



BOROUGH OF CARLISLE ENERGY ASSISTANCE PROGRAM



The Carlisle Energy Assistance Program provides grants to eligible homeowners for the replacement of doors and windows and installation of insulation. 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.

In exchange, property owners shall be required to remain in their homes for a minimum of five years. If the property is sold within the five year period, a portion of the grant shall be repaid to the Borough through a declining lien provision agreed to by the owner at the time of grant acceptance.

ELIGIBLE APPLICANTS:

Homeowners living in Carlisle, PA (applicants must use the property listed as their primary residence) whose total 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)
- Three (3) detailed quotes from general contractors outlining work to be performed

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



1. HOMEOWNER INFORMATION

Name: _____ Date: _____

Phone Number: _____ Email: _____

2. 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: _____ \$ _____

2. SAVINGS ACCOUNT: _____ \$ _____

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(s)

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 (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, workman's 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.

_____ 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

GENERAL RELEASE OF INFORMATION

I/we the undersigned give the Redevelopment Authority of the County of Cumberland as agents for 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 grant under the Carlisle Borough Tree Removal & Replacement Grant Program.

Witness

Homeowner

Homeowner

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 on the basis of 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. _____
6. _____

I do not wish to furnish this information.

**RETURN COMPLETED APPLICATION AND SUPPLEMENTAL ITEMS TO JARED WOOLSTON,
DIRECTOR OF SUSTAINABLE COMMUNITY AND ECONOMIC PLANNING, VIA EMAIL AT
JWOOLSTON@CARLISLEPA.ORG, OR BY MAIL AT 53 W SOUTH ST, CARLISLE, PA 17013.**