DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

_____ Government-issued valid **photo ID** for applicant and all household member(s) aged 18 and older

_____ Copy of **birth certificates** for all household members

_____ Copy of **Social Security cards** for all household members

_____**Income documentation** for **all household members** from **all sources** for **the most recent 90 days.**

-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

_____ Copies of the most recent **three (3) months of bank account statements**, for all accounts held by all household members aged 18 or older.

_____**Applicant Certification and Affidavit of Income and Assets –** All persons named on the deed need to sign this.

_____Proof that the following are current: *(Homeowners only)*

-Mortgage (or copy of **satisfaction**, if mortgage is paid off)
-**Property Taxes**
-**Water, Sewer, Refuse**
-**Homeowner's Insurance Declaration Page**

_____**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.

_____ **Property Conditions Survey**

_____ Copy of medical **lab results** showing elevated blood lead level in child, if applicable.

***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**.

Return completed applications to:
The Redevelopment Authority of the City of Erie
626 State Street, Room 107, Erie, PA 16501
Attention: Program Administrator
Phone: 814.870.1540/Fax 814.870.1331
Email intake@redeveloperie.org

RACE Office use only:

___ Other: _____

___ARPA HH
___ LHRD
___ PA ARPA Lead
___ WHRP
___ City CDBG
___ County CDBG _____
___ Act 137 _____
___ PHARE

Municipality # _____

_____

___ Previous Assistance? *Year*_____ *Type*_____

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

Owner Name: _____ Date: _____

Property Address: _____

City: _____ State: _____Zip Code: _____Phone number: _____
Circle one: Cell Home

E-mail address: _____Date of Birth: _____Age: _____

Preferred method of communication: CALL TEXT E-MAIL U.S. MAIL

Ethnic & Situational Data. Circle all that apply to you:

Latino	African American	Caucasian	Asian
Elderly (above 65)	Female Head of Household	Disabled	Active Duty Military or Veteran

Other: _____

Please check this box if you: Need translation services: ☐ Have mobility issues: ☐

Please explain: _____

HOW MANY PEOPLE LIVE IN THE HOME FULL TIME? _____

"FULL-TIME" INCLUDES STUDENTS 18 OR OLDER WHO ATTEND SCHOOL OR ARE IN THE MILITARY BUT RETURN TO THIS AS THEIR PRIMARY RESIDENCE; MINOR CHILDREN WHO SPEND THE MAJORITY OF THEIR TIME LIVING IN THIS RESIDENCE, OR ANY OTHER PERSON WHO USES THIS AS A PERMANENT ADDRESS.

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

Age: _____ Relationship to Owner/Applicant_____ Type of Income: _____

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

Age: _____ Relationship to Owner/Applicant_____ Type of Income: _____

3. First, Last Name _____ D.O.B._____

Age: _____ Relationship to Owner/Applicant_____ Type of Income: _____

4. First, Last Name _____ D.O.B._____

Age: _____ Relationship to Owner/Applicant_____ Type of Income: _____

If there are more than 4 people living in the household, please provide their information on the back of this page.

PREVIOUS ASSISTANCE

Have you ever received assistance from the Redevelopment Authority of the City of Erie?

YES **NO** If yes, what year? _____

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

A. Do you live in this home? **YES** **NO**

B. Are you the owner of this home? **YES** **NO**

If you RENT, skip to Section N. If you are a renter, please know that your landlord must also apply in order for your application to be processed. ONLY your income information is considered for approval.

C. Is this a mobile home? **YES** **NO**

D. If yes, is it on a permanent foundation? **YES** **NO**

Please note that any mobile home not on a permanent foundation is NOT ELIGIBLE for assistance through any of our current grants. We apologize for any inconvenience.

E. Is there a mortgage on the home? **YES** **NO**

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

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

YES **NO**

H. Is anyone else named as an owner of this home, who does not currently live there?

YES **NO**

If yes, please explain. Additional documentation (death certificate, divorce decree, etc.) may be required. Please note that any living person named on the deed must be willing and able to sign a contract in order for any work to be performed on a residence.

_____

_____

I. Is there active homeowners' insurance on the home? YES NO

J. Does this property contain: a) One Unit b) Two Units c) Four Units d) More than 4 units

K. Are property taxes, water, sewer, and refuse bills current?

YES **NO**

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

M. If you do not live in this home, please explain the circumstances. If this property has tenants that are renting from you, please provide tenant information on a separate sheet of paper.

N. Is there a child 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 of any child FIVE (5) AND UNDER, and whether the child lives in the home or is a visitor. (Add additional sheet if necessary)

Name: _____ Age: _____ Lives in home? _____ Visits? _____

Name: _____ Age: _____ Lives in home? _____ Visits? _____

Name: _____ Age: _____ Lives in home? _____ Visits? _____

O. 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.

P. 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 Processed (Part 5)

STATEMENTS OF UNDERSTANDING

Please initial next to each statement below, indicating our understanding of Redevelopment Authority of the City of Erie ("RACE") policies and procedures, and sign and date the bottom. This completed form MUST be returned along with all other required supporting documents. Failure to complete this page, or refusal to comply with RACE policies and procedures, may disqualify you from being eligible for assistance through RACE programs.

_____ I understand that the Redevelopment Authority of the City of Erie (RACE) cannot provide me with a specific timeframe as to when my application will be processed, or, if my project is approved, when the work will be performed.

_____ I understand that while I can contact the RACE office to ask informational questions about the programs and services they provide, that doing so will NOT expedite the processing of my application.

_____ As such, I understand that when it is my turn in the queue, that RACE will contact me.

_____ I understand that my application will NOT be processed if any of the required documentation is missing.

_____ I understand that it is a federal guideline that all financial documents have to be updated every six months, and that it is possible that my eligibility for a program could change based on changes in my household income.

_____ I understand that the receipt or submission of an application does not constitute acceptance into any RACE program(s), and is not a contract nor a guarantee of work to be performed.

_____ I understand that I am not "approved" for work to be done on my home until I attend and complete a contract closing with the RACE Program Manager and the contractor who will be doing the work.

_____ I understand that RACE does not and can not under any circumstances perform emergency repairs.

_____ _____

Signature of Applicant Date

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 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. Please **fill out all personal information,** and **sign release *before*** submitting to your Employer/H.R. Dept. for Completion.

Dear Employer: Your prompt return of the requested information is greatly appreciated. Please fax completed document to: *Program Administrator at (814) 870-1331*.

Employer Name: _____Employer Phone: _____

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 _____Date_____

Print Name _____Title _____

APPLICANT CERTIFICATION AND AFFIDAVIT of Income and Assets

I/We hereby certify that the information provided to the Redevelopment Authority of the City of Erie ("RACE") in connection with this application is true, complete, and accurate to the best of my/our knowledge and belief.

I/We understand that eligibility for assistance is based upon the information and documentation provided and that RACE may rely upon such information in determining eligibility for federally funded programs.

I/We certify that all sources of income, assets, bank accounts, investments, real property interests, businesses, and other financial resources belonging to any household member have been fully disclosed. I/We further certify that no material information has been omitted, withheld, or misrepresented.

I/We understand that RACE may independently verify any information provided and may request additional documentation at any time. Failure to provide requested information may result in denial, termination, or recapture of assistance, as permitted by program requirements.

I/We understand that knowingly providing false, fictitious, or fraudulent statements or representations to obtain federal assistance may constitute a violation of federal law, including 18 U.S.C. § 1001, and may result in civil, administrative, and/or criminal penalties.

I/We certify under penalty of perjury that the foregoing statements are true and correct.

Applicant Signature: _____ Date: _____

Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Printed Name: _____

HOMEOWNER PROPERTY CONDITIONS SURVEY

In partnership with

Homeowner:		
Property Address:		
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 health?		

Is/has anyone in the home:

_____ Aged five (5) or younger?

_____ Aged 65 or older?

_____ Disabled? (Explain)

_____

_____ Living with a chronic illness? (Explain)

_____

_____ Asthmatic or have COPD? (circle any that apply)

_____ Allergic to environmental triggers

(Explain) _____

_____ Had any emergency room visits in the past 5 years directly related to something within your house/dwelling?

(Explain)_____

_____ Experiencing housing instability?

_____ Experiencing food instability?

Before submitting your application, please ensure that you have answered each question fully, and included ALL required documents needed. We cannot process incomplete applications.