

**BRADFORD COUNTY HOUSING REHABILITATION PROGRAM
BRADFORD COUNTY GRANTS OFFICE**



**220 Main Street, Unit #1
TOWANDA, PA 18848
(570) 268-4193 (Telephone)
(570) 268-8541 (Fax)**

FOR OFFICE USE ONLY	
DATE	<u>3/3/15</u>
1/2FMV	_____
YR BLT	_____
TAXES	_____
Co-Pay (%)	_____
(\$) SOURCE	<u>Act 137</u>
FLOOD PLAIN	_____

1. APPLICANT NAME(s): Name: Janet Rumpff
2. ADDRESS: 192 Fourth St, Athens, PA 18810 MUNICIPALITY: _____

3. DIRECTIONS FROM TOWANDA TO YOUR HOME:

4. PHONE NUMBER(s): _____ (HOME) _____ (WORK - OTHER)
5. SOCIAL SECURITY #'S _____ (APPLICANT) _____ (CO-APPLICANT)

6. NAMES ON DEED: (A) _____
- (B) _____

6A. COPY OF YOUR DEED OR TITLE TO VERIFY OWNERSHIP _____

7. **Please have insurance company fax copy of HOME OWNERS insurance. Fax 265-8541**

7A. IS PROPERTY IN FLOOD PLAIN? _____ IF SO, DO YOU HAVE FLOOD INSURANCE? _____

Please have insurance company fax copy of FLOOD insurance. Fax 265-8541

IF YOUR HOME WAS BUILT BEFORE 1978 YOU WILL HAVE A LEAD TEST AND IF LEAD IS PRESENT YOUR CONTRACTOR MUST GIVE YOU AN INFORMATIONAL PAMPHLET.

8. PLEASE LIST PROBLEMS PROMPTING YOU TO REQUEST A HOUSING REHAB GRANT:

9. ARE ANY OF THE REPAIRS CONSIDERED EMERGENCIES? _____

10. NUMBER OF BEDROOMS IN THE HOME? _____

11. ARE YOUR *COUNTY PROPERTY & SCHOOL TAXES* PAID & UP TO DATE? _____

12. PLEASE CHECK ALL THAT APPLY TO OWNER/APPLICANT:

___ SENIOR CITIZEN _ __ DISABLED ___ SINGLE-PARENT ___ RACIAL MINORITY

13. HOUSEHOLD COMPOSITION & INCOME: (LIST ALL OCCUPANTS LIVING IN HOUSEHOLD)

<u>NAME</u>	<u>AGE</u>	<u>ALLSOURCE(s)</u>	<u>GROSS AMOUNT</u>	<u>VERIFIED</u>
		<u>OF INCOME</u> <u>Taxable & NonTaxable</u>	<u>PER</u> <u>MONTH or Yr</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. ASSETS:

LIST ALL ASSETS (INCLUDING CASH SAVINGS, MUTUAL FUNDS, ANNUITIES, INVESTMENTS, REAL PROPERTY OTHER THAN YOUR RESIDENCE):

<u>TYPE</u>	<u>AMOUNT (\$) PER</u>	<u>VERIFIED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT

SECTION 1001 OF TITLE 18 MAKES IT A CRIMINAL OFFENSE TO WILLFULLY PROVIDE FALSE INFORMATION TO ANY AGENCY WITHIN THE JURISDICTION OF THE U.S. GOVERNMENT.

IMPORTANT

I (WE) CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) ABSOLVE THE COUNTY OF BRADFORD OF ALL LIABILITY CONNECTED WITH THE WORK TO BE DONE WITH THE ASSISTANCE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

RETURN APPLICATION TO:

**Bradford County Grants Office
220 Main Street, Unit #1
TOWANDA, PA 18848
Attn: CDBG/Housing Rehab. Office**