

Date Received \_\_\_\_\_  
(For Office Use Only)



HOME REHABILITATION LOAN PROGRAM  
Easton Redevelopment Authority  
1 South 3<sup>rd</sup> Street, 3<sup>rd</sup> Floor  
Easton, PA 18042

**APPLICATION FORM**

Applicant's Name: \_\_\_\_\_

(Please list names of all property owners as shown on deed or land contract)

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Best time to call? \_\_\_\_\_  
Name: \_\_\_\_\_ Work ( ) \_\_\_\_\_ Can we call you at work? \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

Please check one:

South Side \_\_\_\_\_ West Ward \_\_\_\_\_ Downtown \_\_\_\_\_ College Hill \_\_\_\_\_

How long have you owned this property? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Is there anyone in the home with a handicap or disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
Briefly describe \_\_\_\_\_

Please show the Estimated Fair Market Value of your home as stated on your most recent property tax bill.

Current Estimated Fair Market Value: \$ \_\_\_\_\_

Do you have homeowners' insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have flood insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there currently a mortgage, lien, land contract, or other debt against this property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state below the type of debt, amount currently owed, and to whom it is owed.

Type of Loan	Amount Owed	Lender's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever received a loan or grant from a city or county agency to improve your property?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of loan/grant \_\_\_\_\_

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Please list below the incomes of all persons 18 years of age or older, who live in your household, including yourself. Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self-employment; net income from the operation of real property; interest and dividend income; Social Security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

If you are uncertain about including something as income, please list it below and the Easton Redevelopment Authority staff will advise you about it.

NAME	AGE	RELATIONSHIP	MONTHLY INCOME	SOURCE

Number of persons in household: \_\_\_\_\_

**All property owners must sign and date this application. By signing you are acknowledging that all the information on this application is true and correct to the best of your knowledge and that any gross misrepresentations will disqualify you from receiving any Federal funding at this time and may jeopardize any future funding.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## IMPROVEMENTS LIST

Below is a list of the most commonly made improvements under our loan programs. If you need one or more of the listed improvements, add a brief explanation in the lines provided after each item. If an improvement you wish to make is not listed here, please describe it in the last category, "Other."

1. Weatherization, such as insulation in walls, ceiling or attic. May require replacement of windows and doors.

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2. Remodeling of unit for handicap accessibility.

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3. Repair plumbing system, which may include bathroom fixtures or water heater.

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4. Repair heating system, which may include a new furnace.

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5. Repair electrical system, which may include bringing service up to 100 amp.

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6. Repair or replace roofing or siding.

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7. Foundation and basement wall repair.

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8. Other.

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EASTON REDEVELOPMENT AUTHORITY  
1 South 3<sup>rd</sup> Street, 3<sup>rd</sup> Floor  
Easton, PA 18042  
610 250 6718

**PRIVACY ACT NOTICE STATEMENT**

Information is collected from applicants and participants in programs administered by the Easton Redevelopment Authority under authority of Sections 501, 502, and 504 of the Housing & Urban Development Act of 1970. The law does not require that you furnish the requested information.

The information is being collected (1) to determine your eligibility for a home improvement loan and, if you are eligible, the size of the loan you will receive; and (2) for research purposes.

Agencies having access to your personal information will be limited to those conducting audits as required by law. No other agency will have access to your personal information without your written permission or as required by law. Failure to provide the requested information could result in your being unable to participate in the program.

**APPEALS PROCESS NOTICE**

The Easton Redevelopment Authority (ERA) provides an appeals process as a means of reconsidering program action when an applicant feels he/she has been treated unfairly. The appeals process may be used by anyone who has undergone a local program interview with the ERA.

Appeals most often relate to the application of program standards. The substance of loan program standards, rules, and regulations may not be reviewed as part of this process.

If an applicant wishes to appeal an action or decision of the Loan Review Committee, he/she should discuss the situation with the staff member involved, or with the staff member's immediate supervisor. If these discussions do not resolve the problem to the client's satisfaction, he/she may appeal the action to the ERA Executive Director by filing a request in writing. Upon receipt of the request, the ERA Executive Director will determine if the action is appealable.



**You are NOT required to answer the questions below. If you choose not to answer them, please check "No" below.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Sex of Applicant: Male \_\_\_\_\_ Female \_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Head of Household: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Origin of Applicant: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Race of Applicant:

Caucasian/White	_____
African American /Black	_____
A.A./Black & White	_____
American Indian./Alaska Native	_____
Am. Indian/Alaska Native & White	_____
Am. Indian/Alaska Native & A.A./Black	_____
Asian	_____
Asian & White	_____
Native Hawaiian/Pacific Islander	_____

Marital Status of Applicant: *(circle one)* Single Married Divorced Widowed

Handicapped: Yes \_\_\_\_\_ No \_\_\_\_\_