

**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.

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.

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. 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:
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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 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:
