

PRELIMINARY APPLICATION
HOUSING REHABILITATION ASSISTANCE PROGRAM
MUNICIPALITY _____

(The applicant is advised that all information furnished below is held strictly confidential)

Name: _____ Date: _____

Address: _____ Phone # _____

NAME(S) ON DEED _____ DEED BK # _____ PAGE # _____

ADULTS (18 AND OLDER) _____ MINORS (6-17) _____ CHILDREN UNDER 6 _____

HOW LONG HAVE YOU: OWNED _____ RENTED _____ THIS PROPERTY? _____(yrs)

TYPE: Single _____ Duplex _____ Mobile _____ Multi-family _____ YEAR BUILT? _____

PLEASE CHECK INCOME SOURCES THAT APPLY TO YOUR HOUSEHOLD:

Wages _____	Social Security _____	Black Lung _____
Veterans' Benefits _____	Pension _____	Public Assistance _____
Alimony _____	Child Support _____	Unemployment compensation _____
Rental Income _____	Disability _____	Interest Income (Savings,CD's,etc.) _____
	Other (specify) _____	

Name	Age	SSN#	<u>Gross</u>
<u>Income</u>			
_____	_____	_____ - _____ - _____	\$ _____
_____	_____	_____ - _____ - _____	\$ _____
_____	_____	_____ - _____ - _____	\$ _____

(If additional space is needed use reverse side of application.)

ANNUAL TOTAL GROSS HOUSEHOLD INCOME: \$ _____

CERTIFICATION OF APPLICANT:

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant through the Housing Rehabilitation Assistance Program which is being administered by the County of Lackawanna on behalf of the above referenced Municipality. The County is hereby authorized to obtain the necessary information and verification to properly execute my grant application. I/we agree to allow rehabilitation specialists to inspect my/our home and prepare work specifications. I/we shall cooperate fully in obtaining contractors to inspect the property and will procure legitimate bids for the rehabilitation work in accordance with the approved work specifications. I/we further agree to have the County of Lackawanna act as Escrow agent to disburse the Federal, State, Local or private funds.

Signed _____

Date _____

Signed _____

Pre-Appl # _____

RETURN TO: Lackawanna County Office of Economic and Community Development
Scranton Electric Building, 5th Floor
507 Linden Street
Scranton, PA 18503

ON THE REVERSE SIDE OF THIS APPLICATION PLEASE LIST THE DEFICIENCIES IN YOUR HOME THAT YOU FEEL ARE IN NEED OF IMMEDIATE ATTENTION.

Note: Applications will remain in effect for 3 years from date of receipt.