



**For Office Use Only**

Date \_\_\_\_\_  
Year Built \_\_\_\_\_  
Taxes \_\_\_\_\_  
\$ Source \_\_\_\_\_ CDBG \_\_\_\_\_  
Flood Plain \_\_\_\_\_

# **Cranberry Township Housing Rehabilitation Program**

**Administered By  
The Venango County Regional Planning Commission  
1168 Liberty Street  
Franklin, Pa., 16323  
(814) 432-9547**

1. APPLICANT NAME \_\_\_\_\_ CO-APPLICANT NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. MUNICIPALITY \_\_\_\_\_
4. PHONE NUMBER (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_
5. SOCIAL SECURITY #S (Applicant) \_\_\_\_\_ (Co-Applicant) \_\_\_\_\_
6. NAME(S) ON DEED (1) \_\_\_\_\_  
(2) \_\_\_\_\_
7. CAN YOU PROVIDE A COPY OF DEED OR TITLE TO VERIFY OWNERSHIP \_\_\_\_\_
8. IS PROPERTY IN A FLOOD PLAIN? \_\_\_\_\_ IF SO, DO YOU HAVE FLOOD INSURANCE? \_\_\_\_\_

**8b. Please have insurance company fax a copy of HOMEOWNERS insurance. [Fax: (814) 432-9679]**

**Please have insurance company fax a copy of FLOOD insurance, if property is in FLOOD PLAIN. [Fax: (814) 432-9679]**

**IF YOUR HOME WAS BUILT BEFORE 1978, YOU WILL HAVE A LEAD TEST. IF LEAD IS PRESENT, YOUR CONTRACTOR MUST GIVE YOU AN INFORMATION PAMPHLET.**

9. PLEASE LIST THE ISSUES THAT HAVE PROMPTED YOU TO REQUEST A HOUSING REHABILITATION GRANT.

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10. ARE ANY OF THE REPAIRS CONSIDERED EMERGENCIES? \_\_\_\_\_

11. NUMBER OF BEDROOMS IN THE HOME \_\_\_\_\_

12. ARE YOUR COUNTY PROPERTY AND SCHOOL TAXES PAID AND UP-TO-DATE? \_\_\_\_\_

13. PLEASE CHECK ALL THAT APPLY TO OWNER/APPLICANT

\_\_\_\_ Senior Citizen      \_\_\_\_ Disabled      \_\_\_\_ Single Parent      \_\_\_\_ Racial Minority

14. HOUSEHOLD COMPOSITION AND INCOME (*List all occupants living in household. Income only counted if at least 18 years old*)

NAME	AGE	ALL SOURCES OF INCOME <u>Taxable &amp; Non-Taxable</u>	GROSS AMOUNT <i>per month or year</i>	VERIFIED <i>for office use</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. ASSETS (*List all assets, including cash savings, mutual funds, annuities, investments, and real property other than your own residence*)

TYPE	AMOUNT (\$) PER	VERIFIED <i>for office use</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 1001 OF TITLE 18 MAKES IT A CRIMINAL OFFENSE TO  
WILLFULLY PROVIDE FALSE INFORMATION TO ANY AGENCY WITHIN  
THE JURISDICTION OF THE U.S. GOVERNMENT**

I (WE) CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) ABSOLVE THE COUNTY OF VENANGO OF ALL LIABILITY CONNECTED WITH THE WORK TO BE DONE WITHIN COMMUNITY DEVELOPMENT BLOCK GRANT-FUNDED ASSISTANCE FOR WHICH I (WE) HEREIN APPLY.

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF CO-APPLICANT

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DATE

**RETURN APPLICATION TO:**  
Venango County Regional Planning Commission  
1168 Liberty Street  
Franklin, Pa., 16323  
Attn: Joshua Sterling, Community Development Planner