

Columbia County
REDEVELOPMENT AUTHORITY
700 Sawmill Rd Suite 101 • Bloomsburg, PA 17815

Home Rehab Modification Application

ALL QUESTIONS MUST BE ANSWERED.
HOUSEHOLD COMPOSITION

Do you own your home _____

Is the home located in a mobile home park _____

If you are not selected this round, would you like to remain on our waiting list? _____

List each person who will reside in the unit along with the all requested information. Do not include minors who will be present less than 50% of the time. If more than 8 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age
1		Head of Household			
2					
3					
4					

CONTACT INFORMATION

Current Address: _____

Mailing Address: _____

Phone: _____ Township: _____

Email Address: _____

What home modifications listed below are need?

- A) Accessible ramps
- B) Chair Lift
- C) Bathroom Modifications
- D) Handrails and or grab bars
- E) Hearing or visual impaired modifications
- F) Other

If other, please explain what is needed.



HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.
- For adults include both earned income from jobs and unearned income.
- Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older; use a separate sheet of paper.)

Type of Income	Check One	Yearly Amount
1. Employment	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$
8. Periodic Gift Income	[] YES [] NO	\$
9. Non-cash Contributions	[] YES [] NO	\$
10. Child Support	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$
12. Spousal Support	[] YES [] NO	\$
13. Informal Spousal Support	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$
17. TANF/AFDC/etc. <i>NOT food stamps</i>	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$
19. Pension	[] YES [] NO	\$
20. Retirement Account	[] YES [] NO	\$
21. Investment Account	[] YES [] NO	\$
22. Worker's Comp	[] YES [] NO	\$
23. Annuity Account	[] YES [] NO	\$
24. Trust Account	[] YES [] NO	\$
25. Disability/Death Benefits	[] YES [] NO	\$
26. Student Financial Aid	[] YES [] NO	\$
27. Military Pay	[] YES [] NO	\$
28. Real Estate Rental Income	[] YES [] NO	\$
29. Veterans/VA Income	[] YES [] NO	\$
30. Other:	[] YES [] NO	\$
	TOTAL INCOME	\$



Are any income changes expected in the next 12 months? YES NO

If 'YES', please describe: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? YES NO

Are You Employed? YES NO **If Yes, Please Provide:**

Employer: _____

Address: _____ Phone: _____ FAX: _____

Date of Hire: _____ Supervisor: _____

If you have more than 1 job or any member of the HH is employed, please provide information on a separate sheet of paper.

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSET INSTRUCTIONS:

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

(Additional household members—use a separate sheet of paper. Do not complete for Minors who do NOT have assets.)

Type of Asset	Check One	Approx Cash Value	Income from Asset
1. Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
2. 2 nd Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
3. Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
4. 2 nd Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
5. Debit Card Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
6. Direct Express (SS/SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. ACCESS Card (SSP/TANF)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Reliacard (Unemployment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
9. EPPICARD (Child Support)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$



10. Prepaid Debit Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
11. Cash on Hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
12. Certificate of Deposit(s)(CD's)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
13. Other Bank Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
14. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
15. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
17. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
18. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
19. Savings Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
20. Treasury Bills	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
21. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
22. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
23. Life Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
24. Real estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
25. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
26. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
TOTALS		\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ _____

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? YES NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If you answered 'YES' to either question above, please explain:

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)



Release of Information

Information to be disclosed and time period of information requested (identify specifically the information to be used/disclosed such as welfare records, lien records, deeds, ect.

I authorize the use/disclose of individual information as described below from the records of:

NAME: _____

PHONE: _____

ADDRESS: _____

I understand that:

- A. This authorization may be revoke at any time by writing to the above organization, except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
- B. The Authority, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
- C. I may refuse to sign this authorization

Signature of Individual or Personal Representative

Date