

Application for Assistance
Homeowner Assistance Program

Date: _____

Property Owner Information

Name: _____

Address: _____

Phone Number: _____

Yes No Does Applicant own and reside in this property on a year-round, permanent basis? (attach a copy of your property deed or current property tax bill as proof of ownership)

Household Composition

Indicate total number of persons residing at this address: _____

(indicate name, relationship and ages of all persons residing at this address)

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____ | <i>Applicant</i> | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Race/Ethnicity (this section to be completed by Applicant)

(This information is being requested for federal reporting requirements only. You are not required to answer these questions but your response will be appreciated.)

Is applicant/head-of-household Hispanic? Yes No

Is applicant/head-of-household female? Yes No

Is applicant/head-of-household elderly? Yes No

Indicate Race of applicant/head-of-household (indicate most appropriate category)

- White
- Black/African American
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Asian & Asian
- Other Multi-Racial

Disability Status (this section to be completed by Applicant)

Is any member of the household disabled? Yes No

Household Income

Determine the total annual income for all persons over the age of 18 residing at this address. Income includes gross wages before taxes, Social Security, Supplemental Social Security (SSI), retirement pensions, welfare, child support and/or alimony, veteran’s benefits, unemployment compensation, and workman’s compensation. Annual income must be determined based on the current periodic income of each household member projected forward for a year. Income from assets, including cash held in savings accounts, checking accounts, certificates of deposit, savings bonds, mutual funds or money market accounts; and the equity value of real estate (other than the applicant’s primary residence), must be included in calculating annual income if the total value of all assets exceeds \$5,000. (Attach current pay stubs; benefit statements; etc. as proof of income.)

Indicate the range that best describes Applicant’s annual household income.

- Less than \$23,600 per year
- Less than \$26,950 per year
- Less than \$30,350 per year
- Less than \$33,700 per year
- Less than \$36,400 per year
- Less than \$39,100 per year
- Less than \$41,800 per year
- Less than \$44,500 per year
- More than \$44,500 per year

Construction Proposal

Describe the work to be completed. Include specific linear footage of water, sewer line or curbing; square footage of sidewalks; and unit prices as appropriate. (Attach a copy of the contractor's proposal describing the scope of work, the cost and the specifications to be followed.)

The total Project Cost is: \$ _____

The amount of Grant Funds requested is: \$ _____

Contractor's Name: _____

Contractor's Address: _____

Owner Certification

In submitting this application for grant assistance through the Redevelopment Authority of the County of Lancaster, I/we certify that:

1. the information stated in this application regarding annual household income is true, complete and correct;
2. I/we are the owner(s) of record of the property described in this application and reside in this property as our principal residence **(send copy of deed with application)**;
3. No construction contract for the work described in this application has been or will be entered into prior to the approval of this application.

I/we further understand that I/we are legally responsible for the accuracy and the completeness of the statements and representations made in this application and that any false statements or misrepresentations may subject me/us to legal action and penalties in accordance with federal law and the regulations of the US Department of Housing and Urban Development.

I/we further understand that the Redevelopment Authority has no obligation to grant funds requested in this application until and unless (1) this application is approved by the municipality and the Redevelopment Authority in accordance with the program eligibility guidelines as established in a Memorandum of Understanding between the Municipality and the Redevelopment Authority, and (2) the proposed improvements are completed in accordance with the Contractor's proposal and local ordinances and requirements. It is understood that any changes to the Contractor's proposal must be approved by the Municipality and the Redevelopment Authority in order to be reimbursed through this program.

Owner Signature

Date

Owner Signature

Date

Municipal Review and Determination of Eligibility (to be completed by Municipality)

Total Household Size: _____
Actual Total Annual Household Income: \$ _____
Maximum Income for Eligibility: \$ _____

After review of the information presented by the Applicant, the Municipality determines that the Applicant is ____ ELIGIBLE ____ INELIGIBLE for grant assistance through the Homeowner Assistance Program.

If the Applicant has been determined eligible, the Municipality certifies that, in accordance with the terms and conditions of the Memorandum of Understanding between Municipality and the Redevelopment Authority of the County of Lancaster,

1. To the best of its knowledge and belief, the information and representations made in this Application are true, complete and correct;
2. The proposed improvements represent only those required by the Municipality and will be completed in accordance with local ordinances and requirements; and that
3. The proposed project cost is reasonable.

Upon issuance of a Certificate of Completion, we hereby request the Redevelopment Authority of the County of Lancaster to issue a check made payable to

for 50% of the actual project cost (in an amount not to exceed \$750.00).

Signature

Date

Redevelopment Authority of the County of Lancaster

The Redevelopment Authority of the County of Lancaster approves a grant for the Applicant specified in this application. Upon receipt of an approved Certificate of Completion, we will issue payment to the contractor for the lesser of 50% of the actual project cost or \$750.00. All change orders that result in an increase in the project cost must be approved by the Redevelopment Authority in order to be reimbursed.

Aimee L. Tyson, Community Development Director

Date