



Housing Partnership of Chester County

41 W. Lancaster Ave, Downingtown, PA 19335
610-518-1522

SENIOR CITIZEN HOME MAINTENANCE PROGRAM

The Senior Citizen Home Maintenance Program provides basic home repairs and modifications for residents of Chester County, 65 years of age and older, with total household incomes falling at or below 50% of the median as set by HUD for the Philadelphia Metropolitan Area. There is a \$4,500 limit on the work to be performed for each residence. This cost is considered a one-time, full grant.

Eligibility requirements:

1. Applicant must be 65 years of age or older.
2. Applicant must be a resident of Chester County.
3. Applicant must be a primary owner of the dwelling to be rehabilitated.
4. Property must be the applicant's primary residence.
5. Total household income for residence must fall at or below 50% of the median income as set by HUD for the Philadelphia Metropolitan Area.

Required documentation:

1. Copy of the deed to the property or title.
2. Copy of Federal Income Tax form 1040 (including all schedules and W-2's) for the most recently completed tax year, (or verification from the IRS) if applicable. If working, include one (1) month of recent paystubs.
3. Household income verification. To include copy of Pension, Social Security, Railroad retirement statements, support payments, Worker's Compensation, Annuities, rental income, etc. **All household income must be documented for all household members.**
4. Copy of photo ID or Driver's license
5. Birth certificate or proof of age

Upon approval, based on the verification of the above documentation, a Rehabilitation Inspector will be sent to the home to evaluate the work to be completed. If the work required exceeds the \$4,500 maximum limit, homeowners will have the option to pay the additional cost or apply for the Housing Rehabilitation Program.

When work specifications are received by the HPCC, a Contractor will be selected to submit a bid for the total cost of the work to be performed. If the cost is approved by the HPCC and the Rehabilitation Inspector, the homeowner and Contractor will sign the Work Contract and work will proceed.

All work performed must be in compliance with all State, Federal, local codes, laws, regulations and requirements. Work will be guaranteed, by the Contractor, for a period for one year from the date of final acceptance.

Senior Citizen Home Maintenance Program

Please complete all sections of this application and return it with: a copy of your deed to the property, evidence that you are 65 years of age or older, and copies of all income received into the household.

Application Date _____

PROPERTY ADDRESS: _____

TOWNSHIP OR BOROUGH: _____

Is this your primary residence? yes no

Does your name appear on the deed to any other real property?

no yes If so, list property address _____

HOMEOWNER:

Name _____ Social Security # _____ - _____ - _____

Telephone _____ Date of Birth _____ Age _____

Spouse's name _____ Social Security # _____ - _____ - _____

Disabled / Handicapped yes no

Do you need accessibility modifications for your home? yes no

(example: stair glide, shower/bathroom modifications, handrails)

Ethnic Group: White Black Hispanic Asian Am. Indian/Alaskan

Marital Status: Married Unmarried Separated Divorced

Number of persons living in residence: _____ Widow/Widower

Name and relationship of other residents living in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL HOUSEHOLD INCOME:
INCLUDE INCOME FOR ALL HOUSEHOLD RESIDENTS

All income must be verified. Send copies of Pension, Retirement, Worker's Comp., Social Security and/or support letters, last years tax return (if filed), and current pay stub (if employed). Bank statements showing direct deposit of payments are acceptable. Please include all household members.

Monthly ayments

1. Gross Social Security and Supplemental Security Income (Medicare Premiums included) _____
2. Gross Pension income, annuity income, VA benefits, railroad retirement _____
3. Gross salary, bonuses, income from self-employment, commissions, and partnership income _____
4. Gross interest, dividends, capital gains, prizes _____
5. Other income such as cash, public assistance, unemployment, worker's compensation, support money, life insurance death benefit payments _____

TOTAL MONTHLY INCOME \$ _____

Insurance Information:

Do you have Homeowners Insurance Coverage? _____ yes _____ no

Name/Address of Insurance Co. _____

Policy Number _____

Are your Real Estate Taxes current? _____ yes _____ no

Would you permit a professional inspector to enter your home for a survey of work to be done? _____ yes _____ no

I / We acknowledge that the information I / We have provided in this application is true and accurate to the best of my/our knowledge. I / We understand that approval into the program is subject to verification, of all information provided, by the Housing Partnership of Chester County.

Signature of Applicant: _____

Signature of Spouse: _____

Would you allow HPCC to use your name and photos of the home for advertising purposes?

____ yes ____ no

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize you to release confidential information regarding myself and/or my family member _____, to the **HOUSING PARTNERSHIP OF CHESTER COUNTY, 41 W. Lancaster Avenue, Downingtown, PA 19335**. I understand that the information so released will be used to determine my eligibility to participate in the **Home Maintenance Program**.

This form shall be valid for **ONE YEAR FROM THE DATE OF THE AUTHORIZATION**.

Thank you for your cooperation in this matter.

Signature: _____

Address: _____

Date: _____

IF YOU NEED HELP FILLING OUT THIS APPLICATION, OR HAVE QUESTIONS,
PLEASE CALL JOY JOHNSON AT 610-518-1522.

HOUSING PARTNERSHIP OF CHESTER COUNTY
ROBERT MALONE, DIRECTOR OF PROGRAMS
41 W. LANCASTER AVENUE
DOWNTOWN, PA 19335

