

**ERIE REDEVELOPMENT AUTHORITY**

**APPLICATION FOR ERIE COUNTY HOUSING REHABILITATION PROGRAM**

Updated September 2019

**TENANT APPLICATION**

**IMPORTANT: COMPLETE ENTIRE FORM TO AVOID PROCESSING DELAYS OR DENIAL OF APPLICATION**

**\*APPLICATIONS ARE VALID FOR 6 MONTHS**

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

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

Latino	African American	Caucasian	Asian
Elderly (above 65)	Female HOH	Disabled	Other: _____

**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 \_\_\_\_\_

5) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_

**List all Non Resident Children under the age of 6 who spend more than 6 hours per week in your home (at least three hours per visit on at least two separate visits per week) on the attached Visiting Child Document.**

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. RELEASE OF INFORMATION**

I/We the undersigned, hereby give the Erie Redevelopment Authority written permission to obtain verification of income from any source necessary to help establish eligibility for Federal and/or State funding. We also give the Erie Redevelopment Authority written permission to share any information necessary for the operation of the ERIE COUNTY HOUSING REHABILITATION PROGRAM with working partners or anyone that the Erie Redevelopment Authority deems necessary.

**2. PROGRAM OUTLINE**

I have received, read and understand the ERIE COUNTY HOUSING REHABILITATION PROGRAM Outline.

**3. 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 hereon will result in the cancellation of said housing rehabilitation and will permit the recovery of any funds advanced by the Erie 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
_____	_____	
ERA Intake Coordinator Signature	Date	

**ERIE COUNTY HOUSING REHABILITATION PROGRAM  
NOTICE OF NON-DISPLACEMENT & TEMPORARY RELOCATION**

This is to inform you that, if assistance is provided to yourself or your landlord and the property in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970 as amended, protects you from displacement. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

It is possible that you will need to be temporarily relocated from your house or rental unit while the lead paint hazard control work is being completed. Relocation may be necessary if the construction work, generally speaking, interferes with your use of the kitchen, bathroom, or access to the front door. There may be additional reasons for relocation. Someone from the Redevelopment Authority of the City of Erie's ERIE COUNTY HOUSING REHABILITATION PROGRAM will be in touch with you to discuss the need and timing of temporary relocation, if necessary. If you have to temporarily relocate, assistance may be available.

# Erie Redevelopment Authority

Lead Hazard Control Program  
626 State Street Room 107 Erie, PA 16501

## Legal Guardian Affidavit / Visiting Children Documentation

### HUD's Definition of Frequently Visiting

"A significant amount of time visiting" is visiting regularly by the same child, under six years of age, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visits last six hours, and the combined annual visits last at least 60 hours.

### PARENT / LEGAL GUARDIAN CERTIFICATION

**\*\*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

I certify that the child/children listed below are under the age of six and visit the property located at:

\_\_\_\_\_ in an amount to or greater than described in the above definition.

Childs Name:                      Age:                      Relationship to applicant:                      Duration/Frequency of visits:

\_\_\_\_\_  
\_\_\_\_\_

Home address of the child/children: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian **Print Name**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness-Intake Coordinator

\_\_\_\_\_  
Date

**Attach copy of Child/Children's Birth Certificate and Parent/Guardian valid PA identification.**

**CHECKLIST - DOCUMENTS REQUIRED**  
**ERIE COUNTY HOUSING REHABILITATION PROGRAM -TENANT**

ONLY PHOTOCOPIES ARE ACCEPTED. Please have copies made before sending application to us for processing.

\*Updated September 2019

\_\_\_\_\_ Completed application signed by tenant

\_\_\_\_\_ Birth Certificates for all children under the age of 18

\_\_\_\_\_ Government issued photo ID for applicant and all adult household member(s)

\_\_\_\_\_ Blood Lead Results for children under age 6 if children have been tested (If applicable)

\_\_\_\_\_ Current Lease

\_\_\_\_\_ Income documentation for all household members from all sources

- 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
- 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

\_\_\_\_\_ 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. (Alternatively, you may provide copies of six consecutive months' bank statements for each account.)

\_\_\_\_\_ 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.

\_\_\_\_\_ Visiting child documentation (If applicable)

\*\*\*Please note, a visual inspection of all household members' social security cards will be necessary to complete your application\*\*\*

RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST AND ALL DOCUMENTATION TO ERIE REDEVELOPMENT AUTHORITY, 626 STATE STREET ROOM 107, ERIE PA 16501 ATTN: INTAKE COORDINATOR  
(814) 870-1540 or Fax (814) 870-1331.



# 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 Erie Redevelopment Authority 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.

**Dear Employer:** Your prompt return of the requested information is greatly appreciated. Please fax completed document to: Intake Coordinator 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

**AUTHORIZATION:** Federal Regulations require us to verify Assets on Deposits of all members of the household applying for participation in the Erie 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.

**Dear Financial Institution Officer:** Your prompt return of the requested information is greatly appreciated. Please fax completed document to: Intake Coordinator 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: \_\_\_\_\_

**FY 2020 LOW-TO-MODERATE INCOME LIMITS**  
**ERIE COUNTY**  
(Effective as of 04/07/2020)

<b>1 Person</b>	<b>\$40,050</b>
<b>2 Persons</b>	<b>\$45,800</b>
<b>3 Persons</b>	<b>\$51,500</b>
<b>4 persons</b>	<b>\$57,200</b>
<b>5 Persons</b>	<b>\$61,800</b>
<b>6 Persons</b>	<b>\$66,400</b>
<b>7 Persons</b>	<b>\$70,950</b>
<b>8 + Persons</b>	<b>\$75,550</b>

- A **Low- to-Moderate Income person (LMI)** is an individual whose income is no more than 80% of median income for the area. 80% of median income is determined by HUD based on a four-person family and is adjusted upward or downward for larger or smaller families.
  
- **Median Family Income (MFI)** is an annual income figure. Unlike per capita income, which is an average, the median income divides income distribution into two equal parts: one-half below the median income and one-half above. For example, consider five families with incomes of \$10,500, \$20,100, \$31,000, \$40,800 and \$50,000. For family average income, add the five incomes (\$152,400) and divide by the number of families (5). The result is the average of all family incomes considered or a per-family income of \$30,480. The median income for these families would be \$31,000, as there are an equal number of income persons below and above \$31,000. MFI is based on the distribution of the total number of families, including those with no income.
  
- **The median family income for a family of four (4) in Erie County is \$71,500**