

CITY OF FRANKLIN

HOUSING REHABILITATION PROGRAM INTAKE APPLICATION -- INSTRUCTIONS

General Instructions

- Please type or use BLUE or BLACK ink. Please write legibly.
- The Applicant (Head of Household) and, if applicable, Co-Applicant must sign and date the application.
- Submit application with all the required documentation to: The City of Franklin, 430 13th St., Franklin, PA 16323.

Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, and your marital status and other fields.
- 2. CO-APPLICANT INFORMATION:** List other members of the household who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach additional sheet if there are more than two applicants.
- 3. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 4. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
- 5. PROPERTY INFORMATION:** Provide basic information concerning the property including physical address of property and proof of ownership; as well as proof of homeowners insurance and, if necessary, flood insurance.
- 6. INCOME INFORMATION:** Provide information on all household income sources --such as wages, salaries and tips -- for all household members over age 18. The IRS definition of income will be used to calculate adjusted gross income.
- 7. APPLICANT CERTIFICATION:** Certify that all information in the application is true, to the best of your knowledge. 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.
- 8. ELIGIBILITY RELEASE:** This form must be signed so the City can request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

HOUSING REHABILITATION INTAKE APPLICATION

-For Jurisdiction Use Only	
Application Number:	
CDBG Application Received By:	Date/Time CDBG Application Received:

1. TO BE COMPLETED BY APPLICANT: (Head of Household)		2. TO BE COMPLETED BY CO-APPLICANT: (If Applicable)	
Last Name:		List relationship type to Head of Household, e.g. spouse, sister, mother	
Middle Name:		Last Name:	
First Name:		Middle Name:	
Current Address:		First Name:	
City:		Current Address:	
State:		City:	
Zip:		State:	
Mailing Address:		Zip:	
City:		Mailing Address:	
State:		City:	
Zip:		State:	
Home Phone:		Zip:	
Daytime phone:		Home Phone:	
Mobile Phone:		Daytime Phone:	
E-mail Address:		Mobile Phone:	
Date of Birth:		E-mail Address:	
Gender:		Date of Birth:	
Marital Status:		Gender:	
		Marital Status:	

3. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there will be any additional members of the household in the near future.

Household Member Name	Relationship to Head of HH	Gender M/F	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody.
	Head of Household					

4. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

RACE (Check all that apply):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

ETHNICITY (Check one):

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

5. PROPERTY INFORMATION - Provide basic information concerning the property (i.e. physical address and names on the deed).

Property Address:

City:		State:		Zip:	
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Property Phone No:

i. What type of structure is the property? (Select One)

Single Family
 Manufactured Housing Unit
 Modular
 Other (Describe): _____
 Year Built: _____

Are you currently living in the property?
 Yes No
 If no, please explain:

Is the property in a Flood Plain?
 Yes No Don't Know

Are you seeking assistance for a manufactured/modular housing unit?
 Yes No

Do you own the land?
 Yes No Don't Know

Do you have a deed on the property?
 Yes No Don't Know

Are there any other names on the deed ?
 Yes No N/A

If yes, describe what deed information you have on the property (including any entity, for example, a Trust):

(Empty space for describing deed information)

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]

6. INCOME INFORMATION: List income – such as wages, salaries and tips and other income – for **all** household members over age 18. Attach a separate sheet if you need more space.
FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

7. APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the state or any of its duly authorized representatives d herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under theHOME Program.
 I/We hereby certify that all the information provided herein is true and correct.
 I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
 I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application.
 I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date
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Signature of Co-Applicant:	Date
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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.

8. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the City of Franklin to request information from Third Parties concerning your eligibility and participation in this program.

Applicant Name:	
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Applicant Address:	
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Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the HOME Grant Program. Each adult member of the household must sign this Eligibility Release.

Privacy Act Notice Statement: This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. Subrecipient is authorized to ask for this information under the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Applicant Initials
Income (all sources)	X	

Applicant's Authorization:

I authorize the City of Franklin to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the City of Franklin and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the City off Franklin in the eligibility verification process.

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>Signatures:</i>		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>

Applicant Checklist

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- Completed Housing Rehabilitation Intake Application
- Properly executed Eligibility Release Form
- Copy of the applicant's driver's license (or a state-issued photo ID)
- Copy a Fee Simple Deed in applicant's name
- Certificate of Homeowner's Insurance and Flood Insurance (if necessary), provided by insurer
- Proof of income for individuals that live at the property and that are over the age of 18, such as:
 - Copy of most recent Federal Tax Return (IRS Form 1040)
 - 6 months of bank statements
 - Last 3 consecutive months of pay check stubs
 - Current copy of social security statement/award letter
 - Current copy of retirement/pension statements
 - Current copy of unemployment statement.

Some items required above may not apply to your situation.