - Other investments: \_\_\_\_\_
  
  - Other assets not listed: \_\_\_\_\_
- 

I certify 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.

\_\_\_\_\_

Homeowner Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Homeowner 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 and sex based on 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/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

**Sex:**    Female                       Male

### APPLICANT #2

**Ethnicity:** Are you Hispanic or Latino?    Yes                       No

**Race:**    American Indian or Alaskan Native

Black/African American

Asian

Native Hawaiian/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

**Sex:**  Female  Male

Please list ethnicity, race, and sex of all other household members.

Name	Ethnicity	Race	Sex

**I do not wish to furnish this information.**

## LEAD BASED PAINT SUMMARY OF STANDARDS

If this dwelling was constructed before 1978, the unit must comply with HUD Lead Based Paint Regulations as stated in 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 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.

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Homeowner Signature

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Date

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Homeowner Signature

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Date

## APPLICATION REVIEW AND SIGNATURE

Everything that I have stated in this application is correct to the best of my knowledge. I understand that Cumberland County Housing and Redevelopment Authorities (CCHRA) may retain this application whether or not it is approved. By signing this application, I also agree that CCHRA is able to run a credit and background check. I give CCHRA permission to obtain verification of information from any source given in this application.

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Homeowner Signature

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Date

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Homeowner Signature

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Date

Return this completed application and \$100 application fee to:

**Susan Dunfee, Housing Programs Specialist**  
Cumberland County Housing and Redevelopment Authorities  
114 N. Hanover St.  
Carlisle, PA 17013

[sdunfee@cchra.com](mailto:sdunfee@cchra.com)  
(717) 249-0789 x171



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## Conflict of Interest Disclosure

All applicants for the Cumberland County Housing and Redevelopment Authorities (CCHRA) programs are required to disclose if they are employees of or are related to employees of CCHRA. If you are a CCHRA employee or are related to a CCHRA employee, CCHRA must obtain a conflict of interest waiver from its Board of Directors.

Name: \_\_\_\_\_

Please indicate the following condition that applies:

- I am not an employee of and am not related to an employee of CCHRA
- I am an employee of CCHRA
- I am related to an employee of CCHRA: \_\_\_\_\_

Please indicate the relationship: \_\_\_\_\_

I acknowledge and agree that any misrepresentation in this Conflict of Interest Disclosure may result in the cancellation of my application or, if the misrepresentation is discovered after the award is made, I may be required to repay the award in full on demand.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date