



Updated April 11, 2014

**ERIE REDEVELOPMENT AUTHORITY
APPLICATION FOR Rehabilitation
CDBG/HOME PROGRAM**

Type of Structure
Single Family _____ # of Bedrooms _____ Or Multi-Family _____ # of Apts. _____

OWNER OCCUPANT APPLICATION

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

Date: _____

Owner Name: _____ Spouse Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Spouse Date of Birth: _____ Spouse Age: _____

Social Security Number: _____ Spouse S.S. Number: _____

<p>Ethnic & Situational Data: Circle All That Apply to You: Latino - African American - Caucasian - Asian - Other: _____</p> <p>Handicapped Elderly(above 65) Female Head of Household Permanently Disabled</p>

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 _____

Use a separate sheet if necessary



EMPLOYMENT STATUS for applicant:

Status of Employment - Circle All Appropriate:

Employed Full Time Employed Part Time Retired Unemployed Disabled

Applicant Current Place of Employment: _____

Address: _____

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

Contact Person and Position Title: _____

Employed Full Time Employed Part Time Retired Unemployed Disabled

Spouse Current Place of Employment: _____

Address: _____

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

Contact Person and Position Title: _____

Employed Full Time Employed Part Time Retired Unemployed Disabled

Other Household Member Place of Employment: _____

Address: _____ Employed from (date) _____ to _____

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

Contact Person and Position Title: _____

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



STATEMENT OF INCOME

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

EXAMPLE		
<u>Household Member Name</u>	<u>Source (Job, SSI, Disability, Pension, etc)</u>	<u>Annual Income</u>
James Smith	Part Time Job - Bush Industries	\$10,650.00
Angela Smith	SSI Disability	\$13,150.00
TOTAL ANNUAL HOUSEHOLD INCOME		\$23,750.00

Complete your information:

<u>Household Member Name</u>	<u>Source (Job, SSI, Disability, Pension, etc)</u>	<u>Annual Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL ANNUAL HOUSEHOLD INCOME		_____

YOU MUST PROVIDE A COPY OF ALL AGENCY DOCUMENTATION THAT SUPPORTS THE INCOME NUMBERS YOU PROVIDED ABOVE.

INSURANCE, PROPERTY TAXES AND MUNICIPAL SERVICES:

Homeowners Insurance Provider: _____ Policy Number: _____

Are your property taxes current? _____

Are your water, sewer and garbage bills all current? _____

Are there any judgments against the property? _____

Have you ever received housing assistance from the Erie Redevelopment Authority? ___ YES ___ NO

If yes, what year? _____ Owners Signature _____



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 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

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.

Applicant Printed Name Applicant Signature Date

Co-Applicant Printed Name Co-Applicant Signature Date

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

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

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

_____ Program Outline signed by applicant(s)

_____ Social Security card or valid PA State ID for applicant and **all** household members

_____ Copy of Birth Certificates for **all** household members

_____ Copy of Deed for the property verifying ownership

_____ Homeowners Insurance Declaration Page

_____ Income documentation for all household members from all sources

Tax return, w-2 Form, 2 current employer pay stubs

Pension Statement

SSI Statement

Alimony Statement

Investment Income Statement

Rental Income Statement

Other Public Assistance Statements

_____ Proof that the following are current:

Property Taxes

Water, Sewer, Refuse

_____ 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 _____

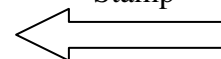
Savings acct # _____ Current balance _____

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: _____

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: _____