

**Home Owner Rehab
Whole Home Repair**

Luminest
82 W. Queen Street-Chambersburg, PA 17201
(717)-977-3900 Fax (717) 655-2685
www.luminest.org



NAME: _____ EMAIL: _____

PHONE: _____ CURRENT ADDRESS: _____

Is this property for sale? _____ Do you intend to sell in the next 12 months? _____
Is this property a mobile home? _____ If so, is the mobile home on a permanent foundation? _____

**PLEASE CALL TO SCHEDULE AN APPOINTMENT TO RETURN YOUR COMPLETED APPLICATION
ALL APPLICATIONS MUST BE RETURNED TO: 82 W. Queen Street, Chambersburg, PA**

<u>GROSS MAXIMUM Income Guidelines</u>	
1 person	\$49,350
2 person	\$56,400
3 person	\$63,450
4 person	\$70,450
5 person	\$76,100

How did you hear about us?

Luminest Website

Facebook

Google Ads

Radio Station _____

Family/Friend

Brochure/Flyer
(from) _____

Other: _____

- Please read and answer **every** question on the application. If there are questions that do not pertain to you, check no or write **N/A** for “not applicable.” **INCOMPLETE applications will be returned.**
- **Do not** use white out. Use only black or blue pen to fill out the application. All information provided will need documentation and will be verified.
- **Return Application to 82 W. Queen Street, Chambersburg**

For Each member on the application we will need **copy** of:

<u>Identity Verification</u>	<u>Income Verification</u>	<u>Asset Verification</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Paystubs: Past 2 months Biweekly (7), weekly (10)	<input type="checkbox"/> Bank Statements for past 2 months (must include all pages)	<input type="checkbox"/> Copy of property tax bill
<input type="checkbox"/> Photo ID: (drivers license, passport, military ID)	<input type="checkbox"/> Current Social Security Benefits letter	<input type="checkbox"/> SSP Information <input type="checkbox"/> Cash App, PayPal, Venmo, etc. Statements (past 60 days)	<input type="checkbox"/> Each Adult Sign Consent Form
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> SSI information (current year)	<input type="checkbox"/> 401K	<input type="checkbox"/> Most recent Federal & State Tax Returns
	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Most recent Mortgage statement
<u>Weatherization</u>	<input type="checkbox"/> Information on Bonuses	<input type="checkbox"/> Savings Bonds	<input type="checkbox"/> Signed Self Certification
Are you on the weatherization waitlist?	<input type="checkbox"/> TANF Documents	<input type="checkbox"/> Unemployment Awards letter	For Management Use Only <input type="checkbox"/> Franklin County Resident <input type="checkbox"/> Chambersburg Borough Resident
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Child Support Court Order		
	<input type="checkbox"/> Recurring income info		

Home Owner Rehab

Whole Home Repair

ALL QUESTIONS MUST BE ANSWERED.

HOUSEHOLD COMPOSITION

List each person who resides in the unit along with the all requested information. Do not include minors who will be present less than 50% of the time. If more than 6 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

****List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.**

Is or has anyone on this application ever been known by any other name? YES NO
If "YES" explain: _____

Are any household changes expected in the next 12 months? YES NO
If "YES" explain: _____

Are any household members currently absent from the home? YES NO
If "YES" explain: _____

Are any student changes expected in the next 12 months? YES NO
If "YES" explain: _____

Is this home in a floodplain?	
What year was the home built?	
Is the home a single family dwelling?	
How long have you resided in the home?	
Addresses of any other real estate of which you have an ownership interest:	
Aside from the mortgage, list any liens against the home:	
Name, address & phone number of mortgage holder	
Name & phone number of homeowner insurance agency:	
Do you currently reside at the property?	
Are your taxes current/paid?	
Did COVID-19 impact your health, income or expenses?	

HOUSEHOLD INCOME

- List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.
- For adults include both earned income from jobs and unearned income.
- Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older; use a separate sheet of paper.)

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[] YES [] NO	\$	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$	[] YES [] NO	\$
8. Periodic Gift Income	[] YES [] NO	\$	[] YES [] NO	\$
9. Non-cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Child Support	[] YES [] NO	\$	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
13. Informal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$	[] YES [] NO	\$
17. TANF/AFDC/etc. <i>NOT food stamps</i>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Retirement Account	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment Account	[] YES [] NO	\$	[] YES [] NO	\$
23. Worker's Comp	[] YES [] NO	\$	[] YES [] NO	\$
24. Annuity Account	[] YES [] NO	\$	[] YES [] NO	\$
25. Trust Account	[] YES [] NO	\$	[] YES [] NO	\$
26. Disability/Death Benefits	[] YES [] NO	\$	[] YES [] NO	\$
27. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
28. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
29. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
30. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
31. Other:	[] YES [] NO	\$	[] YES [] NO	\$
	TOTAL INCOME	\$	TOTAL INCOME	\$

Are any income changes expected in the next 12 months? YES NO
 If 'YES', please explain: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? YES NO

Employment Information:

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

2nd Employer (if applicable):

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

(If more than 2 employers, please use a separate sheet of paper.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSET INSTRUCTIONS:

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

(Additional household members—use a separate sheet of paper. Do not complete for Minors who do NOT have assets.)

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
2. 2 nd Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
3. Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
4. 2 nd Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
5. Debit Card Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
6. Direct Express (SS/SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. ACCESS Card <small>(SSP/TANF)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Reliacard <small>(Unemployment)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
9. EPPICARD <small>(Child Support)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$

10. Prepaid Debit Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
11. Cash on Hand	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
12. Certificate of Deposit(s) (CD's)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
13. Other Bank Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
14. Mutual Fund	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
15. Stocks	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
17. IRA/401K/etc.	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
18. 2 nd IRA/401K/etc.	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
19. Savings Bonds	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
20. Treasury Bills	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
21. Annuity	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
22. Revocable trust	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
23. Life Insurance	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
24. Real estate	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
25. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
26. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ _____

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [] YES [] NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO

If you answered 'YES' to either question above, please explain:

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)

Please list work being requested:	
Please list all other possible issues with the home:	

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact sources for verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. **I/We understand that providing false statements or information is punishable under federal law.**

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

If the applicant knowingly and willfully makes any false statements in the application or other supporting documentation, the grantee may require the applicant to reimburse the grantee the full amount of any repair assistance provided.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

_____ has applied for a program through Luminest. As part of our processing and on-going compliance it is necessary to obtain various forms of documentation including income, rental history, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I/we, the undersigned, hereby authorize the release, without liability to any and all information that may be requested concerning my income, wages, salaries, credit report, references, etc. in connection with my application to determine whether I am eligible for the Home Owner Rehab program.

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Print Applicant/Tenant Name	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date





SELF CERTIFICATION AFFIDAVIT

This Affidavit is to be signed by the homeowner(s) applying for Home Repair programs.

Address of property:

I, _____, by my signature below, state that this Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the application and will subject me to immediate disqualification from the home repair programs.

1. Initial all, as applicable:

_____ (a) The mortgage on the property is current within 30 days.

_____ (b) There are no liens or outstanding judgements on the property.

_____ (c) All utilities of the property are paid up to date.

_____ (d) The property is not for sale and will not be for sale in the next 12 months.

Printed Name of Applicant/Homeowner

Signature of Applicant/Homeowner

Date

Printed Name of Applicant/Homeowner

Signature of Applicant/Homeowner

Date

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