

Preliminary Waitlist Application

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 | \$53,520 |
| 2 person | \$61,120 |
| 3 person | \$68,800 |
| 4 person | \$76,400 |
| 5 person | \$82,560 |

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>Weatherization</u> | <u>Miscellaneous</u> |
|---|---|--|--|
| <input type="checkbox"/> Photo ID: (driver's license, passport, military ID) | <input type="checkbox"/> Paystubs: Past 2 months Biweekly (7), weekly (10) | Are you on the weatherization waitlist? <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Copy of property tax bill |
| | <input type="checkbox"/> Current Social Security Benefits letter | | <input type="checkbox"/> Most recent Mortgage statement |
| | <input type="checkbox"/> Recurring income info | | <input type="checkbox"/> Each adult sign consent form |

****** Additional documentation will be required when formal processing begins**

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.)

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

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.

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

Household Race/Ethnicity/Disability Report Form

PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS EXACTLY.

The following information is needed in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the US Dept of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information or whether or not you choose to furnish it.

Property Name: _____

Unit #: _____

The following RACE codes should be used when completing the table below (choose all options that apply):

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaskan Native
- 4 – Asian
- 5 -- Asian India
- 6 -- Chinese
- 7 – Filipino
- 8 – Japanese
- 9 – Korean
- 10- Vietnamese
- 11- Other Asian
- 12- Native Hawaiian/Other Pacific Islander
- 13- Native Hawaiian
- 14- Guamanian or Chamorro
- 15- Samoan
- 16- Other Pacific Islander
- 17- Other
- 18- Decline to answer Race

The following Ethnicity codes should be used when completing the table below:

- Y – Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
- N – Not Hispanic or Latino
- D – Decline to answer Ethnicity

Disability Status: Fair Housing Act definition of disability (or handicap): A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such impairment (24 CFR 100.201). Disability does not include illegal use of or addiction to controlled substance.

- Y – Disabled
- N – Not Disabled
- D – Decline to answer Disability

Enter both Relationship to Head of Household, Race, Ethnicity, Disability codes (as shown above) for each household member:

| Last Name, First Name, MI | Relationship to HOH* | Race (use code above) | Ethnicity (Y/N/D) | Disabled (Y/N/D) | Gender M = Male F = Female D = Declined |
|---------------------------|----------------------|-----------------------|-------------------|------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Please enter one of the following codes to indicate Relationship to Head of Household: **H** – Head; **S** – Spouse; **A** – Adult co-tenant; **O** – Other Family member; **C** – Child (17 years and younger); **U** – Unborn Child; **F** – Foster child/adult; **L** – Live-in caretaker; **N** – None of the above.

Resident/Applicant's Signatures (all HH members 18 and over must sign/date):

_____(date) _____(date)
_____(date) _____(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

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.

