



BOROUGH OF CARLISLE

OWNER OCCUPIED REHABILITATION PROGRAM



The Carlisle Borough Owner Occupied Rehabilitation program pays for home repairs, focusing on those to correct code deficiencies, in residences of qualified homeowners. Eligible applicants include those whose primary owned residence is in Carlisle and meet certain income qualification criteria. Applicants' total household income must not exceed 80% AMI as defined by HUD.

Please provide the completed application and all required documents to: The Redevelopment Authority of Cumberland County, 114 N. Hanover St., Carlisle, PA 17013, Attn: Cindy Wise. You can also fax (717-249-4071) or email (cwise@cchra.com) your information. You may also call 717-249-0789 with questions.

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 18.
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 FEDERAL 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.
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).

APPLICATION FOR HOUSING REHABILITATION

APPLICANT NAME _____

PROPERTY ADDRESS _____

TELEPHONE _____

Email: _____

DESCRIPTION OF REHAB

AGE OF PROPERTY _____

LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS (If additional persons, list on the back.)

NAME	S.S. #	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

REAL ESTATE OWNED OTHER THAN RESIDENCE _____

ARE THERE ANY MORTGAGES, JUDGMENTS, OR OTHER LIENS FILED AGAINST YOUR HOME? YES _____ NO _____

IF YOUR ANSWER IS YES, PLEASE IDENTIFY THE NAME(S) OF THE MORTGAGE, JUDGMENT, OR LIEN HOLDER AND THE CURRENT MORTGAGE BALANCE(S): _____

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

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. 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 - No. of sources _____ (except Greenthumb, VISTA, RSVP, JTPA)
- _____ Unemployment Compensation Benefits (including 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 Pa.
 _____ Income from Insurance Installment Payments (such as Death Benefits)
 _____ Income from Regular Dividends
 _____ Recurring Income or Gifts
 _____ 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 _____
 _____ Treasury Notes- No. of Notes _____
 _____ Stocks- No. of Shares _____
 _____ Trust Funds
 _____ Savings Accounts- No. of Accounts _____
 _____ Checking Accounts- No. of Accounts _____
 _____ Money Market Accounts – No. of Accounts _____
 _____ 401K, IRA or Annuity Accounts – No. of Accounts _____
 _____ Life Insurance Policies – No. of policies _____
 _____ 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

Homeowner's Signature

Date

Homeowner's 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 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/other 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

Gender: Female Male
 I do not wish to furnish this information.

Applicant #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
 - American Indian/Alaskan native and Black/African American
 - American Indian/Alaskan native and White
 - Asian and White
 - Black/African American and 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 9 categories shown above); and gender.

1. _____
2. _____
3. _____
4. _____
5. _____

I do not wish to furnish this information.

**HOUSING REHABILITATION PROGRAM
INFORMATION TO PROPERTY OWNER**

Lead Based Paint Summary of Standards

If this unit was constructed before 1978, the unit must comply with HUD Lead Based Paint Regulations, 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 in housing rehabilitation.

Date

Homeowner's Signature

Homeowner's Signature

HOUSING REHABILITATION PROGRAM

I, the undersigned, give the Redevelopment Authority of the County of Cumberland as agents of the Borough of Carlisle, permission to obtain verification of information from any source given in this application. This information is to be used to determine eligibility for a deferred loan under the Borough of Carlisle Housing Rehabilitation Program.

Date

Homeowner's Signature

Homeowner's Signature