

**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

2025 AMI

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 80% AMIModerate Income | $59,050 | $67,450 | $75,900 | $84,300 | $91,505 | $97,800 | $104,550 | $111,300 |
| 50% AMILow Income | $36,900 | $45,200 | $47,450 | $52,700 | $56,950 | $61,150 | $65,350 | $69,600 |



**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(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 CINDY WISE, EXECUTIVE ASSISTANT, 114 N. HANOVER STREET, CARLISLE, PA 17013 OR VIA E-MAIL AT** **CWISE@CCHRA.COM**