



# 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.***

***Please note, that we are unable to perform any emergency repairs. Please let us know if you are without heat or if your hot water tank is non-functioning.***

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

- \_\_\_\_\_ Government-issued valid photo ID for applicant and all household member(s) aged 18 and older
- \_\_\_\_\_ Birth certificates for all household members
- \_\_\_\_\_ Copies of social security cards for all household members (will be destroyed after verification)
- \_\_\_\_\_ Income documentation for all household members from all sources & **MUST have a current date\***
  - 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 **for the current benefit year**
  - 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

- \_\_\_\_\_ Proof that the following are current: (*Homeowners only*)
  - Mortgage
  - Property Taxes
  - Water, Sewer, Refuse
  - Homeowner's Insurance Declaration Page

<b>RACE Office use only:</b>		QCT # _____ ( <i>If applicable</i> )
___ LHRD	___ Previous Assistance Check	
	Year: _____	Type: _____
___ ARP		
___ City CDBG		
___ County CDBG		
___ Act 137		

- \_\_\_\_\_ Verification of Assets on Deposit form - Provide a copy of this form to each bank or financial institution which you or any adult household member have an account with, and ask them to complete the form and return it directly to the Authority's office. **Please do NOT send bank statements.**

- \_\_\_\_\_ 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 Condition Survey

- \_\_\_\_\_ COVID-19 Impact Statement

\*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 YOUR FULLY COMPLETED APPLICATION, CHECKLIST, AND ALL DOCUMENTATION TO:**

**Redevelopment Authority of the City of Erie, ATTN: Program Administrator  
626 State Street Room 107, ERIE PA 16501 Phone (814) 870-1540 or Fax (814) 870-1331**

# REDEVELOPMENT AUTHORITY OF THE CITY OF ERIE

## APPLICATION FOR RESIDENTIAL HOUSING REHABILITATION

Updated January 2023

**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: \_\_\_\_\_

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

Latino                      African American                      Caucasian                      Asian

Elderly (above 65)                      Female HOH                      Disabled                      Other:

Please check this box if you need translation services or other special accommodations. ☐

Please explain: \_\_\_\_\_.

### **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 \_\_\_\_\_

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

### STATEMENT OF INCOME

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

Household Member Name	Source (Job, SSI, Disability, rental income, Welfare, Unemployment, etc.)	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total annual household income \$** \_\_\_\_\_

### **Employment Status for adult household members:**

#### **1. Status of Employment – Circle all that apply**

Employed full time      Employed part time      Retired/Unemployed      Disabled

Current place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Contact person: \_\_\_\_\_

#### **2. Status of Employment – Circle all that apply**

Employed full time      Employed part time      Retired/Unemployed      Disabled

Current place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Contact person: \_\_\_\_\_

If more than two household members are employed, use separate sheet to provide employment information.

**1. PREVIOUS ASSISTANCE**

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

\_\_\_Y\_\_\_N                      If yes, what year? \_\_\_\_\_

**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.

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Do you live in this residence?                      YES                      NO

Are you a Housing Choice Voucher (HCV), or Section 8, recipient?

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.

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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.

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4. Has this property received a code violation or any other notice from the City of Erie? Please specify.

YES

NO

5. **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.

6. **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	
_____ Printed Name of Preparer	_____ Relationship or Organization	_____ Signature of Preparer
		_____ Date

Homeowner:
Property Address:

### HOMEOWNER PROPERTY AND HEALTH 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	
Do you have any appliances that are non-functioning? Please explain.		

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?

**IS ANYONE IN THE HOME:**

\_\_\_\_\_ Aged five (5) or younger?

\_\_\_\_\_ Aged 65 or older?

\_\_\_\_\_ Disabled? (Explain) \_\_\_\_\_

\_\_\_\_\_ Suffering from chronic illness? (Explain) \_\_\_\_\_

\_\_\_\_\_ Asthmatic or have COPD? (circle whichever applies)

\_\_\_\_\_ Allergic to environmental triggers? (Explain) \_\_\_\_\_

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

\_\_\_\_\_ Experiencing any other extenuating circumstance? (Explain)

**USE THIS SECTION TO DESCRIBE ANY WAYS IN WHICH ANY PERSON IN YOUR HOUSEHOLD WAS ADVERSELY IMPACTED BY THE COVID-19 PANDEMIC. This can include loss of wages, illness, food insecurity, housing instability, or any other ways in which the COVID-19 pandemic has caused hardship for anyone in your household:**

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## 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 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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_



## Verification of Assets on Deposit

**TO BE COMPLETED BY APPLICANT'S FINANCIAL INSTITUTION –**

**PLEASE DO NOT SEND BANK STATEMENTS**

**AUTHORIZATION:** Federal Regulations require us to verify Assets on Deposits 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 Bank for Completion.

**Dear Financial Institution Officer:** Your prompt return of the requested information is greatly appreciated. Please fax completed document to: Program Administrator at (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 account # \_\_\_\_\_ Average monthly balance \$ \_\_\_\_\_

Savings account # \_\_\_\_\_ Current balance \$ \_\_\_\_\_

Other account type: \_\_\_\_\_ Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other account type: \_\_\_\_\_ Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Applicant's Financial Institution Stamp in box below**

**Signature of Authorized Representative:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_