

**ERIE COUNTY DEPARTMENT OF ENVIRONMENT AND PLANNING**

**ERIE COUNTY HOUSING REHABILITATION LOAN  
PROGRAM APPLICATION**

Case No. _____	Application Date _____
Category _____	Municipality _____
Interviewer _____	Household Size _____
Gross Income \$ _____	Age of House _____

**A. HOUSEHOLD DATA**

Applicant \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ Years \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Household Members:	Relationship:	Birth Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and Address of a Relative \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

**B. ETHNICITY AND RACE INFORMATION (Complete Attached Form HF-82)**

**C. EMPLOYMENT**

Applicant's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Years \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Previous Employer (within 3 years) \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Years \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Previous Employer (within 3 years) \_\_\_\_\_

**D. LEAD-BASED PAINT INFORMATION**

Have any children been tested positively for lead in blood? \_\_\_\_\_  
If yes, what was the lead level? \_\_\_\_\_

**E. PRIMARY HOME MORTGAGE AND HOME EQUITY LOAN INFORMATION**

1. Primary Home Mortgage:

Lender \_\_\_\_\_

Original Mortgage Amount \$ \_\_\_\_\_

Present Balance \$ \_\_\_\_\_

2. Reverse Mortgage

Present Balance \$ \_\_\_\_\_

3. Home Equity Loan

Lender \_\_\_\_\_

Original Mortgage Amount \$ \_\_\_\_\_

Present Balance \$ \_\_\_\_\_

**F. MONTHLY HOUSING COSTS**

Mortgage	\$ _____	with/	without property taxes/insurance)
Property Taxes	\$ _____	(if not included in mortgage)	
Hazard Insurance	\$ _____	(if not included in mortgage)	
Heat	\$ _____		
Electric	\$ _____		
Water/Sewer	\$ _____		

## **G. INCOME INFORMATION AND DOCUMENTS**

The following is a list of questions that must be answered. Please provide photocopies of all documents that apply for each member **16 years of age and older** that reside in your household.

<b><u>TYPE OF INCOME</u></b>	<b><u>RESPONSE</u></b>
How many persons 16 years of age and older in your household are employed? Please list the gross weekly income and provide three months' consecutive pay stubs for each person.	
Did any persons 16 years of age and older in your household file an income tax return for the previous year? If yes, please provide a copy of the complete return, along with W2 statements for the past year for all places of employment.	
Are any persons 16 years of age and older in your household self-employed? If so, please indicate net income from past year.	
Did any persons age 16 years of age and older in your household <b>pay</b> alimony? If yes, please list the weekly amount and provide a copy of the Divorce Decree.	
Did any persons 16 years of age and older in your household <b>receive</b> any alimony? If yes, please list the weekly amount and provide a copy of Divorce Decree.	
Do any persons 16 years of age and older in your household have a savings account? If yes, please list the current interest earned and provide complete pages of three consecutive months of statements.	
Do any persons 16 years of age and older in your household have a checking account? If yes, please list the current interest earned and provide complete pages of three consecutive months of statements.	

Do any persons 16 years of age and older in your household receive unemployment benefits and, if so, for how long? If yes, please list your gross weekly income and provide three months' consecutive benefit information.	
Do any persons 16 years of age and older in your household receive any disability/worker's compensation payments? If yes, please list the weekly amount and provide three months' consecutive benefit information.	
Do any persons 16 years of age and older in your household receive Social Security Income? If yes, please list your gross monthly income and provide a copy of your annual benefit statement.	
Do any persons 16 years of age and older in your household receive Social Security Disability? If yes, please list your gross monthly income and provide a copy of your annual benefit statement.	
Do any persons 16 years of age and older in your household receive any Veterans Administration payments? If yes, please list your gross monthly income and provide a copy of your annual benefit statement.	
Do any persons 16 years of age and older in your household receive any retirement pensions/annuities ...,etc.? If yes, please list your gross monthly or annual income and provide a copy of your annual benefit statement.	
Do any persons 16 years of age and older in your household have any money market funds, mutual funds, individual retirement accounts, 401K plans, KEOGH retirement plans and/or government bonds? If yes, please list the annual interest earned and provide copies of three months' consecutive income information.	

Do any persons 16 years of age and older in your household receive any dividends, credited or reinvested from ownership of any stocks or mutual funds? If yes, please list the amount and provide copies of statements.	
Do any persons 16 years of age and older in your household receive regular payments from an estate and/or trust fund? If yes, please list your monthly income and provide a copy of statements.	
Has any person age 16 years of age and older in your household had capital gains (or losses) or any other gains (or losses) in the previous six months?	
Have you or any other individual included on the property deed undergone a personal bankruptcy proceeding? If yes, when was the date of debt discharge?	
Do any persons 16 years of age and older in your household have any net rental income? If yes, please list your gross monthly rental income.	

## **ACKNOWLEDGMENTS**

I have received a written description and a verbal explanation of the Erie County Housing Rehabilitation Program, including the lead-based paint elements of the property. I agree to cooperate with the Erie County Department of Environment and Planning which is administering this Program and to comply with the specified procedures, including non-occupancy of areas where interim controls may be conducted to reduce lead-based paint hazards.

**I AUTHORIZE THE ERIE COUNTY DEPARTMENT OF ENVIRONMENT AND PLANNING TO OBTAIN SUCH INFORMATION AS IT MAY REQUIRE CONCERNING THE STATEMENTS MADE IN THIS APPLICATION.**

I understand that any contract for rehabilitation work paid for in whole or in part from this Program will be between the contractor and myself and that I should **NOT SIGN ANY CONTRACT FOR WORK UNDER THIS PROGRAM UNTIL AUTHORIZED TO DO SO**. I also understand the Department of Environment and Planning, County of Erie and the (City) (Town) (Village) of \_\_\_\_\_ are not responsible or liable for any breach of contract, faulty workmanship, accident liability or damage which might arise from my relationship with the contractor.

I hereby certify that I am the owner and occupant of the property to be improved. I further certify that the information regarding household income and household size is complete and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

<p><b>WARNING:</b> 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.</p>
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