

Emergency Repair Loan Program

City of Johnstown, Department of Community & Economic Development

(Print or Type)

1. Applicant Name: _____ /Age _____ /SS# _____
 Co-Applicant Name: _____ /Age _____ /SS# _____
 Address: _____ /Johnstown, PA/ Zip: J590 _____
 Phone Contact: (home) _____ /alternate# _____

2. Are you the owner of the above property? Yes _____ No _____
 Do you occupy this property as your primary residence? Yes ___ ___ No ___ ___
 Is this a single or duplex structure? Single ___ ___ Duplex

3. Household Composition:

	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.
1.						
2.						
3.						
4.						
5.						
6.						

4. The race of head of household is information collected in compliance with fair housing and equal opportunity rules. Your cooperation in completing this section is appreciated, however, is optional.

	White		Native Hawaiian/Other Pacific Islander
	Black/African American		Native American/Alaskan Native
	Asian		American Indian/Alaskan Native and White
	Asian and White		Black/African American and White
	American Indian/Alaskan Native and Black/African American		Other Multi-racial

5. The following documentation must be submitted with your application.
- Property Deed (**recorded full copy**)
 - City, County School property tax receipts for the **previous (2) years**
 - Income verification, (1040 income tax form, social security award letter, pension award letter, etc)
 - Tenant income verification, (or tenant information form)
 - Homeowner Insurance and Flood insurance. (Note: Only those properties within the flood zone require flood insurance)

Household Income Limits Summary for FY 2019

Household Members:	1	2	3	4	5	6	7	8
Maximum Income	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,250	\$63,350	\$67,400

If your household income exceeds the maximum allowance indicated on the chart, you are not qualified to receive assistance under this program. Household members 18 years and older must report income.

6. The applicant must have owned and occupied the residence for a minimum of one (1) year at the time of the application.
7. **Income Verification: Disclose all income for every household member over 18 years old.** Include earned income, taxable interest, dividends, taxable refunds, alimony, business income or loss, taxable IRA amounts, taxable pension and annuity, taxable social security benefits, prizes and awards such as gambling, lottery raffle winnings.

Source of Income	Amount of Income
Salary and Wages: Include name/address of employer: _____	\$ _____ Social Security: _____
_____	\$ _____ Pension Benefit _____
_____	\$ _____ Interest Income: _____
_____	\$ _____ Dividends: _____
_____	\$ _____ Rental Income: _____
_____	\$ _____ Business Income or Loss _____
_____	\$ _____
Other: _____	\$ _____

The applicant certifies that the above information is true and correct to the best of his/her knowledge. Verification of any of the information contained in this application may be obtained from any source named herein.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both".

_____ Date: _____

_____ Date: _____

If you have any questions or require assistance in completing this application, please contact the City of Johnstown, Department of Community and Economic Development at 814-533-2046. Our office mailing address is as follows:

City of Johnstown
 Department of Community and Economic Development
 City Hall, 2nd Floor
 401 Main Street
 Johnstown, PA 15901
 (814) 533-2046

For Official Use Only

Income Verification: Monthly: _____ Yearly: :%,\$ _____

Income Category: 30% limits: _____ /VU: _____ / LI: _____

Application received on: _____ / by: _____

Verification of File Documentation by: _____