



HOME & MANUFACTURED HOME REPAIR PROGRAM APPLICATION

Instructions: Information in this application is strictly confidential and will not be released to persons outside of the program without written permission from the applicant. Information is requested to establish eligibility and for federal reporting requirements. Program only for Lancaster County residents outside of Lancaster City limits. If you need help completing the form, please call (717) 394-0793.

Section I – Owner Information

Name _____	Social Security No. ____ - ____ - ____	
Address _____		
City _____	State <u>PA</u> Zip _____	
Home Phone (____) _____	Cell Phone (____) _____	Date of Birth _____
Email _____	Marital Status _____	
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____		

Section II – Co-Owner Information

Name _____	Social Security No. ____ - ____ - ____	
Address _____		
City _____	State <u>PA</u> Zip _____	
Home Phone (____) _____	Cell Phone (____) _____	Date of Birth _____
Email _____	Marital Status _____	
Relationship to Applicant _____		
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____		

Section III – Owner’s Employment and Income History

Employer Name _____	Occupation _____	
Address _____		
City _____	State <u>PA</u> Zip _____	
Years Employed _____	Gross Monthly Income \$ _____	Pension \$ _____
Other sources of income, the amount, and the frequency (social security, child support, alimony, public assistance, unemployment, veteran’s benefits, etc.): _____		

Section IV – Co-Owner’s Employment and Income History

Employer Name _____ Occupation _____
 Address _____
 City _____ State PA Zip _____
 Years Employed _____ Gross Monthly Income \$ _____ Pension \$ _____
 Other sources of income, the amount, and the frequency (social security, child support, alimony, public assistance, unemployment, veteran’s benefits, etc.): _____

Section V – Family Members Living in the Household

Name	Date of Birth	Social Security #	Relationship to Owner	Gross Monthly Income*
				\$
				\$
				\$
				\$
				\$

**Gross Monthly Income for those over the age of 18. Gross income includes, but is not limited to, gross wages before taxes, social security or supplemental security benefits, public assistance, worker’s compensation, unemployment compensation, child support or alimony, veteran’s benefits, pensions, and benefits paid to guardians for children under the age of 18.*

Do you have a child under the age of 6 that lives or visits your home for at least 6 hours per week?

Yes No Relationship to Child: _____

Is everyone listed on the deed a United States Citizen? Yes No

Has anyone listed on the deed ever declared bankruptcy? Yes No

*If you answered “Yes”, was the bankruptcy discharged? Yes No

*If you answered “Yes”, when (date) was the bankruptcy discharged? _____

*If you answered “No”, please explain why the bankruptcy has not been discharged? _____

Section VI – Assets – Do you have any of the following:

Checking Account Savings Account U.S. Savings Bonds Marketable Securities
 CDs, Stocks, Bonds, IRAs Money Market Retirement Account(s) Other _____

Section VII – About the Home

How many years have you lived at this address? _____

Mortgage Company _____

Current Loan Balance \$ _____ Mortgage Payment \$ _____

Do you have a second mortgage on this property? Yes No

Current Second Mortgage Balance \$ _____ Mortgage Payment \$ _____

Are taxes and homeowner’s insurance included in your monthly mortgage payment? Yes No

Are you experiencing any of the following?

Lack of heat Lack of water Severely deteriorated electrical service

Lack of adequate waste treatment facilities Conditions threatening the collapse of the home

Do you live in a mobile home or manufactured home? Yes No

*If you answered “Yes”, are you the owner of the land? Yes No

*If you answered “No”, can you supply a copy of your land lease agreement? Yes No

*Is the home on a permanent foundation? Yes No

Do you rent any part of your home? Yes No

*If you answered “Yes”, please explain: _____

Are all real estate taxes currently paid? Yes No

Have you ever received assistance from the Home Repair Program in the past? Yes No

Have you applied to the Home Repair Program in the past? Yes No

*If you answered “Yes”, when? _____

What repairs or replacements are you requesting for your property that cause safety hazards?

Air Conditioner Electrical System Floor Foundation Heating Lead

Mold Removal Plumbing Roof Septic System Water Damage Water Heater

Other (please explain): _____

Section VIII – Homeowner’s Expenses

Mortgage	\$	Per month	Trash	\$	Per month
Water & Sewer	\$	Per month	Electric	\$	Per month
Gas	\$	Per month	Oil	\$	Per month
Homeowner’s Insurance*	\$	Per month	Taxes*	\$	Per month

**If not included in mortgage*

Section IX – Documents/Information to bring for your Initial Interview and Acknowledgement and Agreement (KEEP THIS PAGE)

Once this application has been received by our office and the proper procedures completed, the applicant and/or co-applicant will be contacted to schedule an Initial Interview. Please gather the documents below, copies or originals, and bring to our meeting.

1. The deed to your property or properties. The title of your home if you live in a mobile or manufactured home.
2. Mortgage statements showing the account number, address, and principal balance for all mortgages on the property (including home equity loans and lines of credit).
3. If you live in a mobile or manufactured home, a copy of your land lease agreement.
4. The Declaration Page from your current homeowner's insurance policy.
5. Your last four (4) pay-stubs, Social Security benefit statement of the current year, and/or other income documents. This information is required for all household members over the age of 18 and reside in the home.
6. Your most recent federal and state tax returns. If you are self-employed, we will need two (2) years of federal and state tax returns.
7. Your most recent municipal / county and school property tax bills.
8. Last four (4) months of all checking and savings account statements, including any CDs, stocks, bonds, money markets, IRAs, retirement accounts, etc.
9. Your most recent credit card statement(s) and loan statement(s) for all credit cards and loan statement(s), showing the account number, minimum monthly payment, and principal balance.

I/we have read the Home & Manufactured Home Repair Program Application Form and understand that my/our answers to all the previous questions and the statements I/we have made are true and correct to the best of my/our knowledge and belief.

I/we authorize the Home & Manufactured Home Repair Program and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program.

I/we also agree to provide the Home & Manufactured Home Repair Program or its designated agents with any information necessary to verify my/our credit worthiness.

I/we understand that any discrepancy or omissions in the information I/we have provided may disqualify me/us from participation in the program. If such discrepancies or omissions are discovered after any loan is approved or granted to me/us, I/we understand that any outstanding loan balance may immediately become due and payable.

Upon completion of this form, the Redevelopment Authority will assess your qualification and notify you with next steps.

Please submit your completed application to:

Lancaster County Redevelopment Authority

Attn. Becky Santos

28 Penn Square, Suite 200

Lancaster, PA 17603