

ERIE REDEVELOPMENT AUTHORITY

APPLICATION FOR RESIDENTIAL LEAD HAZARD PROGRAM

Updated February 4, 2014

TENANT QUALIFICATION

Applicants are strongly encouraged to have children under the age of 6 blood tested for lead. This can be done by a family physician.

IMPORTANT: COMPLETE ENTIRE FORM TO AVOID PROCESSING DELAYS OR DENIAL OF APPLICATION

THIS FORM IS TO BE COMPLETED AND SIGNED BY TENANT

Tenant Name: _____ Date: _____

Home Phone Number: _____ Cell Phone Number: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Name of Landlord: _____

Ethnic & Situational Data of Tenant:

Circle All That Apply to You: Latino - African American - Caucasian - Asian - Other: _____

Handicapped Elderly (above 65) Female Head of Household Permanently Disabled

List All Resident Household Members (people living in the household full time):

1) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Tenant _____

2) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Tenant _____

3) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Tenant _____

4) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Tenant _____

5) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Tenant _____

USE A SEPARATE SHEET OF PAPER IF NEEDED

List All Non Resident Children Under the Age of 6 Who Spend More than 6 Hours Per Week in Your Home (at least three hours per visit on at least two separate visits per week) on the attached Visiting Child Document.

STATEMENT OF INCOME

You must have the attached 'VERIFICATION OF ASSETS ON DEPOSIT' form completed by your financial institution and faxed to Luann Martino at the St. Martin Center, 814-452-6113.

LIST THE ANNUAL (YEARLY) GROSS INCOME BEFORE TAXES OF ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF:

Complete actual information in this space:

<u>Household Member Name</u>	<u>Source (Job, SSI, Disability, Rental Income Welfare, Unemployment, Pension, etc)</u>	<u>Annual Income</u>

TOTAL ANNUAL HOUSEHOLD INCOME _____

YOU MUST PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN AND/OR ALL AGENCY DOCUMENTATION THAT SUPPORTS THE INCOME NUMBERS YOU PROVIDED ABOVE.

INCOME LIMITS WILL BE BASED ON THE NUMBER OF PERSONS PER HOUSEHOLD IN ERIE COUNTY AS MANDATED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) CURRENT INCOME GUIDELINES

EMPLOYMENT STATUS FOR TENANT(S):

You must have the attached 'VERIFICATION OF EMPLOYMENT' form completed by your employer and faxed to Luann Martino at the St. Martin Center, 814-461-9483.

Status of Employment - Circle All Appropriate:

Employed Full Time Employed Part Time Retired Unemployed Disabled

Tenant Current Place of Employment: _____

Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Contact Person and Position Title: _____

Other Tenant - Current Place of Employment: _____

Address: _____ Employed from (date) _____ to _____
 City: _____ State: _____ Zip: _____ Phone: _____

Contact Person and Position Title: _____

If more than two house hold members are employed, use a separate sheet to provide employment information.

AFFADAVIT

The parties signing this Application and Statement of Income do so with the understanding that this is made in support of an application for housing rehabilitation assistance, and that any false statements hereon will result in the cancellation of said housing rehabilitation and will permit recovery of any funds advanced by the Erie Redevelopment Authority that were based on this application.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Tenant Printed Name Tenant Signature Date

ERA or SMC Intake Coordinator Signature Date

RELEASE OF INFORMATION

I/We the undersigned, hereby give the Erie Redevelopment Authority written permission to obtain verification of income from any source necessary to help establish eligibility of Federal and/or State funding. We also give the Erie Redevelopment Authority written permission to share any information necessary for the operation of the Lead Program with working partners or anyone that the Erie Redevelopment Authority deems necessary.

Tenant Printed Name Tenant Signature Date

***NOTE TO TENANT: Your landlord has applied for grant funds to have lead hazards eliminated from the property in which you reside. Because of the potential lead dust generated during the process, you will be required to TEMPORARILY vacate the premises for up to 10 days. We will reimburse you and your family for meal expenses during your relocation at a per diem rate. You are encouraged to stay with a friend or relative. However If you need temporary lodging, we will provide housing for you at no charge for the period of time in which the lead hazard elimination work is being accomplished.**

PLEASE NOTE: PER DIEM IS PAID WITH IN 30 DAYS OF JOB COMPLETION.

CHECKLIST - DOCUMENTS REQUIRED FROM TENANT

ONLY PHOTOCOPIES ARE ACCEPTED. Please have copies made before sending application to us for processing.

Tenant: Please check each one as Completed

_____ Program Outline signed by tenant

_____ Completed application signed by tenant; **including this checklist**

_____ Birth Certificates for all children under age 6 (Household members and non residents)

_____ Social Security card and valid PA State ID for applicant and all household members age 6 and over. * If the person has no PA State ID, a birth certificate and Social Security card would be acceptable.*

_____ Blood Lead Results for children under age 6 if children have been tested (note: low test results will not affect the processing of your application).

_____ Current Lease

_____ Income documentation for all household members from all sources
Most Recent Tax return, W-2 Form, two months of Employer Pay Stubs
Other forms of acceptable income documentation:
Pension Statement
SSI Statement
Alimony Statement
Investment Income Statements
Other Public Assistance Statements

_____ Completed 'Verification of Assets on Deposit' Form

_____ Completed 'Verification of Employment' Form

RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST AND ALL DOCUMENTATION TO
ERIE REDEVELOPMENT AUTHORITY, 626 State Street, Room 107, Erie, PA 16501 - ATTN: Kelly
Neville (814) 870-1540 or Fax (814) 870-1331.



VERIFICATION OF ASSETS ON DEPOSIT

TO BE COMPLETED BY APPLICANT'S FINANCIAL INSTITUTION

AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the Redevelopment Authority of the City of Erie's programs which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used to determine the eligibility status and level of benefit of the household.

Dear Financial Institution Officer: Your prompt return of the requested information is greatly appreciated. Please fax completed document to 814-870-1331.

Customer Name: _____

Customer Address: _____

Name and Address of Financial Institution: _____

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ Date _____

Checking acct. # _____ Average monthly balance _____

Savings acct # _____ Current balance _____

Other Account Type: _____ Account # _____ Amount _____

Other Account Type: _____ Account # _____ Amount _____

Applicant's Financial Institution: Thank you for your prompt cooperation.



Financial Institution
Stamp
←

Signature of Authorized Representative: _____

Print Name _____

Title _____ Date _____ Phone: _____



VERIFICATION OF EMPLOYMENT

TO BE COMPLETED BY APPLICANT'S CURRENT EMPLOYER

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Erie Redevelopment Authority programs which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Dear Employer: Your prompt return of the requested information is greatly appreciated. Please fax completed document to 814-870-1331.

Employer Name: _____

Employer Address: _____

Employee Name: _____

Employee Address: _____

Employed since: _____ Occupation: _____

Full Time or Part Time (Circle One)

Base pay rate: \$ _____/Hour; or \$ _____/Week: or \$ _____/Month

Average hours/week at base pay rate: _____

Overtime pay rate: \$ _____/Hour Avg. No of overtime hours per month: _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$ _____ per _____

Total base pay for past 12 months: \$ _____ Total overtime pay for past 12 months: _____

Does the employee have access to a retirement account? ____ Yes ____ No

If Yes, what amount can they get access to: \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of applicant)

(Date)

Signature of Authorized Representative: _____

Print Name _____

Title _____ Date _____ Phone: _____

