

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

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

Updated: June 2022

Applicant: Please check each one as completed and submit with application

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

_____ Birth certificates for all household members aged 17 or younger

_____ 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
- 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:

- Mortgage
- Property Taxes
- Water, Sewer, Refuse
- Homeowner's Insurance Declaration Page

RACE Office use only:	QCT # _____ (if applicable)
___ LHRD	
___ ARP	
___ City CDBG	
___ County CDBG _____	
___ Act 137 _____	
___ OWB	

_____ 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

_____ 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.

*Please note that a Current Date is considered to be within 90 Days. Older Documents will not be accepted.

*Please note that Social Security cards for all household members will be required at initial appointment.

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

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

Updated June 2022

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: _____

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 _____

5) First, Last Name _____ D.O.B. _____
Age: _____ Relationship to Owner/Applicant _____

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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.

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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

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

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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

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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 _____

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Verification of Assets on Deposit

TO BE COMPLETED BY APPLICANT'S FINANCIAL INSTITUTION

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: _____

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Redevelopment Authority of the City of Erie

626 State Street, Room 107
 Erie, PA 16501
 814.870.1540

RedevelopErie.org

Fax 814.870.1331

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? Good Fair Poor

Describe any dangerous conditions that require immediate attention:

What items do you feel cause the greatest concern to your health?