

**BOROUGH OF CARLISLE**

**SIDEWALK ASSISTANCE GRANT PROGRAM**

The Carlisle Sidewalk Assistance Grant program provides grants to eligible homeowners who receive a notice from the Borough that the condition of their sidewalk is in violation of the municipal code and must be repaired or replaced. Low-income homeowners may be eligible for a grant for 100% of the cost of repairs up to a maximum of $3,000. Moderate-income homeowners may qualify for a grant for 70% of costs up to a maximum of $2,100. Assistance is in the form of a grant, which does not have to be paid back. Funding is for the replacement of **deficient** curb and sidewalk only. Deficiencies that require patching only, relaying or brick or stone costing less than $300 fair market value, and surfacing of tree wells **are not** eligible for funding.

ELIGIBLE APPLICANTS:

Homeowners living in Carlisle, PA (Homeowners must use the property listed as their primary residence)

Household Income is at or below 80% of Area Median Income (AMI)

The submission of an application for this program does not constitute acceptance, meeting minimum qualification criteria, nor is it guarantee of a program award. All information submitted will be individually verified and households who provide misleading or false information will be disqualified.

Applicants must provide the following with the attached application:

❑ Photo ID

❑ Proof of Income (Paystubs, W-2s, tax filings, bank statements demonstrating regular income, attestation from an employer, job termination letter, unemployment verification letter)

❑ Copy of the SIDEWALK NOTICE/LETTER from the Borough

❑ Application

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 80% AMIModerate Income | $54,850 | $62,650 | $70,500 | $78,300 | $84,600 | $90,850 | $97,100 | $103,400 |
| 50% AMILow Income | $34,300 | $39,200 | $44,100 | $48,950 | $52,900 | $56,800 | $60,700 | $64,650 |

**HOMEOWNER INFORMATION**

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

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

**HOUSEHOLD INFORMATION**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all household members below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Member | Relationship | Date of Birth  | Annual Income | Race | Hispanic Y/N |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

**HOUSEHOLD ASSETS**

 BALANCE AMOUNT

1. CHECKING ACCOUNT BAL. $ \_\_\_\_\_

2. SAVINGS ACCOUNT BAL. $ \_\_\_\_\_\_\_\_\_\_\_

3. OTHER SAVINGS $ \_\_\_\_\_\_\_\_\_\_\_

 TOTAL HOUSEHOLD ASSETS $ \_\_\_\_\_\_\_\_\_\_\_

**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

**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. You must disclose all sources including joint accounts or assets which are held for your benefit. I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of criminal fraud. By signing below this constitutes an agreement with the Borough of Carlisle.

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

Homeowner’s Name (Printed) Homeowner’s Signature

**RETURN COMPLETED APPLICATION TO: Susan Dunfee, Housing Programs Specialist, via email at** **sdunfee@cchra.com****, or by mail 114 N Hanover St. Carlisle, PA 17013. Call 717-249-0789 x 171 if you have any questions.**