

CITY of PITTSTON

HOME REHABILITATION PROGRAM

APPLICATION/INTERVIEW FORM

ANNUAL INCOME: For the purpose of determining eligibility for proposed community development projects, to be funded by the Pennsylvania Community Development Block Grant Program and the HUD HOME Program, the following information is necessary. Each family should indicate the number of persons living in the family household and whether total family income exceeds or falls below the listed figure for the appropriate size family.

Total annual income of all members of your family includes wages, interest income, Social Security income, disability income, pensions, certificate of deposit interest income, dividend income, annuity income or any other household income for all family members.

Income will be qualified using the HUD Part 5 definition similar to the Section 8 Rent Voucher program. Note income guidelines below. HUD adjusts these figures annually.

Households with annual income from all sources that is less than 80 percent of the median income for the Scranton-Wilkes-Barre MSA are eligible to participate in this program. Current Income limits effective JULY 1, 2020 are as follows:

Number of Persons in Household:	Household Income from All Sources May Not Exceed:
1	\$40,150
2	\$45,900
3	\$51,650
4	\$57,350
5	\$61,950
6	\$66,550
7	\$71,150
8	\$75,750

Please Complete and Return to
BECKIE LATONA
City of Pittston
Office of Community Development
35 Broad St.
Suite 202
Pittston, PA 18640

Questions?
Contact
Beckie Latona
rlatona@pittstonrda.com
570-654-4601



Date: _____

APPLICANT INFORMATION

Applicant Name:	
Social Security Number:	
Date of Birth:	
Current Address:	
Telephone Number:	
Email Address:	

Co-Applicant Name:	
Social Security Number:	
Date of Birth:	

RESIDENCE INFORMATION

Do you reside in the City of Pittston? _____ YES _____ NO

Are you the owner(s) of the home? _____ YES _____ NO

Do you reside in the home? _____ YES _____ NO

Is this your primary residence? _____ YES _____ NO

Do you own any other property? _____ YES _____ NO

If yes, where _____

Type of Home:	_____ Single Family	_____ Double Block	_____ Apartment House
		_____ Own One Side	_____ No. of Apartments
		_____ Own Both Sides	
Number of Rooms in the Home:			
Number of Bedrooms:			
Approximate Age of the Home:			
Length of Time Resided in Home:	_____ years.		

Are your property taxes, sewer maintenance and refuse maintenance paid to date?	_____ Yes	_____ No
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Number of Persons in Household:		
List below members of household other than applicant and co-applicant. (If you need more space, continue on back of this form.)		
NAME	RELATIONSHIP	AGE

What was your gross yearly household income for last year? \$ _____ Year _____

EMPLOYMENT INFORMATION

APPLICANT

Current Employer's Name:		
Current Employer's Address:		
Employer's Telephone Number:		
How long have you worked for your current employer?	_____ Years _____ Months	
Current Amount Earned per Hour:	\$ _____	
Number of Hours Worked per Week:		
If applicant receives a salary, salaried earnings per week:	\$ _____	
If applicant has been employed with current employer less than one (1) year, please provide:		
Previous Employer's Name:		
Previous Employer's Address:		
Previous Employer's Telephone Number:		
How long did you work for previous employer?	_____ Years _____ Months	
Amount Earned per Week:	\$ _____	
Number of Hours Worked per Week:		

If applicant received a salary, salaried earnings per week:	\$ _____
Other Income Sources	
Applicant's Monthly Unemployment Compensation:	\$ _____
Applicant's Monthly Social Security Benefits:	\$ _____
Applicant's Monthly SSI Benefits:	\$ _____
Applicant's Monthly Black Lung Benefits:	\$ _____ Claim No. _____
Applicant's Monthly Pension Benefits:	\$ _____
Explain:	
Other Income of Applicant:	\$ _____
Explain:	

CO-APPLICANT

Current Employer's Name:	
Current Employer's Address:	
Employer's Telephone Number:	
How long have you worked for your current employer?	_____ Years _____ Months
Current Amount Earned per Hour:	\$ _____
Number of Hours Worked per Week:	
If co-applicant receives a salary, salaried earnings per week:	\$ _____
If co-applicant has been employed with current employer less than one (1) year, please provide:	
Previous Employer's Name:	
Previous Employer's Address:	
Previous Employer's Telephone Number:	
How long did you work for previous employer?	_____ Years _____ Months
Amount Earned per Week:	\$ _____

Number of Hours Worked per Week:	
If co-applicant received a salary, salaried earnings per week:	\$ _____
Other Income Sources	
Co-Applicant's Monthly Unemployment Compensation:	\$ _____
Co-Applicant's Monthly Social Security Benefits:	\$ _____
Co-Applicant's Monthly SSI Benefits:	\$ _____
Co-Applicant's Monthly Black Lung Benefits:	\$ _____ Claim No. _____
Co-Applicant's Monthly Pension Benefits:	\$ _____
Explain:	
Other Income of Co-Applicant:	\$ _____
Explain:	

LIST ALL SAVINGS AND CHECKING ACCOUNTS

Bank/Savings Institution & Location	Type of Account	Account Number	Current Balance	Monthly Interest
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

Certificate of Deposit, Dividend or Annuity Interest Income \$ _____

Explain: _____

Monthly Child Support \$ _____

Monthly Rental Income \$ _____

Any other HOUSEHOLD income \$ _____

Explain: _____

How did you hear about our program? Explain. _____

Please Indicate BOTH Ethnicity and Race Below:

Ethnicity (Select One):		Race (Select All the Apply):	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

I/We certify that the information given to the Redevelopment Authority of the City of Pittston regarding household composition, income, assets, and employment is accurate and complete to the best of my/our knowledge and belief. I/We also understand that any false statements or information are grounds for rejection of assistance from the City of Pittston Homeownership Program.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____

The applicant(s) must either provide evidence of financial information obtained at the interview or give the interviewer permission to verify the information with an employer or bank. The person verifying the information must be satisfied that the information is correct, and therefore, the interviewer shall use all methods appropriate to verify the information. Copies of income tax may be used to verify all income sources.

I certify that on this date, I have reviewed documentation provided by the applicant(s) and I attest to the above income amounts.

Interviewer

Date