BUREAU OF HOUSING

Department of Building and Housing Development

10 N. Second St. Suite 206

Harrisburg, PA 17101

PH: 717-255-6419

Fax: 717-255-6421

www.harrisburgpa.com

**APPLICATION FOR ASSISTANCE/PERSONAL DECLARATION**

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS**

Please complete this form in **your own handwriting**. Use the correct legal name for each member of your household as it appears on their Social Security Card. All adult members of the household must sign below to certify the information pertaining to them. **For this program, the head of household simply refers to the person in whose name the assistance is provided.** Thank you for your cooperation.

**PLEASE PRINT AND COMPLETE FORM IN INK**

**Notice: This application MUST be completed by the property owner**

1. HOMEOWNER PROGRAMS

Please check which program you are applying for:

* + - * Home Improvement Program (HIP)
      * Housing Rehabilitation Program
      * Homeowner Demolition Program

1. HOUSEHOLD COMPOSITION

Complete for all persons who will be living in your home listing the head of household FIRST. Please provide your contact information below. The address listed should be the address requesting program funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City State Zip

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

Phone Email

\*Race: White, Black, American Indian/Alaskan Native, Asian or Pacific Islander, Hispanic, Other

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Adults (Legal Name)**  First, MI, Last | Sex (M/F) | Date of Birth | Age | Social Security Number | Relation to Head | Place of Birth (City, State) | \*Race |
|  |  |  |  |  | **HEAD** |  |  |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children (Legal Name)**  First, MI, Last | Sex (M/F) | Date of Birth | Age | Social Security Number | Relation to Head | Place of Birth (City, State) | \*Race |
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You are not required to answer whether a family member has a disability. However, it may help us to identify suitable housing. Is anyone in your household elderly, or a person with a disability? YES NO

Does anyone receive disability assistance? YES NO

Is there any specific accommodation you would like to request? YES NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, do you have any outstanding medical bills? YES NO

Is anyone in your household (18 or older) a full-time student? YES NO

If yes, please list names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TOTAL HOUSEHOLD INCOME

Please list below all money earned or received by everyone living in your household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Person Receiving Income | Name/Address of Employer or Self-Employment Information | Gross Weekly Wages or Self-Employment Income | Monthly Child Support | Monthly Social Security or SSI Benefits or Pensions | Weekly Unemployment Benefits |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Do you have any other income not listed above? YES NO If yes, list the amount and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone in your household have a checking and/or savings account? YES NO If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay child care expenses? YES NO How much per month? \_\_\_\_\_\_\_\_\_\_\_\_ Are you reimbursed? YES NO

Does anyone help you pay your bills? YES NO If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the head of household or spouse a member of the Armed Services? YES NO

If yes, list the name of the person and monthly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you filed for bankruptcy? YES NO Was your bankruptcy discharged or dismissed? YES NO

Local real estate taxes and city utilities are current? YES NO

Do you have homeowner’s insurance? YES NO

1. ASSETS

Do any of the family members have or receive income from: (circle if applies)

Real Estate Company Retirement/Pension Funds Insurance Settlements Stocks

Trusts Certificate of Deposit Bonds

Other Assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you disposed of any assets during the past two years for less than fair market value? YES NO

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. GENERAL INFORMATION

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the ones currently being used? YES NO If yes, list name and social security number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your household been convicted, arrested, charged or evicted from federally assisted housing, including public housing, for any violent, criminal activity in the last three years? YES NO

If yes, give names, dates and details of incidents for each occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your household been evicted from federally assisted housing, including public housing, for abuse of alcohol which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents in the last three years? YES NO If yes, give names, dates and details of incidents for each occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your household been convicted, arrested, charged or evicted from federally assisted housing for drug-related criminal activity in the last three years? YES NO If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the information below listing current monthly household expenses: Please list approximate amounts you pay monthly for the following and list “NONE” if you pay nothing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Auto | $ | Medical | $ | Credit Cards | $ |
| Furniture | $ | Loans | $ | Credit Cards | $ |
| Cable | $ | Insurance | $ | Other | $ |

**Grievance Procedure:** The City of Harrisburg’s grievance procedures are designed to provide due process standards and provide for expedient and prompt resolution of complaints related to any type of discrimination.

Complaints should be submitted in writing to the Deputy Director of the Department of Building and Housing Development (alternative means of filing a complaint, such as a personal interview or tape recording, will be made available for persons with disabilities). The grievance must contain the following:

* 1. Complainant's name, address, and phone number.
  2. The City activity in which the violation is alleged to have occurred.
  3. A complete description of the incident prompting the complaint.

A grievance should be filed by the grievant or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation.

Within fifteen (15) days of receipt, the Deputy Director will attempt to meet with the grievant to discuss the complaint and the possible resolutions. Within fifteen (15) days of the meeting, the Deputy Director will respond in writing or, where appropriate, in a format accessible to the grievant. The response will explain the position of the City of Harrisburg and a proposed resolution. If the grievant does not agree with the resolution proposed, the grievant or his/her designee may appeal the decision to the Director within fifteen (15) days after receipt of the response. The appeal should include a statement about why the grievant disagrees with the resolution. Within fifteen (15) days after receipt of the appeal, the Director will schedule a meeting with the grievant or designee to gather additional information before issuing the final decision. The Director will issue the final decision within fifteen (15) days of the last scheduled meeting. The decision will be in a format accessible to the grievant.

Fair Housing and Equal Opportunity: The City of Harrisburg, pursuant to the Harrisburg Human Relations and Discrimination Code, Chapter 4-101, promotes equal opportunity for all persons to participate in the social, cultural, recreational, and economic life of the City and prohibits discrimination in employment, housing, public accommodations, education, and obtaining loans and extensions of credit, free from discrimination because of race, color, religion, ancestry, national origin, place of birth, sex, handicap or disability or the use of guide or support animals, marital status, familial status, sexual preference/orientation, or age or association with or advocacy on behalf of any group protected by the code.

**Please have all family members age of 18 and over review the information listed on this form and sign below.**

I do hereby swear and attest that all of the information above is true and correct. I understand that any change in source of income, new or additional sources of income and changes to household members must be reported with 14 days of such change. Reporting requires that you provide verification of information to DBHD staff. Thank You.

**PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS**

**Failure to do so may result in the inability to process your application.**

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

**Signature of Head of Household Date Signature of Spouse Date**

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

**Signature of Other Household Adult Date Signature of Other Household Adult Date**

**Return completed application to: City of Harrisburg, Department of Building & Housing Development, 10 North 2nd Street, Suite 206, Harrisburg, PA 17101**

*Warning: Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.*

**FOR OFFICE USE ONLY:**

Property #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Public Accounts**

Taxes (YY): City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utility Balance (MM/YY/$):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum Application Threshold Met: YES NO

Age of Home/Estimated Year Home Built (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_