

**Clarion County Redevelopment Authority
Whole-Home Repairs Program Application**

APPLICANT INFORMATION:

Applicant 1 Name: _____

Applicant 2 Name: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

Phone: _____

Phone: _____

PROPERTY INFORMATION:

Is this your primary residence? YES NO

Address: _____

City, State, Zip: _____

Municipality: _____

Title Holder: _____

HOUSEHOLD INFORMATION: *List the names, ages, and demographics for ALL additional household members below:*

Name: _____

Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL # of Household Members with a Disability: _____

TOTAL # of Hispanic Household Members: _____

TOTAL # of each Race for Household Members:

American Indian or American Native - _____
 Asian - _____
 Native Hawaiian or Pacific Islander - _____
 Black or African American - _____
 White - _____

INCOME INFORMATION:

GROSS Household Income:

Source Monthly Income

Wages \$ _____

Unemployment \$ _____

Social Security \$ _____

Pension \$ _____

SSI \$ _____

Black Lung \$ _____

Real Estate \$ _____

OTHER \$ _____

TOTAL: \$ _____

Monthly Housing Expenses:

Source Monthly Income

Mortgage Payment \$ _____

Utility Schedule \$ _____

Hazard Insurance \$ _____

County Tax \$ _____

School Tax \$ _____

Twp/Boro Tax \$ _____

Other Tax \$ _____

OTHER Expense(s) \$ _____

TOTAL: \$ _____

(CONTINUED ON REVERSE)

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Permission form to verify deposits, mortgages, and request a credit report:

I (We) would like to apply for assistance under the homeowner rehabilitation program. As a first step, I (we) realize that the property will be inspected for defective conditions in relation to program standards.

I (We) hereby authorize the Clarion County Redevelopment Authority (CCHRA) or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the CCHRA the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the CCHRA or purposes of the program.

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Economic and Community Development (DCED) has a right of access to financial records held by any financial institution in connection with the consideration or administration of the HOME Program and/or Community Development loan for which you have applied. Financial records involving your transactions will be available to the DCED without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

I (We) hereby acknowledge that I (we) have read and understand the above statement concerning the Right to Financial Privacy Act of 1978.

I (We) certify that the information contained in this application is true and correct to the best of my knowledge. I understand that under U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application, can result in prosecution under Federal law, and that I can be fined, not more than \$10,000, and/or imprisoned for not more than five (5) years, if found guilty.

Signature of Applicant

Date

Signature of Applicant

Date

Please sign, date and return this completed application with the following documentation to: CCHRA
8 West Main Street
Clarion, PA 16214

Required Documentation Checklist:

- Completed and Signed copy of this form.
- Verification of Gross Household Income:
 - 4 Bi-weekly pay stubs OR 8 weekly pay stubs from the last 60 days
 - Self-employed applicants must attach 3 years of Federal & State Tax Returns
 - Persons receiving Social Security benefits or Civil Service benefits:
 - benefit adjustment letter from Social Security Administration for this year
 - benefit adjustment letter from Civil Service for this year
 - Person receiving pensions should attach 1099 Form from pension providers for previous year.
 - Persons receiving alimony or child support should attach verification of the child support or alimony received, in the form of a separation agreement or court order.
- Copy of the Deed to your home
- Copy of Driver's License or Real ID, etc.
- Copy of your most recent Mortgagee Statement
- Attach copies of most recent Bank and Savings Statements
- Verification of Homeowner's Insurance
- Most recent Property Tax Receipt
- Completed Homeowner's Pre-Inspection Checklist

