

Redevelopment Authority of McKean County OWNER-OCCUPIED HOUSING REHABILITATION

(Please Print)

1. Applicant Name: _____ /Age _____ /SS# _____
 Co-Applicant Name: _____ /Age _____ /SS# _____
 Address: _____ / Zip: _____
 Phone Contact: _____ / (alternate #) _____
 Municipality _____

2. **Ownership Status / Structure Information:**

- Do you occupy this property as your primary residence? Yes [_____] / No [_____]
 Are you the owner of the above property? Yes [_____] / No [_____]
 Is there a mortgage? Yes [_____] / No [_____] Are payments current? Yes [_____] / No [_____]
 Name of mortgage holder? _____
 Is there an unrecorded Land Contract/Title Agreement ("Rent to Own") on this property? Yes [_____] / No [_____]
 Is this unit? A single-family structure [_____] Duplex [_____] or Mobile Home [_____]
 Are property taxes paid? (i.e. Municipal, County, School) Yes [_____] / No [_____]
 If no, what years are not paid? _____ Are you on an installment plan with the County Yes [_____] / No [_____]
 Do you have current Homeowner's and/or Flood Insurance Policy? Yes [_____] / No [_____]

3. **Household Composition (include all household members related and unrelated residing in the unit):**

Full Name	Relationship	Birth Date	Social Security No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

List any additional household members on the back of this page

4. **The following questions are in regard to the Lead-Based Paint section of the program.**

- a. Is there a child 5-years old or younger who lives or is expected to live at this address? Yes [_____] / No [_____]
 Has this child been tested for elevated blood levels? Yes [_____] / No [_____]
 If the child was not tested, would you like to have this child tested? Yes [_____] / No [_____]
- b. If you answered yes above relocation may be required during the lead-based paint renovation activity.
 Would you object to relocating during the lead-based paint renovation activity? Yes [_____] / No [_____]
- c. If your answer was no above, do you have a family member or friend with whom you could stay with during the lead-based paint renovation activity. Yes [_____] / No [_____]
- d. Will your household composition change within next 12 months? Yes [_____] / No [_____]
 Is there anyone in the household that is currently pregnant? Yes [_____] / No [_____]

5. **Race / Ethnicity.** The race of head of household is information collected to comply with fair housing and equal opportunity rules. Your cooperation in completing this section is appreciated, however, is optional.

Race:	American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander
	Asian	White
	Black/African American	Other Multi-racial

Ethnicity: Hispanic or Latino? Yes [] / No []

Is the head of household: Disabled? Yes [] / No []
 Female? Yes [] / No []
 Age 62 or older? Yes [] / No []

6. **Income Verification: McKean County** operates its Housing Rehabilitation program with funding from the U.S. Dept of Housing & Urban Development (HUD). HUD establishes maximum household income limits annually.

McKean County Household Income Limits as of June 15, 2023

Household Size:	1	2	3	4	5	6	7	8
Maximum Income	\$43,200	\$49,350	\$55,500	\$61,650	\$66,600	\$71,550	\$76,450	\$81,400

If your household annual income exceeds the maximum allowance indicated on the Income Limits chart above, you are not qualified to receive HUD assistance under this program at this time.

SOURCES OF INCOME (check all that apply)	APPLICANT	COAPPLICANT	DEPENDENT	OTHER
Employment				
<input type="checkbox"/> Wages, OT, Tips & Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Disability Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal & State Benefits				
<input type="checkbox"/> Social Security (SSI/SSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Assistance (Cash Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension and Retirement Benefits				
<input type="checkbox"/> Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interest Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
<input type="checkbox"/> Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rental Income from Real-estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSETS	APPLICANT	COAPPLICANT	DEPENDENT	OTHER
Cash				
<input type="checkbox"/> Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CDs, IRAs, or Money Market Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you disposed of any assets for less than fair market value in the past two years? Yes [_____] / No [_____]]

MONTHLY GROSS INCOME CALCULATION

NAME (Household member)	SOURCE (this should match ✓ above)	GROSS AMOUNT (Specify per week, month or year)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

Did you file a 2023 Federal Tax Return? Yes [_____] / No [_____] if so, was this a joint return Yes [_____] / No [_____]]

If you do not file income tax, please check the box below and sign at the X.

I do not file yearly income tax return: X_____

Did any other household member age 18 or older file a 2023 Federal Tax Return? Yes [_____] / No [_____]]

7. Please provide a description of known repairs needed: (i.e. roofing, windows, plumbing, electrical, etc.)

8. Required Income Documents

The table below is meant to provide guidance on potential forms of income, it is not all inclusive. Enter the total annual income for each source of income, including income from all members of the household who provide sources of income. If you or other income providers have additional sources of income not included in this list, please include them along with a description of the source of income in the "Other Type of Income section". If the source of income listed is not applicable to you or others living in the household who provide sources of income, place an "X" in the field labeled N/A.

Source of Income	N/A	Annual Income from this Source for all Income Providers	Acceptable Proof of Income
Employment		\$	2 months of the most recent employment pay stubs
Military Service		\$	2 months of the most recent pay stubs
Public Assistance		\$	Benefit letter or benefit adjustment letter for this year
Unemployment		\$	Benefits Letter and if available 2 months of the most recent payment record
Worker's Compensation		\$	Benefits Letter and if available 2 months of the most recent payment record
Veteran's Benefits		\$	Benefit letter or benefit adjustment letter for this year
Social Security		\$	Benefit letter or benefit adjustment letter for this year
SSI or SSD		\$	Benefit letter or benefit adjustment letter for this year
Business Income		\$	Copy of Federal and State Tax Returns for past 3 years
Rental Income		\$	Copies of two or more rent receipts made out to tenants
Child Support		\$	Copy of Separation Agreement or court order
Alimony		\$	Copy of Separation Agreement or court order
Pension		\$	1099 form from previous year
Dividends		\$	1099 form from previous year
Annuities		\$	1099 form from previous year
Recurring Cash Contributions		\$	Documentation regarding anticipated amounts to be received over the next 12 months & copies of checks or other documentation showing amount of payments
Other Type of Income – Explain: _____		\$	Provide legal documentation of any other types of income you receive or anticipate receiving – check stubs, benefit statements, etc.
Total Annual Income		\$	Sum of all sources of income above.

9. Certification

All information provided will be kept confidential. All applications received will become the property of the McKean County Redevelopment Authority.

I/WE are applying for or seeking to obtain a grant from the McKean County Redevelopment Authority. As part of this process, McKean County may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds.

I/WE hereby apply for assistance from the McKean County Redevelopment Authority. I/WE certify that the above statements are true, accurate, and complete to the best of MY/OUR knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

I/WE understand that if I/WE are eligible and selected to receive a Housing Rehabilitation Grant, the Redevelopment Authority will send a 5-year Lien Agreement to sign prior to receiving the grant. The lien will be in the amount of the grant and will be placed against the property. One-fifth or 20% of the lien amount will be forgiven each year on the anniversary date of the signature of the Lien Agreement, and it will be totally forgiven at the end of the 5-year lien period.

At the end of the lien period, the Redevelopment Authority will send the homeowner a Lien Satisfaction. It is strongly encouraged that the homeowner pay the filing fee and file the Lien Satisfaction at the Courthouse Recorder of Deeds Office, when it is received. If the homeowner chooses not to file the Lien Satisfaction, they should keep it with their important papers. Failure to file the Lien Satisfaction with the Courthouse may cause issues if or when the property is sold or transferred.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both".

X _____
Applicant's Signature

Date

X _____
Co-Applicant's Signature

Date

If you have any questions or require assistance in completing this application, please contact the McKean County Redevelopment Authority at 814-887-5563. Our office mailing address is as follows:

McKean County Redevelopment Authority
415 West Main Street
Smethport, PA 16749
(814) 887-5563



For Official Use Only

Income Verification: Monthly: \$ _____ Yearly: \$ _____

Income Category: < 30% AMI: _____ / < 50% AMI: _____ / < 80% AMI: _____

Application received on: _____ / by: _____

Verification of File Documentation by: _____