



**LANCASTER COUNTY REDEVELOPMENT AUTHORITY
HOME REPAIR AND LEAD HAZARD CONTROL 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. If you need any help completing the form, please call (717) 394-0793 x226 for assistance.

What repairs are needed in your home: _____

Have you recently received a violation notice? Yes No

Section I – Owner

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

Section II – Co-Owner

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

Section III – Owner’s Employment and Income History

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

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

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

Section V – Other Family Members

Name	D.O.B	Social Security #	Relationship to Owner	Gross Monthly Income
				\$
				\$
				\$
				\$
				\$

Do you have a child under the age of 6 that lives at or visits your home for at least 6 hours per week?
 Yes No

Section VI – About the Home

Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	How many years have you lived at this address? _____
Mortgage Company _____	
Address _____ City _____ State _____ Zip _____	
Current Loan Balance \$ _____	Mortgage Payment \$ _____
Do you have a Second Mortgage on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Second Mortgage Loan Balance \$ _____	Current Monthly Payment \$ _____
Are Taxes and Insurance included in your monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section VII – Assets

Bank Name _____	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
Address _____	City _____	State _____ Zip _____
Savings Account Balance \$ _____	Checking Account Balance \$ _____	
U.S Savings Bonds: \$ _____	Marketable Securities \$ _____	
Other Real Estate Owned: _____		

Bank Name _____	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
Address _____	City _____	State _____ Zip _____
Savings Account Balance \$ _____	Checking Account Balance \$ _____	
U.S Savings Bonds: \$ _____	Marketable Securities \$ _____	
Other Real Estate Owned: _____		

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 <i>(if not included in mortgage)</i>	\$ _____ /per month	Taxes	\$ _____ /per month <i>(if not included in mortgage)</i>

Section IX – Documents/Information to bring for your Interview

1. This original application form, completed and signed by applicant and co-applicant
2. Copies of most recent signed Tax Returns. If you did not file tax returns, bring 1099’s or W-2’s
3. Two (2) months of the most recent consecutive utility bills such as electric, gas, etc
4. Wages & salaries: Three (3) months of the most recent consecutive pay stubs must be provided for every member of your household who is employed
5. Verification of Benefits and/or Pensions: Social Security Award Letter (from all household members including minors), Divorce Decree/Child Support/Alimony Statement, Military/VA Pension, TEC Form, Trust Fund Benefits, Annuities, etc
6. Verification of other income (net income from the operations of business, child support, welfare assistance, unemployment letter) along with all pages of the divorce decree(s)
7. Verification of assets: Six (6) month’s checking statements. One (1) month of statements from savings, equity, retirement and pension accounts, life insurance.
8. A copy of your social security card and ID from all individuals living in the home.
9. A copy of Home Insurance Policy
10. Last bank mortgage statement for first and second lien(s) (if applicable)
11. If Applicable, proof of elevated blood lead level results from a physician for children under the age of six, and provide one of the following: (a) birth certificate (b) Notarized statement of visitation for the child.

Section X – Acknowledgement and Agreement

I/we have read the Home Repair and Lead Hazard Control Application Form and understand that my/our answers to all of 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 Lancaster County Redevelopment Authority 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 Lancaster County Redevelopment Authority 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.

All Occupants living In the Property over the Age of 18 Must Sign Below

Signature of Owner/Landlord	Date	Signature of Co-Owner/Tenant	Date
Signature of Property Occupant	Date	Signature of Property Occupant	Date
Signature of Property Occupant	Date	Signature of Property Occupant	Date

FOR OFFICE USE ONLY	
Application Received By: _____	Date Received: _____

COMPLETED APPLICATIONS CAN BE MAILED OR HAND DELIVERED TO:

28 PENN SQUARE, SUITE 200 LANCASTER, PENNSYLVANIA, 17603
 (T) 717-394-0793 x226 or repair@lchra.com
WWW.LCHRA.COM