



the city of **Lancaster** HOUSING & NEIGHBORHOOD REVITALIZATION PROGRAM
a city authentic 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) 291-4730 for assistance.

What repairs are needed in your home: _____
 Have you recently received a violation notice from the City? Yes No

Section I – Owner

Name _____ Social Security No. _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ E-mail Address: _____ Date of Birth _____
 Ethnicity: Are you Hispanic or Latino? Yes No Gender: Male Female Marital Status _____
 Race: Caucasian African-American Hispanic Asian Native American Other

Section II – Co-Owner

Name _____ Social Security No. _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ E-mail Address: _____ Date of Birth _____
 Ethnicity: Are you Hispanic or Latino? Yes No Gender: Male Female Marital Status _____
 Race: Caucasian African-American Hispanic Asian Native American 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 (*social security, child support, alimony, public assistance, unemployment, veteran’s benefit, etc*):

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 (*social security, child support, alimony, public assistance, unemployment, veteran’s benefit, etc*):

Section V – Other Family Members

Name	D.O.B	Social Security #	Relationship to HOH	Gross Monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Do you have a child under the age of 6 that lives or visits your home for at least 6 hours per week? Yes No
 Do any of the children have an Elevated Blood Lead Level (EBL)? Yes No I don’t know
 If yes, list name, blood level, and date of test.

Section VI – About the Home

Residence Own 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? Yes No
 Current Second Mortgage Loan Balance \$ _____ Current Monthly Payment \$ _____
 Are Taxes and Insurance included in your monthly mortgage payment? Yes 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	\$ _____ /per month	Taxes	\$ _____ /per month
<i>(if not included in mortgage)</i>		<i>(if not included in mortgage)</i>	

Section IX – Documents/Information to Submit with Application

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 Housing & Neighborhood Revitalization Program 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 Housing and Neighborhood Revitalization Unit 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 Housing and Neighborhood Revitalization Unit 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 _____	Date _____	Signature of Co-Owner _____	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:

PO BOX 1599 120 NORTH DUKE STREET, LANCASTER, PENNSYLVANIA, 17608-1599
 (T) 717--291-4730 (TDD) 717-291-4761 (FAX) 717-291-4827
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