



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 \_\_\_

**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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 # \_\_\_\_\_

