



# Corry Redevelopment Authority

9 North Center Street  
Corry, PA 16407  
814-664-3884

## **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 County 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.

***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 Corry RDA 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.

## 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

**Corry RDA Office use only:** QCT # \_\_\_\_\_ (*If applicable*)

\_\_\_ 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: Corry Redevelopment Authority**

**9 North Center Street Corry, PA 16407 Phone 664-3884**

**szack@corryidc.org**

**CORRY REDEVELOPMENT AUTHORITY**  
**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: \_\_\_\_\_

If more than two household members are employed, use separate sheet to provide employment information.

**1. PREVIOUS ASSISTANCE**

Have you ever received housing assistance from an Erie County Program in the past?

\_\_\_Y\_\_\_N      If yes, what year? \_\_\_\_\_

**2. GENERAL HOUSING QUESTIONS** *These help determine qualifying funding sources. Please do not leave blank.*

Are you the owner of this property?      YES      NO

Is there a mortgage on the property?      YES      NO

If no mortgage, is it paid off?      YES      NO

If there is a mortgage, is it current or able to be made current?

YES      NO

Are property taxes, and water, sewer, and refuse bills current or able to be made current?

YES      NO

Are you on a payment plan for any of the above? If "yes," please explain.

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Do you live in this residence?      YES      NO

Are you a Housing Choice Voucher (HCV), or Section 8, recipient?

YES      NO

Is there a current, valid homeowner's insurance policy on the property?

YES      NO

If you do not live in this residence, please explain if it is currently vacant and you plan to move in, if you are a landlord of this property, or other circumstances. If this property has tenants that are renting from you, please provide tenant information on a separate sheet of paper.

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Does this property contain:      One Unit      Two Units      Four Units      More than 4 units

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.

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

YES NO

5. **RELEASE OF INFORMATION**

I/We the undersigned, hereby give the Corry Redevelopment Authority 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 Corry Redevelopment Authority 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 Corry Redevelopment Authority 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 Corry Redevelopment Authority 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

\_\_\_\_\_  
Corry RDA Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Relationship or Organization

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

Homeowner:

Property Address:

### **HOMEOWNER PROPERTY AND HEALTH SURVEY**

<b>System</b>	<b>Condition</b>	<b>Notes (required for poor condition)</b>
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:

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)

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**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)**

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**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 Corry Redevelopment Authority'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 email or mail completed documents to the Program Administrator at:  
Corry Redevelopment Authority, 9 North Center Street Corry, PA 16407 or szack@corryidc.org

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 Corry Redevelopment Authority'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 email or mail completed document to: Program Administrator at: Corry Redevelopment Authority, 9 North Center Street Corry, PA 16407 or szack@corryidc.org

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: \_\_\_\_\_