Northampton County County-Wide Housing Rehabilitation Program

Community Action Committee of the Lehigh Valley is a private, non-profit organization, and is, therefore, obligated to adhere to certain laws and the requirements of its funders in order to provide services to the public. Some of those requirements include the collection of data about persons using our services in order to document eligibility to receive services, ensure that Federal Civil Rights laws are adhered to, and that recipients of services do not experience discrimination.

Program Application for Repair Loans Through Northampton County

Name:				Date:	
First	M.I.		Last		
Address:			Apt. #		
City, State, Zip Code:					
County:			Municipality: _		
Phone #: (Home)	(Cell)		_ (Work)	
Best time to call:					
Email:					
Do you have health ins (If yes, circle all that ap Adult Basic			Medical Assistance	Medicare	
Medicare/Private			Other	Widaldald	
*Housing Information Are there any mortgage Have you paid all of you Do you have homeowned	: s on your home? ur property taxes?	· hom	· _		Amount
*Family Type:	Single Parent/ Fer Single Person	nale	Single Parent/I Two Adults	Male _ no children _	_Two Parent Household _Other
-	Increased	Insul	utter RepairInto	ndow and/or Do	or Repairs
Mobility-Related Cha	angesHeating S	yster	m RepairFor	undational Probl	ems
Quality of Living Situa	ationG	ood	Adequate	Poor	
Has your household rec rehabilitation program i ☐ Yes ☐ No			on assistance funding t	hrough this prog	gram or any other housing

^{*} This does not include home weatherization or programs providing accessibility modifications.

Number of People in the House	hold:				
Number of Adults (18+) i	n household	Children (0-5	yrs) Cl	nildren (6-17 yrs)	
Total <u>Annual</u> Household Incom	e \$				
*Household Income Sources: 6 be required for each source of in Employment only	come)			Teach) (Documentation	
Child Support				`ANF	
Social Security				Pension	
SS Disability				Jnearned income	
Other (Explain)					
Owner Information					1 1111111111111111111111111111111111111
Social Security # Date of Birth/ Gender:Male	Female				
Race (Please select <i>one or more</i> best describes your racial compo		Eth	nicity:		
☐ I am White. ☐ I am Black or African America ☐ I am Asian. ☐ I am American Indian or Alasl ☐ I am Native Hawaiian or Other ☐ I am American Indian or Alasl ☐ I am Asian & White. ☐ I am Black or African America ☐ I am American Indian or Alasl ☐ I am Other Multi-Racial.	ka Native. r Pacific Islander. kan Native & White. an & White.	_I	am Hispanic/Lat am <u>not</u> Hispanic rican.		
*Are you Disabled? Are you a veteran? Do you have a drivers's license Primary Language	Yes]	No No No			
Marital Status:	Single Partner		eparated Vidowed	Divorced Married	
Highest level of Education:	0 -8 th Grade High School Graduate 2 or 4 year College Gr	e/GED 12	n- 12 th Grade (no 2+ (Post Seconda aster Degree	,	
Employment Status:	Full-time Have two part-time jo Retired	bs N U	art-time lever employed Inemployed Inemployed over	r 3 months	
Are you currently employed?	Yes No I	Name of Em	plover:		

Co-Owner Information	1			
Relationship to Primar	y Participant:			
Name:				
First	M.I.	Last	<u> </u>	
Social Security #				
Date of Birth/				
Gender:Male Race (Please select <i>one</i> best describes your racia		nts which	Ethnicity:	
☐ I am White.			□ I am Hispanic/Lati	no
☐ I am Black or Africar	American.		□ I am <u>not</u> Hispanic	
☐ I am Asian.			<u> </u>	
☐ I am American Indian				
☐ I am Native Hawaiiar				
☐ I am American Indian☐ I am Asian & White.	i or Alaskan Native	e & write.		
☐ I am Black or Africar	American & Whit	e.		
☐ I am American Indian			American.	
☐ I am Other Multi-Rac	ial.			
A D' 11 10	*7	N		
Are you Disabled? Are you a veteran?	Yes Yes	******		
Do you have a drivers'		_		
Primary Language	105	_110		
, , , , , , , , , , , , , , , , , , ,				
Do you have health ins		Yes _No		
(If yes, circle all that ap	- • /	3 6 1 1 A 1 .		3.6.11
Adult Basic Medicare/Private	C.H.I.P. Private	Medical Assist	tance	Medicare
Medicare/Private	Filvate	Other		
Marital Status:	Single		Separated	Divorced
	Partner		Widowed	Married
	- th -		the the	
*Highest level of Educa			9 th - 12 th Grade (no	,
		nool Graduate/GED ar College Graduate	Some Post-Second Master Degree	ary PhD
	2 01 4 ye	ar Conlege Graduate	Master Degree	FIID
Employment Status:	Full-time	Part-tim	e	
	Have two part-tir	_		
	Retired	Unempl		
		Unempl	oyed over 3 months	
Are you currently emp	loyed? Yes	No Name of	Employer:	

I/we certify that all information on this certification is true and correct to the best of our knowledge and belief and understand that the information given is subject to verification by the funding local municipality and the U.S. Department of Housing and Urban Development. I am not aware of any potential changes in the income of any household member that may occur during the next six months that were not disclosed in this application. I understand that if I knowingly or willfully make any false statements in the certification or other supporting documentation, I will be required to reimburse the full amount of any assistance provided.

STATEMENTS "UNDER PENALTY" - A person commits a misdemeanor of the third degree, if he or she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

Owner Signature	Date	Co-owner Signature	Date
Print Name		Print Name	



Please mail or deliver your application to:

Community Action Committee of the Lehigh Valley Attn: Mike Handzo 1337 East Fifth Street Bethlehem, PA 18015

You can also fax the application to us: (484) 821-2305