



Redevelopment Authority of the City of Erie

814.870.1540626 State Street, Room 107
Erie, PA 16501
814.870.1540

RedevelopErie.org
814.870.1540
Fax 814.870.1331

PLEASE READ BEFORE PROCEEDING:

Thank you for your interest in our housing rehabilitation programs.

We understand your need and are working diligently to administer our services to as many Erie residents as possible, as timely as we are able. We have had an overwhelming response to our various grant programs over the past year, and we are working through our waitlists as quickly as we can.

We currently are unable to offer any specific timeframe estimates of when an application will be processed or when work will be performed.

As we process applications, we do so based on the order in which they were/are received, and we are presently working through a significant backlog. Additionally, the ongoing COVID-19 pandemic continues to cause uncontrollable delays, shortages, and supply chain interruptions, which directly impact the deployment of our programs.

When it is your turn in the queue, we will contact you to begin your intake process. Please note that while you are welcome to contact our office at any time with informational questions about our programs and services, doing so will not expedite the processing of your application.

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.

Please know that applications and financials have to be updated every six months, without exception. It is likely that you will have to provide updated documentation multiple times throughout this process.

We appreciate your understanding and patience as we strive to help our community as efficiently as we can!

Warmest regards,

Holly M. Cook (she/her)

Director of Program Administration

Redevelopment Authority of the City of Erie

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

Landlord

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

Updated: September 2022

_____ 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 20% OF TOTAL PROJECT COST PER UNIT RECEIVING WORK*****

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.

**ERIE REDEVELOPMENT AUTHORITY
APPLICATION FOR RESIDENTIAL**

Updated March 2022

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	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Siding	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Porch	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Foundation	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Windows	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Plumbing	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Electrical	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Furnace/Boiler	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Bathroom	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Stairs	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Health and Safety	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Interior Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Number of rooms in the home:	Number of Bedrooms:
Are there functioning smoke alarms?	
Overall condition of the home? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Describe any dangerous conditions that require immediate attention:	
What items do you feel cause the greatest concern to your health?	

