

April 14, 2014



ERIE REDEVELOPMENT AUTHORITY
APPLICATION FOR Rehabilitation FUNDS
CDBG ONLY

THIS APPLICATION IS VALID FOR 6 MONTHS ONLY

DATE: _____

LANDLORD APPLICATION

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

Applicant Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Type of Structure:
 Single Family _____ # of Bedrooms _____
 Or
 Multi-Family _____ # of Apartments _____ # of Bedrooms per unit _____

Have you received any previous assistance from the Redevelopment Authority of any other Agency? Yes ___ No ___

If yes, please detail what type of assistance and the month and year assistance occurred _____

List All Tenants (people living in the household full time): Please use additional paper for more household members

List All Resident Household Members (people living in the household full time): UNIT 1

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

List All Resident Household Members (people living in the household full time): UNIT 2

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

Unit #1 Ethnicity: (Caucasian) _____ (African American) _____ (Latino) _____ (Asian) _____
Other: _____

Unit #2 Ethnicity: (Caucasian) _____ (African American) _____ (Latino) _____ (Asian) _____
Other: _____

Unit #1 Handicapped: Yes _____ No _____ If yes, is person age 18 or younger? Yes _____ No _____

Unit #2 Handicapped: Yes _____ No _____ If yes, is person age 18 or younger? Yes _____ No _____

Unit #1 Permanently Disabled: Yes _____ No _____

Unit #2 Permanently Disabled: Yes _____ No _____

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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? _____

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.

In addition, any false statements can result in federal charges of fraud being brought to the applicant.

Applicant Printed Name Applicant 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.

Applicant Printed Name Applicant Signature Date

April 14, 2014



COMPLIANCE WITH STIPULATIONS: RENTAL PROPERTY

I _____ (name) do agree to the following stipulations as a result of receiving lead hazard control grant funds from the Redevelopment Authority of Erie for rehabilitation work to be performed on the property located at (address): _____.

STIPULATIONS:

1. The landlord must not raise the rent by more than 5% per year for a period of five years. This five-year period will not begin until the rehabilitation process has been completed and accepted.
2. If the occupied unit(s) should become vacant during the five (5) year period, the landlord must rent to families at or below the 80% level of the County median income. Landlord must also give priority (document a good faith effort) in renting these unit(s) that are assisted, to families that have a child under the age of six years living in the household. **NO VACANT UNITS WILL BE ACCEPTED.** This priority would be for a period of not less than FIVE years following completion of rehabilitation activities.
3. A landlord must not terminate the tenancy of a tenant of rental housing assisted with Rehabilitation Program funds except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; or for other good cause.
4. The property taxes on the unit(s) assisted must be paid up-to-date.
5. The landlord must comply with the rehabilitation strategy in order to have the five (5) year lien released from the property. The rehabilitation strategy includes having the property occupied for all 5 years and providing income documentation and certification to the ERA if a new tenant occupies the unit.

I acknowledge that if I fail to abide by the above stipulations, the matching funds or any prorated portion of the matching funds provided by the Redevelopment Authority of Erie are immediately due and payable to the Redevelopment Authority of Erie.

Applicant

Date

Witness

Date

April 14, 2014

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

_____ Program Outline signed by applicant

_____ Copy of Deed for the property verifying ownership

_____ Proof that Property Taxes are current

_____ Proof that Water, Sewer, Refuse bills are current

_____ Proof that Homeowners Insurance is current

_____ Copy of Lease Agreement(s)

_____ Agree to the Rental Stipulations

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