

**ERIE REDEVELOPMENT AUTHORITY**  
**APPLICATION FOR RESIDENTIAL CDBG-HOME REHABILITATION PROGRAM**

Updated November 2017

**TENANT APPLICATION**

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

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Name of Landlord: \_\_\_\_\_

**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. 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 for 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 Hazard Control Program with working partners or anyone that the Erie Redevelopment Authority deems necessary.

**2. PROGRAM OUTLINE**

I have received, read and understand the **CDBG-HOME Rehabilitation Program** Outline.

**3. 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

## **CHECKLIST - DOCUMENTS REQUIRED**

### **CDBG-HOME Rehabilitation Program-TENANT**

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

\*Updated November 2017

\_\_\_\_\_ Completed application signed by tenant

\_\_\_\_\_ Birth Certificates for all children under the age of 18

\_\_\_\_\_ Government issued photo ID for applicant and all adult household member(s)

\_\_\_\_\_ Social Security card for all adult household member(s)

\_\_\_\_\_ Blood Lead Results for children under age 6 if children have been tested

\_\_\_\_\_ Current Lease

\_\_\_\_\_ 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

\_\_\_\_\_ 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, a visual inspection of all household members' social security cards will be necessary to complete your application\*\*\*

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 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 \_\_\_\_\_

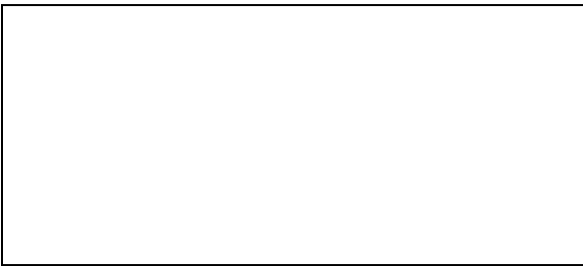
Checking account # \_\_\_\_\_ Average monthly balance \$ \_\_\_\_\_

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: \_\_\_\_\_



# 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 \_\_\_\_\_