DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

Landlord

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

Updated: August 2026

_____ Copy of photo ID for all owners named on deed

_____ Proof of Current Registration with the City of Erie Rental Registration Program (City of Erie ONLY)

_____ Copy of leases for occupied units

_____Proof that the following are current*:

- **_____Property Taxes**
- **_____Water, Sewer, Garbage**
- **_____Homeowners Insurance Declaration Page**

_____ "Compliance with Stipulations" signed by landlord

_____Completed General Application for each unit in property (you will need to request these applications from us, one for each unit for which you are applying.

RACE Office use only: QCT # _____ *(If applicable)*

___ LHRD

___ ARP

___ City CDBG

___ County CDBG _____

___ Act 137 _____

___ OWB

___ Previous Assistance Check
Year: _____ Type: _____

***Please note that a Current Date is considered to be within 90 Days. Older Documents will not be accepted.**

****Please note that your application will not be considered complete and processed until all documentation is received.**

*****If you are applying for more than one property, you will need to complete this landlord application (including supporting documentation) for EACH property.**

LANDLORD IS RESPONSIBLE FOR UP TO 10% OF TOTAL PROJECT COST PER UNIT RECEIVING WORK

Non-occupant rental property owners must provide a $1,000 escrow payment at intake to cover the property's Lead Inspection and Risk Assessment (LIRA). If the project proceeds, the full payment will be applied toward the owner's required contribution. If the owner chooses not to proceed after the LIRA is completed, the payment will be retained to cover the cost of the LIRA.

RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST AND ALL DOCUMENTATION TO
Redevelopment Authority of the City of Erie, 626 State Street Room 107, ERIE PA 16501
ATTN: Program Administrator
Phone (814) 870-1540 or Fax (814) 870-1331

REDEVELOPMENT AUTHORITY OF THE CITY OF ERIE
APPLICATION FOR RESIDENTIAL HOUSING REHABILITATION

Updated August 2026

Applicants are strongly encouraged to have children aged 5 and under blood tested for lead. They can be seen by a family physician.

LANDLORD APPLICATION

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

Owner Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Address of Rental Property:

_____

City: _____State: _____ Zip Code: _____

Number of housing units in the structure: _____ (cannot be more than four (4)).

Tenant/Unit Information (if vacant, indicate on 'tenant name' line):

Unit # 1: First, Last Name _____

No. of persons in Household: _____Adults _____ Children 6-18 _____Children aged 5 and under

Full address for this tenant, including unit/apt. #:

_____

Unit # 2: First, Last Name _____

No. of persons in Household: _____Adults _____ Children 6-18 _____ Children aged 5 and under

Full address for this tenant, including unit/apt. #:

_____

Unit # 3: First, Last Name _____

No. of persons in Household: _____Adults _____ Children 6-18 _____ Children aged 5 and under

Full address for this tenant, including unit/apt. #:

_____

Unit # 4: First, Last Name _____ No. of persons in Household: _____Adults _____ Children 6-18 _____ Children aged 5 and under

Full address for this tenant, including unit/apt. #:

_____

COMPLIANCE WITH STIPULATIONS: RENTAL PROPERTY

I, _____ (name), agree to the following stipulations in exchange for receiving Lead Hazard Control Program funds from the Redevelopment Authority of the City of Erie for lead hazard control work to be performed on the property located at (address):_____

I further understand that these stipulations will remain in effect for three years from the date that the Lead Hazard Control Program has been completed and accepted.

STIPULATIONS:

1. Monthly rent shall not exceed the HUD Fair Market Rent for the unit size/type and may not be increased more than 5% per year for a period of three years.

2. Landlord must give priority (and document a good faith effort) in renting the assisted unit(s) to families that have a child under the age of six years living in the household.

3. A landlord shall not unfairly terminate the tenancy of a tenant of rental housing assisted with Lead Hazard Control Program funds except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local laws; or for other good cause.

4. The owner shall maintain all municipal accounts (property taxes, garbage, sewer, etc.) to be current and in good standing.

5. The owner shall maintain the property in a manner to protect and preserve the lead hazard controls.

I acknowledge that if I fail to abide by the above stipulations, all or part of the funds provided by the Lead Hazard Control Program will be immediately due and payable to the Redevelopment Authority of the City Erie.

Executed in the presence of:

_____ _____

RACE Staff Member Applicant

_____ _____

RACE Staff Member Co-Applicant

1. **PREVIOUS ASSISTANCE**
   Have you ever received housing assistance from the Redevelopment Authority of the City of Erie?

   ____Y_____N

   If yes, what year? _____ What address? _____

2. **GENERAL HOUSING QUESTIONS** *These help determine qualifying funding sources. Please do not leave blank.*

Are you the owner of this property? **YES** **NO**

Is there a mortgage on the property? **YES** **NO**

If no mortgage, is it paid off? **YES** **NO**

If there is a mortgage, is it current or able to be made current?

YES **NO**

Are property taxes, and water, sewer, and refuse bills current or able to be made current?

YES **NO**

Are you on a payment plan for any of the above? If "yes," please explain.

_____

_____

Do you live in this residence? **YES** **NO**

Are you a provider for Housing Choice Voucher (HCV), or Section 8, tenants?

YES **NO**

Is there a current, valid homeowner's insurance policy on the property?

YES **NO**

If you do not live in this residence, please explain if it is currently vacant and you plan to move in, if you are a landlord of this property, or other circumstances. If this property has tenants that are renting from you, please provide tenant information on a separate sheet of paper.

_____

_____

Does this property contain: **One Unit** **Two Units**

Four Units **More than 4 units**

3. **Is there a child AGED FIVE (5) OR UNDER who lives in this residence or who spends more than six (6) hours per week at this residence?**

YES **NO**

Please list the age(s) of the child(ren) AGED FIVE (5) AND UNDER, and state whether each lives in the residence or if they are visiting.

_____

_____

_____

4. **RELEASE OF INFORMATION**

I/We the undersigned, hereby give the Redevelopment Authority of the City of Erie 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 Redevelopment Authority of the City of Erie written permission to share any information necessary for the operation of the residential housing rehabilitation programs which they operate, with working partners, or with anyone that the Redevelopment Authority of the City of Erie deems necessary.

5. **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 herein will result in the cancellation of said housing rehabilitation and will permit the recovery of any funds advanced by the Redevelopment Authority of the City of Erie 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
_____	_____	
RACE Program Administrator Signature	Date	

Homeowner:
Property Address:

HOMEOWNER PROPERTY CONDITION SURVEY

System	**Condition**	**Notes** (required for poor condition)
Roof	☐Good ☐Fair ☐Poor	
Siding	☐Good ☐Fair ☐Poor	
Porch	☐Good ☐Fair ☐Poor	
Foundation	☐Good ☐Fair ☐Poor	
Windows	☐Good ☐Fair ☐Poor	
Doors	☐Good ☐Fair ☐Poor	
Plumbing	☐Good ☐Fair ☐Poor	
Electrical	☐Good ☐Fair ☐Poor	
Furnace/Boiler	☐Good ☐Fair ☐Poor	
Bathroom	☐Good ☐Fair ☐Poor	
Kitchen	☐Good ☐Fair ☐Poor	
Stairs	☐Good ☐Fair ☐Poor	
Health and Safety	☐Good ☐Fair ☐Poor	
Interior Condition	☐Good ☐Fair ☐Poor	

Number of rooms in the home:	Number of Bedrooms:
Are there functioning smoke alarms?	
Overall condition of the home? ☐Good ☐Fair ☐Poor	
Describe any dangerous conditions that require immediate attention:	
What items do you feel cause the greatest concern to your/your tenant(s)' health?	