



Redevelopment Authority of the City of Erie

814.870.1540626 State Street, Room 107
Erie, PA 16501
814.870.1540

RedevelopErie.org
814.870.1540
Fax 814.870.1331

PLEASE READ BEFORE PROCEEDING:

Thank you for your interest in our housing rehabilitation programs.

We understand your need and are working diligently to administer our services to as many Erie residents as possible, as timely as we are able. We have had an overwhelming response to our various grant programs over the past year, and we are working through our waitlists as quickly as we can.

We currently are unable to offer any specific timeframe estimates of when an application will be processed or when work will be performed. As we process applications, we do so based on the order in which they were/are received, and we are presently working through a significant backlog. Additionally, the ongoing COVID-19 pandemic continues to cause uncontrollable delays, shortages, and supply chain interruptions, which directly impact the deployment of our programs.

*When it is your turn in the queue, **we will contact you** to begin your intake process. Please note that while you are welcome to contact our office at any time with informational questions about our programs and services, doing so will not expedite the processing of your application.*

The receipt or submission of an application does not constitute acceptance into any RACE program(s) and is not a contract nor a guarantee of work to be performed. Please know that applications and financials have to be updated every six months, without exception. It is likely that you will have to provide updated documentation multiple times throughout this process.

Please note, that we are unable to perform any emergency repairs. Please let us know if you are without heat or if your hot water tank is non-functioning.

We appreciate your understanding and patience as we strive to help our community as efficiently as we can!

Warmest regards,

Holly M. Cook (she/her)

Director of Program Administration

Redevelopment Authority of the City of Erie

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

_____ Government-issued valid photo ID for applicant and all household member(s) aged 18 and older

_____ Birth certificates for all household members

_____ Copies of social security cards for all household members (will be destroyed after verification)

_____ Income documentation for all household members from all sources & **MUST have a current date***

- All pay stubs from the most recent consecutive 3 months
- Net income statement of business or profession (if applicable)
- Pension, SSI, annuities, retirement funds, or other types of periodic disbursement statements **for the current benefit year**
- Unemployment, disability, worker's compensation statements
- Documentation of alimony, child support, regular contributions or gifts from individuals not residing in the dwelling
- Investment Income Statement (interest, dividends, or other net income)
- Rental Income Statement
- Other Public Assistance Statements

_____ Proof that the following are current: (*Homeowners only*)

- Mortgage
- Property Taxes
- Water, Sewer, Refuse
- Homeowner's Insurance Declaration Page

RACE Office use only:		QCT # _____ (<i>If applicable</i>)
___ LHRD	___ Previous Assistance Check	
	Year: _____	Type: _____
___ ARP		
___ City CDBG		
___ County CDBG	_____	
___ Act 137	_____	
___ OWB		

_____ Verification of Assets on Deposit form - Provide a copy of this form to each bank or financial institution which you or any adult household member have an account with, and ask them to complete the form and return it directly to the Authority's office. **Please do NOT send bank statements.**

_____ Verification of Employment form - Provide a copy of this form to all employers of each adult household member and ask them to complete the form and return it directly to the Authority's office.

_____ Property Condition Survey

_____ COVID-19 Impact Statement

*Please note that a Current Date is considered to be within 90 Days. Older Documents will not be accepted.

*Please note that your application will not be considered complete and processed until all documentation is received.

**RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST, AND ALL DOCUMENTATION TO:
Redevelopment Authority of the City of Erie, ATTN: Program Administrator
626 State Street Room 107, ERIE PA 16501 Phone (814) 870-1540 or Fax (814) 870-1331**

REDEVELOPMENT AUTHORITY OF THE CITY OF ERIE
APPLICATION FOR RESIDENTIAL HOUSING REHABILITATION

Updated January 2023

IMPORTANT: COMPLETE ENTIRE FORM TO AVOID PROCESSING DELAYS OR DENIAL OF APPLICATION
***APPLICATIONS ARE VALID FOR 6 MONTHS**

Owner Name: _____ Date: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Email address: _____

Ethnic & Situational Data. Circle all that apply to you:

Latino African American Caucasian Asian

Elderly (above 65) Female HOH Disabled Other:

Please check this box if you need translation services or other special accommodations.

Please explain: _____.

List all resident household members (people living in the household full time):

1) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Owner/Applicant _____

2) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Owner/Applicant _____

3) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Owner/Applicant _____

4) First, Last Name _____ D.O.B. _____

Age: _____ Relationship to Owner/Applicant _____

If there are more than 4 people living in the household, please provide their information on the back of this page.

STATEMENT OF INCOME

LIST THE ANNUAL (YEARLY) GROSS INCOME BEFORE TAXES OF ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF:

Household Member Name	Source (Job, SSI, Disability, rental income, Welfare, Unemployment, etc.)	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total annual household income \$ _____

Employment Status for adult household members:

1. Status of Employment – Circle all that apply

Employed full time Employed part time Retired/Unemployed Disabled

Current place of employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Position: _____

Employment start date: _____ Contact person: _____

2. Status of Employment – Circle all that apply

Employed full time Employed part time Retired/Unemployed Disabled

Current place of employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Position: _____

Employment start date: _____ Contact person: _____

3. Is there a child **AGED FIVE (5) OR UNDER** who lives in this residence or who spends more than six (6) hours per week at this residence?

YES NO

Please list the age(s) of the child(ren) **AGED FIVE (5) AND UNDER**, and state whether each lives in the residence or if they are visiting.

4. Has this property received a code violation or any other notice from the City of Erie? Please specify.

YES NO

5. **RELEASE OF INFORMATION**

I/We the undersigned, hereby give the Redevelopment Authority of the City of Erie written permission to obtain verification of income from any source necessary to help establish eligibility of Federal and/or State funding. We also give the Redevelopment Authority of the City of Erie written permission to share any information necessary for the operation of the residential housing rehabilitation programs which they operate, with working partners, or with anyone that the Redevelopment Authority of the City of Erie deems necessary.

6. **AFFIDAVIT**

The parties signing this Application and Statement of Income do so with the understanding that this is made in support of an application for housing rehabilitation assistance, and that any false statements herein will result in the cancellation of said housing rehabilitation and will permit the recovery of any funds advanced by the Redevelopment Authority of the City of Erie that were based on this application.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Applicant Printed Name Applicant Signature Date

Co-Applicant Printed Name Co-Applicant Signature Date

RACE Program Administrator Signature Date

Printed Name of Preparer Relationship or Organization Signature of Preparer Date

Homeowner:
Property Address:



In partnership with



HOMEOWNER PROPERTY AND HEALTH SURVEY

System	Condition	Notes (required for poor condition)
Roof	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Siding	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Porch	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Foundation	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Windows	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Doors	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Plumbing	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Electrical	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Furnace/Boiler	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Bathroom	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Stairs	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Health and Safety	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Interior Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Do you have any appliances that are non-functioning? Please explain.

Number of rooms in the home:	Number of Bedrooms:
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Are there functioning smoke alarms?
Overall condition of the home? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Describe any dangerous conditions that require immediate attention:
What items do you feel cause the greatest concern to your health?

IS ANYONE IN THE HOME:

- _____ Aged five (5) or younger?
- _____ Aged 65 or older?
- _____ Disabled? (Explain) _____
- _____ Suffering from chronic illness? (Explain) _____
- _____ Asthmatic or have COPD? (circle whichever applies)
- _____ Allergic to environmental triggers? (Explain) _____
- _____ Had any emergency room visits in the past 5 years directly related to something within your house/dwelling?
- _____ Experiencing any other extenuating circumstance? (Explain)

USE THIS SECTION TO DESCRIBE ANY WAYS IN WHICH ANY PERSON IN YOUR HOUSEHOLD WAS ADVERSELY IMPACTED BY THE COVID-19 PANDEMIC. This can include loss of wages, illness, food insecurity, housing instability, or any other ways in which the COVID-19 pandemic has caused hardship for anyone in your household: (continue on back if needed)



Verification of Employment

TO BE COMPLETED BY APPLICANT'S CURRENT EMPLOYER

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Redevelopment Authority of the City of Erie's programs which we operate, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used ONLY to determine the eligibility status and level of benefit of the household. Please **fill out all personal information**, and **sign release before** submitting to your Employer/H.R. Dept. for Completion.

Dear Employer: Your prompt return of the requested information is greatly appreciated. Please fax completed document to: Program Administrator at (814) 870-1331.

Employer Name: _____

Employer Address: _____

Employee Name: _____

Employee Address: _____

Employed since: _____ Occupation: _____

Full Time or Part Time (Circle one)

Base pay rate: \$ _____/Hour or \$ _____/Week or \$ _____/Month

Average hours/week at base pay rate: _____

Overtime pay rate: \$ _____/Hour Average number of overtime hours per month: _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$ _____ per _____

Total base pay for past 12 months: \$ _____ Total overtime for past 12 months: _____

Does the employee have access to a retirement account? ____ Yes ____ No

If yes, what amount can they get access to: \$ _____

RELEASE: I hereby authorize the release of the requested information.

Signature of applicant Date

Signature of Authorized Representative

Print Name _____ Title _____

Date _____ Phone _____



Verification of Assets on Deposit

**TO BE COMPLETED BY APPLICANT'S FINANCIAL INSTITUTION –
PLEASE DO NOT SEND BANK STATEMENTS**

AUTHORIZATION: Federal Regulations require us to verify Assets on Deposits of all members of the household applying for participation in the Redevelopment Authority of the City of Erie's programs, which we operate, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used ONLY to determine the eligibility status and level of benefit of the household. Please **fill out all personal information**, and **sign release *before*** submitting to your Bank for Completion.

Dear Financial Institution Officer: Your prompt return of the requested information is greatly appreciated. Please fax completed document to: Program Administrator at (814) 870-1331.

Customer Name: _____

Customer Address: _____

Name and Address of Financial Institution: _____

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ Date _____

Checking account # _____ Average monthly balance \$ _____

Savings account # _____ Current balance \$ _____

Other account type: _____ Account # _____ Amount \$ _____

Other account type: _____ Account # _____ Amount \$ _____

Applicant's Financial Institution Stamp in box below

Signature of Authorized Representative: _____

Print Name: _____ Title: _____

Date: _____ Phone: _____