



Venango County
Regional Planning Commission

For Office Use Only

Date	_____
Year Built	_____
Taxes	_____
\$ Source	__ PHARE __
Flood Plain	_____

Venango County 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.

10. ARE ANY OF THE REPAIRS CONSIDERED EMERGENCIES? _____

11. NUMBER OF BEDROOMS IN THE HOME _____

12. ARE YOUR LOCAL AND COUNTY PROPERTY AND SCHOOL TAXES CURRENT? _____

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 & 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.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

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