



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

**TENANT APPLICATION-CDBG ONLY**

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

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

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Spouse Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Spouse S.S. Number: \_\_\_\_\_

**Ethnic & Situational Data:**  
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 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 tenant/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

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**

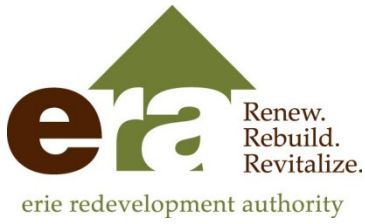
**LIST THE ANNUAL (YEARLY) GROSS INCOME BEFORE TAXES OF ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF:**

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

*Next, fill in your information:*

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

**YOU MUST PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN (IF YOU FILE TAX RETURNS), 2 RECENT PAY STUBS, OR ALL AGENCY DOCUMENTATION THAT SUPPORTS THE INCOME NUMBERS YOU PROVIDED ABOVE.**



## 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.

### 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

\_\_\_\_\_  
Tenant Printed Name                      Tenant Signature                      Date

\_\_\_\_\_  
ERA or SMC Intake Coordinator Signature                      Date

## DOCUMENTS REQUIRED TO PROCESS TENANT 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

\_\_\_\_\_ 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

\_\_\_\_\_ 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

Phone (814) 870-1540 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 \_\_\_\_\_

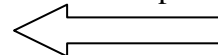
Other Account Type: \_\_\_\_\_ Account # \_\_\_\_\_ Amount \_\_\_\_\_

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.

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: \_\_\_\_\_