

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 ou	t and return to:				
	Housing Authority of Union County 1610 Industrial Boulevard Suite 400 Lewisburg, PA. 17837	Phone: 570-522-1300 Application # Date: Time:			
PLEA	SE PRINT:				
A.	Applicant Name	<u></u>			
	Address	Apt. #			
	Township				
	TelephoneSocial Security #				
	Date of Birth	Age			
	Length of time residing in this unit				
	(Circle)				
	Well or Public WaterSeptic or Public Sewe	rNo Bedrooms			
В.	Family or Household Composition –				

E

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

Туре	Name and Full Address of Bank, Company, Fund	Account #	Value
Savings Account			
			·

	Checking Account				
	9				
	<u></u>				
	CD				
	Stocks/Bonds				
	War Bonds				
	Credit Union Shares				
	Other				
	Other				
Do you	ı own your home?	If no, please explai	n		
Do you	ı own any additional re	d in the lot your home sits on the lot your home sits on the lot your home sits on the lot of the l			s, etc.) Please
acres a	are owned and where i	wned (over and above you is this acreage located?		- ,	any additional
Amour	nt of land	Address RD # or Stre	not		
		Township/County			
Progra	am Information:				
	1. Are you or a me	ember of the household ha	ndicapped/disa	abled?	
	2. Are all member	rs of the household U.S. cit	zens or eligible	e aliens?	
	3. If your home is	If your home is a manufactured or modular home, do you own the lot the home is on?			
	4. When was your	When was your home built?			
	•	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 fir	e insurance?			
	Name of Comp	any			
	Address of Con	npany			
		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 Ir	nforma	tion:
	1.	What types of repairs do you believe are needed?
Signa		
	Housir	e note that submission of this application in no way ensures a grant/loan from the ag Rehabilitation Program or obligates the homeowner to participate in the program. I that all of the information in this proposal is true and correct to the best of my edge.
	Appl	icant'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