

ERIE REDEVELOPMENT AUTHORITY

APPLICATION FOR RESIDENTIAL LEAD HAZARD PROGRAM

Updated March 2013

OWNER OCCUPANT APPLICATION

Applicants are strongly encouraged to have children under the age of 6 blood tested for lead. This may be accomplished for a nominal fee, or free of charge for the uninsured through the PA Department of Health.

**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

Check 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)

1) First, Last Name _____ D.O.B: _____

Age: _____ Relationship to Owner/Applicant _____

Purpose of visits: _____

2) First, Last Name _____ D.O.B: _____

Age: _____ Relationship to Owner/Applicant _____

Purpose of visits: _____

Parent or Legal Guardian Information:

Name: _____

Address: _____

Phone Number: _____

PLEASE NOTE: PARENT OR GUARDIAN, WITH VALID PHOTO ID WILL BE REQUIRED TO SIGN AN AFFIDAVIT IN THE PRESENCE OF AN ERA OR ST. MARTIN CENTER OFFICIAL STATING THAT THE CHILD SPENDS THE REQUIRED AMOUNT OF TIME IN APPLICANT'S HOUSE.

EMPLOYMENT STATUS for owner/applicant:

Status of Employment - Check 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.

STATEMENT OF INCOME

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

EXAMPLE		
<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>
TOTAL <u>ANNUAL</u> HOUSEHOLD INCOME		\$23,750.00

Next, fill in your information:

<u>Household Member Name</u>	<u>Source (Job, SSI, Disability, Pension, etc)</u>	<u>Annual Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL <u>ANNUAL</u> 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 BY NUMBER OF PERSONS PER HOUSEHOLD IN ERIE COUNTY FOR FY 2011 AS MANDATED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD):

Low to Moderate Income (FY 2013)	
Family Size	Income Limit
1	\$33,750
2	\$38,550
3	\$43,350
4	\$48,150
5	\$52,050
6	\$55,900
7	\$59,750
8	\$63,600

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