

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 _____

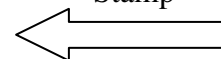
Savings acct # _____ Current balance _____

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: _____