

ERIE REDEVELOPMENT AUTHORITY
APPLICATION FOR RESIDENTIAL LEAD HAZARD PROGRAM

Updated January 31, 2014

OWNER OCCUPANT APPLICATION

Applicants are strongly encouraged to have children under the age of 6 blood tested for lead. They can be seen by a family physician.

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: _____

Social Security 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 _____

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

Age: _____ Relationship to Owner/Applicant _____

Use a separate sheet if necessary

List All Non Resident Children Under the Age of 6 Who Spend More than 6 Hours Per Week in Your Home (at least three hours per visit on at least two separate visits per week) on the attached Visiting Child Document.

STATEMENT OF INCOME

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

Complete your information:

Source (Job, SSI, Disability,

Household Member Name Rental Income, Welfare, Unemployment, etc) Annual Income

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ANNUAL HOUSEHOLD INCOME _____

YOU MUST PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN (IF YOU FILE TAX RETURNS) AND ALL AGENCY DOCUMENTATION THAT SUPPORTS THE INCOME NUMBERS YOU PROVIDED ABOVE.

INCOME LIMITS WILL BE BASED ON THE NUMBER OF PERSONS PER HOUSEHOLD IN ERIE COUNTY AS MANDATED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) CURRENT INCOME GUIDELINES

EMPLOYMENT STATUS for owner/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: _____

Household Member Place of Employment: _____

Address: _____ Employed from (date) _____ to _____

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

Contact Person and Position Title: _____

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

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? _____

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

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

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

If yes, what year? _____ Applicant Signature _____

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

_____ Birth Certificates for all children under age 6 (Household members and non residents)

_____ Social Security card and valid PA State ID for applicant and all household members age 6 and over. * If the person has no PA State ID, a birth certificate and Social Security card would be acceptable.*

_____ Blood Lead Results for children under age 6 if children have been tested (note: low test results will not affect the processing of your application).

_____ Copy of Deed for the property verifying ownership

_____ Income documentation for all household members from all sources

Most Recent Tax return, W-2 Form, 2 months of 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:

Mortgage

Property Taxes

Water, Sewer, Refuse

Homeowners Insurance

_____ 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 _____

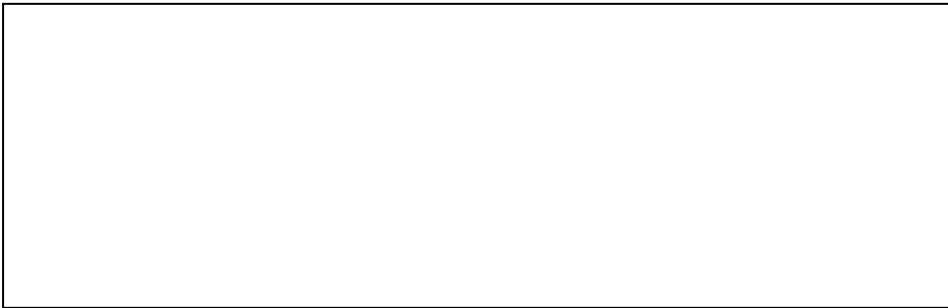
Checking acct. # _____ Average monthly balance _____

Savings acct # _____ Current balance _____

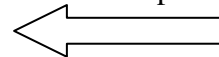
Other Account Type: _____ Account # _____ Amount _____

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: _____

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 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: _____

ERIE REDEVELOPMENT AUTHORITY
LEAD HAZARD REDUCTION
DEMONSTRATION PROGRAM
626 STATE STREET, Room 107 ERIE, PA 16501

Legal Guardian Affidavit / Visiting Children Documentation

HUD's Definition of Frequently Visiting

"A significant amount of time visiting" is visiting regularly by the same child, under six years of age, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visit lasts at least six hours, and the combined annual visits last at least 60 hours.

PARENT / LEGAL GUARDIAN CERTIFICATION

****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.

I certify that the child/children listed below are under the age of six and visit the property located at:
_____ with equal or greater frequency than described in the above
definition.

Childs Name:	Age:	Relationship:	Duration/Frequency of visits:
_____	_____	_____	_____
_____	_____	_____	_____

Home address of child/children: _____

Parent/Guardian **Print Name** _____
Date

Parent/Guardian **Signature** _____
Date

Witness - Intake Coordinator

Attach copy of Child/Children's Birth Certificate and Parent/Guardian Drivers License or valid PA Identification