

Indiana County

Office of Planning & Development



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COUNTY COMMISSIONERS
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Indiana County's Housing Rehabilitation Programs Application for Assistance

Thank you for your interest in the Indiana County Housing Rehabilitation Programs. Attached you will find the application, signature forms, and a list of required supporting documentation. Please read over the application and be sure to sign each page where requested. Send all supporting documentation that pertains to your household. Any missing information will result in a delay in processing or rejection of your application. **Please be aware that these programs are operating on limited funding. A complete application that includes the required supporting documentation will ensure a smooth transition through the verification processes. Applications are processed when there is an opening in a Housing Technician's schedule and sufficient funding is remaining to proceed.** If you meet the eligibility criteria, the ICOPD staff will contact you when your application is ready for inspection.

Do not expect an immediate response due to the large caseload and limited funding availability. We strongly encourage homeowners to repair and maintain the structure while awaiting assistance. The length of the Wait Lists varies by program. Submission of an application is not a guarantee of assistance.

Please do not enter into any contracts for work prior to being accepted into this program. We cannot reimburse you for work you had done outside of acceptance into the program.

What home improvements can be made under these programs?

Existing Owner-Occupied Housing Rehabilitation Program: Critical repairs needed to bring the home up to code compliance, such as replacement of unsafe wiring and plumbing, the replacement of windows, porches, and steps.

The 55+ Roof and Heating Systems Replacement Program for replacement of inoperable furnaces, and actively leaking roofs. This program is limited to Indiana County homeowners aged 55 or older and/or disabled.

Eligibility Criteria

- You must be a resident of Indiana County
- You must own your home and the property that it is located on.
- Application is for your primary residence only.
- Your after-rehab value of your property cannot exceed 95% of the Indiana County Median Home Value.
- Your property taxes must be current or you must have a written arrangement in good standing with Tax Claim for repayment.
- Your gross annual household income cannot exceed the 80% of Indiana County's Median income by family size.

Form of Assistance

The form of assistance is a forgivable lien. The lien term is 4 years. The lien is forgiven at a rate of 25% per year if you continue to live in the home and is satisfied at the end of the term, with no payment. If you transfer or sell the property before the four-year term is done, the remaining amount of the Lien becomes due at the prorated amount.

REQUIRED SUPPORTING DOCUMENTS

Please check the appropriate boxes for your household and submit those documents with your application.

Property	
	List of all Owners on the Property Deed
	Copy of your Title if this is a mobile home
	Copy of your Declaration Page for your homeowner's insurance (first page of policy showing coverage dates)
	Copy of Flood Insurance (if applicable) Eligibility will be determined on proximity to flood plain
Household Income	
	Proof of Employment – Last 3 months pay stubs (3 monthly, 6 biweekly, or 12 weekly pay stubs that includes name and address of employer)
	Most recent Federal Tax Return filed (2024) complete with all schedules.
	If Self-Employed, the last 3 years of Federal Tax Returns complete with all schedules and profit/loss
	Proof of Unemployment Compensation – Printed statement
	Proof of Workman's Compensation – Printed statement
	Proof of Social Security, SSI, SSD etc. – Copy of Annual Benefit Statement SSA-1099
	Proof of Public Assistance – SSP, SNAP, TANF, Cash, Medical, Shelter, Utilities, LIHEAP Copy of Compass document or eligibility print out from Assistance Office.
	Statement of Pension Benefits or 1099R
	Statement of Veteran's Benefits
	Statement of Black Lung Benefits
	Statement of Gas Well Royalties
	Documentation of other periodic income (Alimony or Child Support received)
Assets	
	Bank Statements for each adult household member, all open accounts (checking, savings, money market, holiday etc.) - 3 months -most recent. Electronic Statements must show your name, account activity, date of statement, bank name and address.
	Pensions, IRA's, 401K etc. – 1099 document
	Statement of Stocks/Dividends
	Additional Property Owned – (not primary residence) Deed Book and Page number or Instrument Number



Indiana County Housing Rehabilitation Programs
Existing Owner-Occupied Housing Rehabilitation Program
55+Roof and Heating Systems Program



For Office Use Only

☐ EOOH

☐ RHS

☐ IB

Deed: _____

Parcel: _____

File No: _____

This is a double-sided application. Please complete both sides of each page. Any missing information will result in a delay in processing or rejection of your application.

Applicant Name: _____

Date: _____

Property Address: _____

PO Box: _____

Phone: _____

Municipality: _____

Email: _____

List All Names on Property Deed: _____

Roof: Active Leak ☐ Yes ☐ No Roof Age: _____ **Furnace:** ☐ Working ☐ No Heat Furnace Age: _____

I/We are requesting these **other repairs/modifications**: _____

HOUSEHOLD COMPOSITION

Please list all (people living in your home, including applicant)

Name	Date of Birth	Gross Annual Income

BENEFICIARY INFORMATION

Are there any persons with disabilities living in this household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Head of Household disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any persons in this household 62 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Head of Household 62 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this household classified as female headed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any Veterans living in the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If veteran is disabled, is the disability military service connected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Each family should also indicate if they are: (Please respond to both Ethnicity and Race selections)

Ethnicity (select only one)	Race (select only one)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White

CONFLICT OF INTEREST

Are you an immediate family member of any elected Indiana County official, appointed member of the Redevelopment Authority Board of Directors, Consultant or Contractor working on the program, or Indiana County employee who is in a position to participate in decision making process for benefits? ☐ Yes ☐ No

If yes, please give name of immediate family member: _____

STATEMENT OF PRIMARY RESIDENCE AND PERMISSION TO INSPECT

I/We _____ & _____ have applied for the Indiana County Rehabilitation Program administered by the Indiana County Office of Planning & Development and assisted with HOME and/or PHARE funds through the Pennsylvania Department of Community & Economic Development and Pennsylvania Housing Finance Agency.

I/We have satisfactorily proven that my/our property is my/our primary residence and is located at:

_____ in the City of _____, Pennsylvania, _____
Street Address Zip Code

and our home is **NOT**:

- located in a mobile home park, community or rented lot
- being used as a rental unit or an income property
- a secondary home
- a vacation home
- a camp
- an RV(motorhome) or camper
- new construction
- uninhabited

The property is located in the Township or Borough of _____, Indiana County Pennsylvania.

I/We have submitted supporting documentation to satisfactorily prove that this is my/our primary residence.

I /We hereby authorize representatives of the Indiana County Office of Planning and Development to inspect the property to assess and develop specifications for bidding process.

Property Owner Signature

Date

Property Owner Signature

Date

HOUSEHOLD INCOME Household income shall include income from all persons living in the household
Please enclose supporting documentation with this application.

SELF EMPLOYMENT

Are you Self-Employed? ☐ Yes ☐ No

If Yes, you must be able to supply this office with Federal Tax returns complete with all schedules and attachments for the last three years to verify your income.

EMPLOYMENT - For All Household Members Please submit copies of your last 3 months pay stubs.

Name of person employed _____	Name of person employed _____
Employer/Company Name _____	Employer/Company Name _____
Personnel/Human Resources Contact _____	Personnel/Human Resources Contact _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____

OTHER SOURCES OF INCOME – For All Household Members Please list the amounts received

Due to the nature of the verification process, it may be necessary for this office to contact you for further documentation or information to verify benefits received by the household. Contact will be by letter, accompanied with a form.

	Total Household Income Per Month	
Social Security, SSD, SSI	\$ _____	Pension Company _____
Public Assistance, TANF, SNAP, SSP, Medical, LIHEAP	\$ _____	Address _____
Veteran's Benefit	\$ _____	City, State, Zip _____
Black Lung	\$ _____	Monthly Amt \$ _____
Child/Spousal Support	\$ _____	
Unemployment	\$ _____	Bank Name: _____
Workman's Compensation	\$ _____	Address _____
Disability Benefits/Short Term or Long Term (Not SSD)	\$ _____	City, State, Zip _____
Rental Income	\$ _____	Checking _____
Gas Royalties	\$ _____	Savings _____
Other Periodic Income	\$ _____	CD _____
Amount received from sale of real estate in the last 2 years.	\$ _____	IRA _____
Reverse Mortgage	\$ _____	Club Accounts _____
		Annuities _____

Do you anticipate any changes to your household composition or household income within the next 12 months?
(Someone moving in or out, birth of a baby, adoption, etc.) ☐ Yes _____ ☐ No.

Zero Income Form

Please have any household member(s), that does not receive any type of income, complete this form.

First _____ Last _____ Email: _____

Street Address _____

PO Box _____

City, State, Zip _____

Self-Certification of Zero Income

I, _____, do hereby certify that I am currently receiving zero income from any source (e.g., wages, social security, public assistance, pensions, veteran benefits, spousal and/or child support, or any other benefits paid directly to me by a third party).

Certification

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application.

_____ Person with Zero Income	_____ Signature of Person with Zero Income	_____/_____/_____ Date
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_____ Printed Name of Applicant	_____ Signature of Applicant	_____/_____/_____ Date
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For Office Use Only:

_____ Signature of Grantee/Administrator	_____/_____/_____ Date
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CONSENT FOR RELEASE OF INFORMATION

Indiana County Office of Planning and Development (ICOPD)
801 Water Street, Indiana, PA 15701 Telephone: (724) 465-3870

Purpose: The above-named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

Information covered inquires may be made about: Federal, State, Tribal or Local Benefits,
Child Care Expenses Social Security Handicapped Assist Expenses
Credit History Identity and Marital Status Medical Expenses
Residences and Rental History Family Composition Federal Income Tax
Employment, Income, Pensions, and Assets Criminal Activity

Individuals or Organizations that may release information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions	US Social Security Administration	Providers of:
Courts	Welfare Agencies	Alimony
Law Enforcement Agencies	Credit Bureaus	Child Care
Schools/Colleges	Credit	Child Support
Employers, Past and Present	Pensions/Annuities	Medical Care
Utility Companies	Handicapped Assistance	IRS
Landlords		

Computer Matching Notice and Consent: I agree that ICOPD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

US Office of Personnel Management	US Postal Service	Internal Revenue Service
US Social Security Administration	State Employment Security Agencies	
US Department of Defense	State Welfare and Food Stamp Agencies	

The match will be used to verify information supplied by the family.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Existing Owner-Occupied Housing Rehabilitation, (CPR) Community Program of Restoration, 55+ Programs and the Lateral Assistance Program

I authorize the above-named organization to obtain information about my family, or myself which is pertinent to eligibility for or participation in assisted housing programs. I also authorize ICOPD to obtain information on wages or unemployment compensation from State Securities Agencies.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I, or any other adult member of the household, do not sign this authorization, I understand that my housing assistance may be denied or terminated.

Declaration: By signing this application, I declare that all of the information that I have provided or attached as documentation is true and correct and contains no material misstatement or omission of fact. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsification pursuant to 18 Pa.C.S. § 4904.

Adult Household Member Signatures:

_____ Signature	_____ Relationship	_____ Date
_____ Signature	_____ Relationship	_____ Date
_____ Signature	_____ Relationship	_____ Date

This Consent to Release Information is good for 1 year from date of signing. Your information will be kept confidential.