

ERIE REDEVELOPMENT AUTHORITY
APPLICATION FOR RESIDENTIAL CDBG/HOME PROGRAM

Updated November 2017

OWNER OCCUPANT APPLICATION

IMPORTANT: COMPLETE ENTIRE FORM TO AVOID PROCESSING DELAYS OR DENIAL OF APPLICATION
***APPLICATIONS ARE VALID FOR 6 MONTHS**

Owner Name: _____ Date: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Ethnic & Situational Data. Circle all that apply to you:

Latino	African American	Caucasian	Asian
Elderly (above 65)	Female HOH	Disabled	Other: _____

List all resident household members (people living in the household full time):

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

Age: _____ Relationship to Owner/Applicant _____

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

Age: _____ Relationship to Owner/Applicant _____

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

Age: _____ Relationship to Owner/Applicant _____

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

Age: _____ Relationship to Owner/Applicant _____

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

Age: _____ Relationship to Owner/Applicant _____

STATEMENT OF INCOME

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

Household Member Name	Source (Job, SSI, Disability, rental income, Welfare, Unemployment, etc)	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total annual household income		_____

Employment Status for adult household members:

1. Status of Employment – Circle all that apply

Employed full time Employed part time Retired/Unemployed Disabled

Current place of employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Position: _____

Employment start date: _____ Contact person: _____

2. Status of Employment – Circle all that apply

Employed full time Employed part time Retired/Unemployed Disabled

Current place of employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Position: _____

Employment start date: _____ Contact person: _____

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

1. PREVIOUS ASSISTANCE

Have you ever received housing assistance from the Erie Redevelopment Authority? ____Y____N

If yes, what year? _____

2. 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 **CDBG/HOME PROGRAM** with working partners or anyone that the Erie Redevelopment Authority deems necessary.

3. PROGRAM OUTLINE

I have received, read and understand the Program Outline and Guidelines.

4. AFFIDAVIT

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 the 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.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Co-Applicant Signature

Date

ERA Intake Coordinator Signature

Date

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

CDBG/HOME Program-Owner Occupied

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

Updated: November 2017

Applicant: Please check each one as completed and submit with application

_____ Government issued photo ID for applicant and all household member(s) (adults only)

_____ Birth Certificates for **all children under age 18**

_____ Income documentation for all household members from all sources

- All pay stubs from the most recent consecutive 3 months
- Net income statement of business or profession (if applicable)
- Pension, SSI, annuities, retirement funds, or other types of periodic disbursement statements
- Unemployment, disability, worker's compensation statements
- Documentation of alimony, child support, regular contributions or gifts from individuals not residing in the dwelling
- Investment Income Statement (interest, dividends or other net income)
- Rental Income Statement
- Other Public Assistance Statements

_____ Proof that the following are current:

- Mortgage
- Property Taxes
- Water, Sewer, Refuse
- Homeowners Insurance Declaration Page

_____ Verification of Assets on Deposit form - Provide a copy of this form to each bank or financial institution which you or any adult household member have an account with and ask them to complete the form and return it directly to the Authority's office. (Alternatively, you may provide copies of six consecutive months' bank statements for each account.)

_____ Verification of Employment form - Provide a copy of this form to all employers of each adult household member and ask them to complete the form and return it directly to the Authority's office.

*Please note that social security cards for all household members will be required at initial appointment.

*Please note that your application will not be considered complete and processed until all documentation is received.

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



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: Intake Coordinator at (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 Average number 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 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 _____



Verification of Assets on Deposit

TO BE COMPLETED BY APPLICANT'S FINANCIAL INSTITUTION

AUTHORIZATION: Federal Regulations require us to verify Assets on Deposits of all members of the household applying for participation in the Erie 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 **ONLY** 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: Intake Coordinator at (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 _____

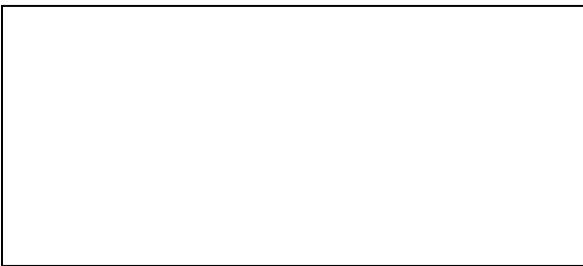
Checking account # _____ Average monthly balance \$ _____

Savings account # _____ Current balance \$ _____

Other account type: _____ Account # _____ Amount \$ _____

Other account type: _____ Account # _____ Amount \$ _____

Applicant's Financial Institution Stamp in box below



Signature of Authorized Representative: _____

Print Name: _____

Title: _____ Date: _____ Phone: _____