



Union County

HOUSING AUTHORITY

1610 Industrial Blvd., Suite 400 | Lewisburg, Pa 17837-1273 | P: 570-522-1300 | F: 570-522-1329 | TDD 1-800-654-5984

AREA _____

Office Use Only

HOUSING REHABILITATION PROGRAM APPLICATION

Fill out and return to:

Housing Authority of Union County
1610 Industrial Boulevard
Suite 400
Lewisburg, PA. 17837

Phone: **570-522-1300**

Application # : _____

Date: _____

Time: _____

PLEASE PRINT:

A. Applicant Name _____

Address _____ Apt. # _____

_____ Township _____

Telephone _____ Social Security # _____

Date of Birth _____ Age _____

Address of Unit to be Rehabilitated _____

Length of time residing in this unit _____

(Circle)

Well or Public Water ___ Septic or Public Sewer ___ No Bedrooms ___

Bruce L. Quigley, *Executive Director* | Sharon Leon, *Secretary* | Martin & Lobos, *Solicitor*

AUTHORITY MEMBERS: Dr. Michael E. Hanyak, Jr., *Chairperson* | Diane Meixell, *Vice Chairperson*

Dr. W. Gale Reish, *Treasurer* | Chenoa Lee | Thomas Beck



Housing Authority of Union County prohibits discrimination in all of its activities on the basis of race, color, national origin, gender, religion, age, familiar status, marital status, handicap or disability.



B. Family or Household Composition –

List all additional members (excluding yourself) who live in the dwelling:

Name	Soc.Sec. #	Relation- ship	Date of Birth	Age	Sex	Occupation

C. Name, Address, and Phone Number of contact person other than those listed on this application:

Name _____ Phone _____

Address _____

D. Sources of Income: PLEASE LIST ALL SOURCES (Include Employer’s Name and Address)

Family Member Name	Source of Income	Gross Monthly Amt.	Account #
	Employer		
	Employer		
	Unemployment		
	Social Security		
	SSI		
	Veteran’s Benefit		
	Pension		
	Child Support		
	Rental Income		
	Other		

E. Assets

Type	Name and Full Address of Bank, Company, Fund	Account #	Value
Savings Account			
Checking Account			
CD			
Stocks/Bonds			
War Bonds			
Credit Union Shares			
Other			

Do you own your home? _____ If no, please explain _____

How many acres are included in the lot your home sits on? _____
 Do you own any additional real estate? (acreage, rental units, co-ops, condominiums, etc.)
 Please explain _____

If any additional acreage is owned (over and above your home lot acreage), how many additional acres are owned and where is this acreage located?

Amount of land _____ Address _____
RD # or Street
 City _____ Township/County _____ State _____

Program Information:

1. Are you or a member of the household handicapped/disabled? ____
2. Are all members of the household U.S. citizens or eligible aliens? ____
3. If your home is a manufactured or modular home, do you own the lot the home is on?

4. When was your home built? _____

5. Is your home listed in the Union County Historical Significance Plan or is it eligible for the National Register of Historical sites? _____

6. Do you have fire insurance? _____

Name of Company: _____

Address of Company: _____

_____ Policy # _____

7. Is your home in the flood plain? yes _____ no _____

If so, do you have flood insurance? yes _____ no _____

Name of Company _____

Policy # _____

Unit Information:

1. What types of repairs do you believe are needed?

Signature:

Please note that submission of this application in no way ensures a grant/loan from the Housing Rehabilitation Program or obligates the homeowner to participate in the program. I certify that all of the information in this proposal is true and correct to the best of my knowledge.

Applicant's Signature

Applicant's Signature

NONDISCRIMINATION CLAUSE

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through Community & Economic Development, that the Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Ethnicity: (select only One)

- Hispanic or Latino
- Not Hispanic or Latino

Race: (select only one)

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