

# 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 insurance?  Yes  No

(If yes, circle all that apply)

Adult Basic      C.H.I.P.      Medical Assistance      Medicare  
Medicare/Private      Private      Other

Does anyone in the household receive food stamps (SNAP)?  Yes  No Amount \_\_\_\_\_

Does anyone in the household have an automobile?  Yes  No Amount \_\_\_\_\_

Is the applicant for services homebound?  Yes  No Amount \_\_\_\_\_

### \*Housing Information:

Are there any mortgages on your home?  Yes  No How Many? \_\_\_\_\_

Have you paid all of your property taxes?  Yes  No

Do you have homeowners' insurance on your home?  Yes  No

\*Family Type:  Single Parent/ Female       Single Parent/Male       Two Parent Household  
 Single Person       Two Adults – no children       Other

Repairs Requested:  Roof and/or Gutter Repair       Interior Water Damage  
 Increased Insulation       Window and/or Door Repairs  
 Mobility-Related Changes       Heating System Repair       Foundational Problems

Quality of Living Situation  Good       Adequate       Poor

Has your household received property rehabilitation assistance funding through this program or any other housing rehabilitation program in the past five (5) years?

Yes  No

\* This does not include home weatherization or programs providing accessibility modifications.

**Number of People in the Household:**

\_\_\_\_\_ Number of Adults (18+) in household \_\_\_\_\_ Children (0-5 yrs) \_\_\_\_\_ Children (6-17 yrs)

**Total Annual Household Income \$** \_\_\_\_\_

**\*Household Income Sources:** (Check all that apply and enter monthly amount of each) (Documentation will be required for each source of income)

Employment only \_\_\_\_\_ Employment + other \_\_\_\_\_ Unemployment \_\_\_\_\_

Child Support \_\_\_\_\_ General Assistance \_\_\_\_\_ TANF \_\_\_\_\_

Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_

SS Disability \_\_\_\_\_ Alimony \_\_\_\_\_ Unearned income \_\_\_\_\_

Other (Explain) \_\_\_\_\_ No Income(explain) \_\_\_\_\_

**Owner Information**

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** \_\_\_ Male \_\_\_ Female

**Race** (Please select **one or more** statements which best describes your racial composition):

**Ethnicity:**

- I am White.
- I am Black or African American.
- I am Asian.
- I am American Indian or Alaska Native.
- I am Native Hawaiian or Other Pacific Islander.
- I am American Indian or Alaskan Native & White.
- I am Asian & White.
- I am Black or African American & White.
- I am American Indian or Alaskan Native & Black or African American.
- I am Other Multi-Racial.

- I am Hispanic/Latino
- I am not Hispanic or Latino

**\*Are you Disabled?** \_\_\_ Yes \_\_\_ No

**Are you a veteran?** \_\_\_ Yes \_\_\_ No

**Do you have a drivers's license** \_\_\_ Yes \_\_\_ No

**Primary Language** \_\_\_\_\_

<b>Marital Status:</b>	Single	Separated	Divorced
	Partner	Widowed	Married

<b>Highest level of Education:</b>	0 -8 <sup>th</sup> Grade	9 <sup>th</sup> - 12 <sup>th</sup> Grade (non-graduate)
	High School Graduate/GED	12+ (Post Secondary)
	2 or 4 year College Graduate	Master Degree      PhD

<b>Employment Status:</b>	Full-time	Part-time
	Have two part-time jobs	Never employed
	Retired	Unemployed
		Unemployed over 3 months

**Are you currently employed?** \_\_\_ Yes \_\_\_ No **Name of Employer:** \_\_\_\_\_

**Co-Owner Information**

**Relationship to Primary Participant:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First M.I. Last*

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** \_\_\_ Male \_\_\_ Female

**Race** (Please select **one or more** statements which best describes your racial composition):

**Ethnicity:**

- |  |   |
|--|---|
| <input type="checkbox"/> I am White.   | <input type="checkbox"/> I am Hispanic/Latino               |
| <input type="checkbox"/> I am Black or African American.                                     | <input type="checkbox"/> I am <u>not</u> Hispanic or Latino |
| <input type="checkbox"/> I am Asian.   |   |
| <input type="checkbox"/> I am American Indian or Alaska Native.                              |   |
| <input type="checkbox"/> I am Native Hawaiian or Other Pacific Islander.                     |   |
| <input type="checkbox"/> I am American Indian or Alaskan Native & White.                     |   |
| <input type="checkbox"/> I am Asian & White.   |   |
| <input type="checkbox"/> I am Black or African American & White.                             |   |
| <input type="checkbox"/> I am American Indian or Alaskan Native & Black or African American. |   |
| <input type="checkbox"/> I am Other Multi-Racial.  |   |

**Are you Disabled?** \_\_\_ Yes \_\_\_ No

**Are you a veteran?** \_\_\_ Yes \_\_\_ No

**Do you have a drivers's license** \_\_\_ Yes \_\_\_ No

**Primary Language** \_\_\_\_\_

**Do you have health insurance?** \_\_\_ Yes \_\_\_ No

*(If yes, circle all that apply)*

Adult Basic	C.H.I.P.	Medical Assistance	Medicare
Medicare/Private	Private	Other	

**Marital Status:**                      Single                      Separated                      Divorced  
   Partner                      Widowed                      Married

**\*Highest level of Education:**    0 -8<sup>th</sup> Grade                      9<sup>th</sup>- 12<sup>th</sup> Grade (non-graduate)  
   High School Graduate/GED    Some Post-Secondary  
   2 or 4 year College Graduate    Master Degree                      PhD

**Employment Status:**    Full-time                      Part-time  
   Have two part-time jobs    Never employed  
   Retired                      Unemployed  
                                        Unemployed over 3 months

**Are you currently employed?** \_\_\_ Yes \_\_\_ No    **Name of Employer:** \_\_\_\_\_

