

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 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 Department of Planning and Economic Development  
 Scranton Electric Building, 5<sup>th</sup> 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 on file for 3 years from date of receipt.