

**BOROUGH OF GREENVILLE  
HOUSING REHABILITATION GRANT APPLICATION**

The Borough of Greenville, through CDBG funding, is making grants available to qualified homeowners for housing rehabilitation improvements. Please complete this application to determine your eligibility.

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**The owner-occupant(s) should be listed as applicant(s).**

APPLICANT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

The applicant swears that all of the information furnished for this Housing Rehabilitation Grant Application is true and complete to the best of the Applicant's knowledge.

The Applicant, also, certifies that he/she is the owner/occupant of the property where the rehabilitation improvements will occur.

The Applicant authorizes the verification of any or all of the information provided for this application.

NOTE: Title 18 of the United States Code, Section 1001, makes it a criminal offense to willfully make false statements or misrepresentations to any Department/Agency of the United States or to any local entity which administers programs under their jurisdictions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All the information in this application will be held in strictest confidence and will only be used to determine your eligibility for a Housing Rehabilitation Grant.

**FOR BOROUGH USE**

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APPLICATION NO.: \_\_\_\_\_

TAX ASSESS NO.: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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Borough of Greenville  
Housing Rehabilitation Program

**CONSENT TO RELEASE INFORMATION**

I, the undersigned, give the Borough of Greenville permission to verify my income, home ownership, mortgage and employment data. The purpose of this information release is to obtain a housing rehabilitation grant using Community Development Block Grant Funds.

I understand the information identifying me by name, or other recognizable characteristic, will not be used for any purpose not stated here or released to any other agency without my prior written consent.

I certify that I have read this form or that it has been read to me.

**APPLICANT**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

DATE \_\_\_\_\_

**WITNESS**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

This release can be revoked at any time upon written request from the Applicant. It will automatically expire six (6) months from the date of signature.

**TO WHOM IT MAY CONCERN**

Please release information to:      Borough of Greenville  
Housing Rehab Department  
125 Main Street  
Greenville, PA 16125

### HOUSEHOLD MEMBERS

	NAME	AGE	SOCIAL SECURITY NO	RELATIONSHIP
1				
2				
3				
4				
5				
6				

### SOURCES OF INCOME

	<u>HOUSEHOLD MEMBER</u> NAME	<u>INCOME SOURCE</u> NAME, ADDRESS, PHONE	MONTHLY INCOME	OR YEARLY INCOME
1				
2				
3				
4				
5				
6				

Income is defined as, but not limited to, wages and salaries, social security benefits, unemployment or worker's compensation, private and public pensions, dividends, interest, net rental income, welfare (but not food stamps), child support, and disability payments. Refer to the enclosed guidelines for a more complete definition of income and household.

**FOR BOROUGH USE ONLY**

TOTAL  
ANNUAL INCOME \$

HOUSEHOLD  
SIZE \_\_\_\_\_

HUD LM  
LIMIT \$

## ASSETS

List checking/savings accounts, stocks, bonds, mortgages, and real estate owned by household members.

	HOUSEHOLD MEMBER	ASSET DESCRIPTION	VALUE	INCOME
1				
2				
3				
4				
5				
6				

## LIABILITIES MORTGAGE LENDING INSTITUTION

INSTITUTION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

YOUR ACCT. NO \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_ BALANCE \_\_\_\_\_

## OTHER LIABILITIES

IS THERE A LIEN OR JUDGEMENT AGAINST PROPERTY:                      YES                      NO                      (CIRCLE)

IF YES, EXPLAIN \_\_\_\_\_

TOTAL MONTHLY UTILITY PAYMENTS \$ \_\_\_\_\_

MONTHLY PROPERTY INSURANCE \$ \_\_\_\_\_

LIST ANY OTHER CREDIT OBLIGATIONS AND AMOUNTS: (including property taxes)

1) \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

2) \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**FY 2020 Income Limits Summary**

<b>Mercer County, Pennsylvania</b>										
<b>FY 2020 Income Limit Area</b>	<b>Median Income</b>	<b>FY 2020 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Mercer County</b>	\$66,700	<b>Extremely Low (30%) Income Limits</b>	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
		<b>Very Low (50%) Income Limits</b>	\$23,350	\$26,700	\$30,050	\$33,350	\$36,050	\$38,700	\$41,400	\$44,050
		<b>Low (60%) Income Limits</b>	\$28,020	\$32,040	\$36,060	\$40,020	\$43,260	\$46,440	\$49,680	\$52,860
		<b>Low (80%) Income Limits</b>	\$37,350	\$42,750	\$48,050	\$53,350	\$57,650	\$61,900	\$66,200	\$70,450