

# Indiana County Office of Planning & Development

EXECUTIVE DIRECTOR  
**Byron G. Stauffer, Jr.**

ASSISTANT DIRECTOR  
**LuAnn Zak**

Indiana County Courthouse Annex  
801 Water Street  
Indiana, Pennsylvania 15701-1705

(724) 465-3870 (Voice)  
(724) 465-3150 (Fax)  
(724) 465-3805 (TDD)

COUNTY COMMISSIONERS  
**R. Michael Keith, Chairman**  
**Robin A. Gorman**  
**Sherene Hess**



## Indiana County Existing Owner -Occupied Housing Rehabilitation Program

Thank you for your interest in the Indiana County Existing Owner-Occupied Housing Rehabilitation Program for low-moderate income homeowners. Below you will find frequently asked questions about the program, income eligibility guidelines, other eligibility criteria, and the application for assistance. Please read over the application and be sure to sign each page where indicated. The Consent to Release Information sheet allows us to verify the information that you supply in the application. An incomplete or unsigned application will cause a delay in processing.

Please be aware that the program is running for a limited time and on limited funding. A waiting list has already been formed. Assistance is not guaranteed and will not be immediate. Applications are addressed on a case-by-case basis, as long as sufficient funding is available. This is not an Emergency program.

### Frequently Asked Questions

#### 1. What is the purpose of the Program?

- The purpose of the program is to assist Indiana County's low-income homeowners with needed home rehabilitation to bring the home up to code standards, to provide a safe and sanitary living environment, and to protect the sustainability of Indiana County's existing housing stock and reinvest in our communities.

#### 2. How can I participate?

- Your gross annual household income falls below the amount listed on the income/household size chart shown below.
- Please be advised: All approved applicants will receive assistance in the form of a grant/lien. The first 50% of the project cost will be forgiven (grant). The remaining 50% will be a 5-year lien forgiven at a rate of 20% per year over a 5-year period. In the event the property is sold or transferred prior to the expiration of the lien, the prorated remainder of the lien will become due and payable upon the sale or transfer of the property.**
- This must be your primary residence.
- You must own your home and the land that it sets on with a recorded deed and title (if mobile home) in your name(s). We cannot address mobile homes in parks. Mobile homes on family ground or private ground must have a long-term rent-free lease at a minimum equal to the 5-year lien period.
- Your property taxes must be paid to date or if in arrears, you must have a written payment agreement in good standing with the Tax Claim office (subject to approval by committee).
- You must have homeowner's insurance or obtain homeowner's insurance prior to the start of work/signing of contract.
- The After Rehabilitation Value of your home cannot exceed 95% of the Indiana County Median Home Value Limits.
- The property cannot be located in a floodway.

#### 3. What home improvements may be possible under this program?

Rehabilitation that is necessary to bring your home up to code standards. Some homes may require more than others dependent on the condition of the home. The rehabilitation may include, roof repair or replacement, HVAC, electrical, plumbing, mechanical, energy envelope (windows, doors, insulation), foundation repairs, and required egress. Accessible modifications may be performed in addition to addressing the code violations for the permanently physically disabled (physician verified).

#### 4. How will households be selected?

This program is completely voluntary. Assistance is not immediate. **ALL applications will be placed on a waiting list** and assessed prior to processing. Please complete the application and return with the requested documentation as soon as possible. **Note: Submission of application and placement on the waiting list is NOT a guarantee of assistance.** This program has limited funds.

#### 5. What if I have more questions?

If you have any further questions, please call the office at (724) 465-3872, Monday – Friday, 8:30 AM - 4:30 PM.

Gross Annual Household Income based on Indiana County Median Area Income (MAI) as of June 15, 2022								
Household Size	1	2	3	4	5	6	7	8
Max Gross Annual Household Income	\$41,150	\$47,000	\$52,900	\$58,750	\$63,450	\$68,150	\$72,850	\$77,550

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**Sherene Hess**

Dear Applicant,

Thank you for your interest in the Indiana County Existing Owner-Occupied Housing Rehabilitation Program. I am writing to let you know that there is already a waiting list for this program.

Funding for this program is very limited. We have started a waiting list and are expecting a large number of applicants. All applications received will be reviewed for completeness and program eligibility criteria such as household income, property ownership, floodplain proximity, primary residency, home value, property tax status, secured homeowner's insurance policies, etc.

Please complete the enclosed application. It is important that you attach all required supporting documentation for all household members and return to the address above.

Failure to submit the required household documentation for each household member will either cause rejection of your application, or delay in processing and place your application back on the waiting list, and we will move on to the next applicant that has submitted all required documentation.

The Housing Committee will meet to review the applications. If eligible, and sufficient funding remains to address the next project, applicants will be notified by one of our Housing Technicians who will contact you to set up an appointment to meet with you and discuss your project.

This may be a several month process as we will assign on a case-by-case basis, for as long as funding is available. All remaining eligible applications will be placed back on the waiting list for future funding applications although there is no guarantee of continuance of the program.

Please note: If you have any work done prior to acceptance in the program; we cannot reimburse you for any contracts or work you have had done prior being accepted into and going through our program. If your application is eligible and funding is available, the project is put out to bid and we work together with you and the contractor.

If you should have any questions, please do not hesitate to call me at 724-465-3872, Monday through Friday 8:30 AM to 4:30 PM. Please leave your name, number and a brief message.

Sincerely,

*Christina L. Coleman*

Christina L. Coleman  
Community Development Analyst, FHO

## **DIRECTION FOR FILING APPLICATION**

1. Please fill out the forms **completely and in ink.**
2. Indicate the address where the work will be performed. Structures must currently be owner-occupied. Vacant structures, camps, vacation homes, and future construction sites are not eligible under this program. Mobile homes set up in mobile home parks or communities are not eligible.
3. Do not leave an area blank, if a section does not pertain to your household, please write N/A
4. **Please list everyone living in your home** and their Social Security numbers, Date of Birth and Gross Annual Income.
5. **Please send the required supporting documentation** for each individual's income sources. See list below under Required Supporting Documentation.
6. **Please send Banking information for each adult household member** and each open bank account.
7. **Please have each adult household member sign** the ***Consent to Release Information*** form at the end of the application. If you or someone in your household is in need of accessible modification, please complete the ***Medical Information Release*** form. If you have any questions regarding the program or required documentation, please don't hesitate to contact me by leaving a voicemail at **724-465-3872**, or by email at [tcoleman@ceo.co.indiana.pa.us](mailto:tcoleman@ceo.co.indiana.pa.us)

## **REQUIRED SUPPORTING DOCUMENTATION**

### **Property**

- Copy of your Deed, (or deed book and page number, or instrument number), Living Trust, Life Estate
- Copy of Title if this is a mobile home
- Copy of your Declaration page for your Homeowners Insurance.
- Copy of Flood Insurance (if applicable). Eligibility will be determined on proximity to flood plain)

### **Income**

- Proof of Employment - Last 2 months pay stubs (2 Monthly, 4 Biweekly or 8 Weekly pay stubs), name and address of employer.
- Most recent complete Federal Tax Return filed. (2021)
- If Self-employed, the last 3 years Federal Tax Returns – complete return with Profit and Loss with all schedules included.
- Proof of Unemployment Compensation – printed statement
- Proof of Workman's Compensation – printed statement
- Proof of Social Security, SSI, SSD etc. – Copy of Annual Benefit Statement or SSA-1099
- Proof of Public Assistance – SSP, SNAP, Cash, Medical, Shelter, Utilities, LIHEAP (Copy of Compass document)
- Statement of Pension Benefits or 1099R
- Statement of Veteran's Benefits
- Statement of Black Lung Benefits
- Statement of Gas Well Royalties

### **Banking and Assets**

- Bank Statements for each adult household member, all open accounts (checking, savings, money market, holiday etc.) - 2 months -most recent. Electronic Statements must show your name, bank name and address.
- 1099 for Pensions, IRA's, 401K etc.
- Statement of Stocks/Dividends
- Documentation of any other types of periodic income



**INDIANA COUNTY**  
**Existing Owner-Occupied Housing Rehabilitation Program**  
**For Existing Owner-Occupied Housing Rehab**  
**This is a 2-sided application, please complete both sides in ink**



**HOUSEHOLD COMPOSITION**

Name of Applicant: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
 Co-Applicant: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Township or Borough: \_\_\_\_\_

Name	Social Security Number	Date of Birth	Disabled	Gross Annual Income
				\$

**BENEFICIARY INFORMATION**

Are there any persons with disabilities living in this household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes (above), How many are disabled?		
Is the Head of Household disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this household classified as female headed? (Mother and minor children living at the residence, no father present)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Each family should also indicate if they are: (Please respond to both Ethnicity and Race selections)**

Ethnicity (select only one)	How Many?		Race (select only one)	How Many
<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Not Hispanic or Latino			<input type="checkbox"/> Asian	
			<input type="checkbox"/> Bi-racial	
			<input type="checkbox"/> Black or African American	
			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
			<input type="checkbox"/> White	

**CONFLICT OF INTEREST**

Are you an immediate family member of any elected Indiana County official, appointed member of the Redevelopment Authority Board of Directors, Consultant or Contractor working on the program, or Indiana County employee who is in a position to participate in decision making process for benefits?  Yes  No

If yes, please give name of immediate family member: \_\_\_\_\_

**How did you hear about our program?**

Newspaper Radio Brochure Social Service Agency ICOPD website Social Media Contractor \_\_\_\_\_

**PROPERTY INFORMATION**

1. **Is this your primary residence?** Yes No  
*This application must be for your primary residence to qualify.*
2. **Year built?** -----
3. **Do you own your home and the property that it is set on?** Yes No  
*You must own both the home and property to qualify. We cannot address Mobile homes set up in mobile home parks or communities.*
4. **Is this a mobile home?** Yes No
5. **If this is a mobile home, is the Title to your home in your name?** Yes No N/A House  
*If this is a mobile home, you must own both the home and the property that it is set on to qualify.*  
***Please submit a copy of your title.***
6. **List all names on property Deed (grantees)** \_\_\_\_\_
7. **Deed Book and Page Number or Deed Instrument Number** \_\_\_\_\_
8. **Are your property taxes current?** Yes No  
*Your property taxes must be current or you must have a written Payment Agreement with the Tax Claim office for payment plan.*
9. **If your property taxes are in arrears; do you have a written payment agreement in good standing with Tax Claim to pay your delinquent taxes?** ***Agreement is Subject to approval by Committee*** Yes No
10. **Please give the name of your Home Owners Insurance Company**  
***You must submit a copy of your Home Owner Insurance Declaration Page (Required)*** \_\_\_\_\_
11. **Do you have Flood Insurance?** Yes No  
***If yes, please submit a copy of your coverage, if it is a separate policy from your homeowner's insurance.***

**HOME REPAIRS NEEDED**

Please list home repairs needed. This program is not intended for cosmetic remodeling purposes, but to make the necessary repairs to bring the home up to code and safety standards.

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**ACCESSIBLE HOME MODIFICATION NEEDS**

Please complete this section and complete the Medical Release Form.	<b>Please check all that apply</b>
Does anyone in the household have a permanent physical disability that may be in need of accessibility modification assistance?	<input type="checkbox"/> Ramp <input type="checkbox"/> Stair Lift <input type="checkbox"/> Grab Bars <input type="checkbox"/> Accessible Bath Modifications <input type="checkbox"/> Other
Please list name and address of primary physician or specialist and sign Medical Release Form (included in this application)	Name of Primary Physician or Specialist
	Address of Primary Physician or Specialist

**PERMISSION TO INSPECT**

I (We) hereby authorize representatives of the Indiana County Office of Planning and Development to inspect the property to assess and develop specifications for bidding process.

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Property Owner

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Property Owner

**STATEMENT OF PRIMARY RESIDENCE**

I/We \_\_\_\_\_, \_\_\_\_\_ have applied for the *Indiana County Existing Owner-Occupied Housing Rehabilitation Program* administered by the Indiana County Office of Planning & Development and assisted with HOME funds through the Pennsylvania Department of Community & Economic Development.

I/We have satisfactorily proven that my/our property is my/our primary residence and is located at:

\_\_\_\_\_ in the City of \_\_\_\_\_, Pennsylvania, \_\_\_\_\_  
Street Address Zip Code

and our home is **NOT**:

- located in a mobile home park, community or rented lot
- a rental unit
- an income property
- a secondary home
- a vacation home
- a camp
- an RV(motorhome) or camper

The property is located in the Township or Borough of \_\_\_\_\_, Indiana County Pennsylvania.

Identified by Deed or Instrument number \_\_\_\_\_ and Tax Parcel number \_\_\_\_\_

I/We have submitted other supporting documentation to satisfactorily prove that this is my/our primary residence.

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\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

## HOUSEHOLD INCOME

Gross Annual Income of all household occupants is used in determining eligibility for the program.

Please include income documentation for each household member.

### SELF EMPLOYMENT

Are you or anyone in your household Self-Employed and have been so for at least two years?  Yes  No

**\*If yes, then you must be able to supply this office with tax returns for the last two years to verify your income.**

### EMPLOYMENT

**Please submit copies of your last 2 months pay stubs.**

Name of Person Employed \_\_\_\_\_  
Employer \_\_\_\_\_  
Personnel Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Pay YTD \$ \_\_\_\_\_

Name of Person Employed \_\_\_\_\_  
Employer \_\_\_\_\_  
Personnel Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Pay YTD \$ \_\_\_\_\_

**OTHER SOURCES OF INCOME – for ALL household members. Please list amounts received each month and submit supporting documentation for each source for each household member.**

Per Month

Social Sec. ,SSD, SSI \$ \_\_\_\_\_  
Public Assistance, SNAP, SSP,  
Utilities, Cash \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Veteran's Benefit \$ \_\_\_\_\_  
Black Lung \$ \_\_\_\_\_  
Child and/or  
Spousal Support received \$ \_\_\_\_\_

Per Month

Unemployment \$ \_\_\_\_\_  
Workman's Compensation \$ \_\_\_\_\_  
Other types of periodic  
income \$ \_\_\_\_\_  
Income from Rental  
Property \$ \_\_\_\_\_  
Gas Royalties \$ \_\_\_\_\_  
Amt. received in sale of real  
estate in the last 2 yrs. \$ \_\_\_\_\_

**PENSION INFORMATION – For All Household Members Please submit supporting documentation**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Monthly Amount \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Monthly Amount \_\_\_\_\_

**BANKING / ASSET INFORMATION for All household members-Please provide 2 most recent bank statements for each adult household member.**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Direct Deposit of Payroll, Soc.  
Sec or other Benefits?  Yes  No  
Insurance Settlements \_\_\_\_\_  
Stocks \_\_\_\_\_

Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
CD \_\_\_\_\_  
IRA \_\_\_\_\_  
Club Account \_\_\_\_\_  
Shares/Dividends \_\_\_\_\_



**CONSENT FOR RELEASE OF INFORMATION**

Indiana County Office of Planning and Development (ICOPD)  
801 Water Street, Indiana, PA 15701 Telephone: (724) 465-3870

**Purpose:** The above-named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

**Information inquires may be made about:**

Child Care Expenses	Federal, State, Tribal or Local Benefits, Social Security	
Credit History	Handicapped Assistance Expenses	Medical Expenses
Residences and Rental History	Identity and Marital Status	Federal Income Tax
Employment, Income, Pensions, and Assets	Family Composition	Criminal Activity

**Individuals or Organizations that may release information:** Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions	US Social Security Administration	Courts
Public Assistance Agencies	Pensions/Annuities	Alimony (received)
Law Enforcement Agencies	Credit Bureaus	Child Support (received)
Schools/Colleges	Insurance Companies	Medical Care (Physicians & VNA)
Employers, Past and Present	Handicapped Assistance	IRS
Human Service Agencies	Utility Companies	Aging Service Agencies
Housing Authorities	Landlords	Tribal Organizations

**Computer Matching Notice and Consent:** I agree that ICOPD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The governmental agencies include:

US Office of Personnel Management	US Postal Service	Internal Revenue Service
US Social Security Administration	State Employment Security Agencies	US Department of Defense
State Welfare and Food Stamp Agencies		

The match will be used to verify information supplied by the family.

**Authorization:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Existing Owner-Occupied Housing Rehabilitation Program	Lateral Assistance Program	Emergency Program
55+ Roof & Heating System Replacement Program		

I authorize the above-named organization to obtain information about my family, or myself which is pertinent to eligibility for or participation in assisted housing programs. I also authorize ICOPD to obtain information on wages or unemployment compensation from State Securities Agencies.

**Conditions:** I agree that photocopies of this authorization may be used for the purposes stated above. If I, or any other adult member of the household, do not sign this authorization, I understand that my housing assistance may be denied or terminated.

**Declaration:** By signing this application, I declare that all of the information that I have provided or attached as documentation is true and correct and contains no material misstatement or omission of fact. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsification pursuant to 18 Pa.C.S. § 4904.

_____	_____	
<b>Head of Household Signature</b>	<b>Date</b>	
<i>Other Adult Household Member Signatures:</i>		
_____	_____	_____
<b>Signature</b>	<b>Relationship</b>	<b>Date</b>
_____	_____	_____
<b>Signature</b>	<b>Relationship</b>	<b>Date</b>
_____	_____	_____
<b>Signature</b>	<b>Relationship</b>	<b>Date</b>

**MEDICAL INFORMATION RELEASE**

**Organization Requesting Release of Information**

**Indiana County Office of Planning and Development  
Courthouse Annex – 801 Water Street  
Indiana, PA 15701-1705  
724-465-3870**

**Purpose:**

The Indiana County Office of Planning and Development may use this authorization and the information obtained with it to administer and enforce program regulations and policies for the Indiana County Existing Owner-Occupied Housing Rehabilitation Program that utilizes HUD’s HOME (Home Investment Partnership Program) funds. This form shall be completed by applicants who have a permanent physical disability and are in need of accessible modifications to continue living independently in their homes.

**Authorization:**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for/or participation under the *Indiana County Existing Owner-Occupied Housing Rehabilitation Program* that is subject to the rules and regulations of the US Department of Housing and Urban Development (HUD) and the Pennsylvania Department of Community and Economic Development (DCED).

I authorize the Indiana County Office of Planning and Development and/or its collaborating agencies to obtain information about me, or my family; that is pertinent to eligibility for/or participation in assisted housing programs.

I authorize the Indiana County Office of Planning and Development and/or its collaborating agencies to obtain the required medical information and Physician Certification necessary to verify that a permanent physical disability exists. The information obtained may be utilized to determine the proper housing modifications necessary to accommodate the person in the household requiring this assistance.

**Conditions:**

**If the release of medical information authorization is not given by the person(s) or guardian(s) legally bound responsible, then I (we) understand that the housing modification assistance cannot be provided through the funding avenues available at the Indiana County Office of Planning and Development.**

Please do not sign for someone else. If applicant is unable to sign, then they shall make their mark. The guardian or legally bound responsible person (POA) should then sign below that on the next signature line.

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Print Name</p>	<hr/> <p style="text-align: center;">Relationship to Applicant</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Print Name</p>	<hr/> <p style="text-align: center;">Relationship to Applicant</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Print Name</p>	<hr/> <p style="text-align: center;">Relationship to Applicant</p>	<hr/> <p style="text-align: center;">Date</p>

# Indiana County Project SHARE Database Release of Information

It is the policy of all the organizations involved with the Shared Database, to ensure that all client information be kept confidential according to the law. All employees and non-employees working with client information are to keep such information in strict confidence, not to discuss it with outsiders, and to be responsible for internal security of client information, sharing only on an as-need-to-know basis.

I hereby authorize the exchange information necessary for the coordination of assistance with the agencies, organizations, and churches that have signed an agreement and are participating in the Indiana County Database. The information to be shared with the entities is basic demographic information for myself or for members of my household, and information on the service/assistance provided to my household.

I have been informed, that upon my request, that a list of the agencies, organizations, and churches that will receive my or my household information will be shared with me.

Having signed this release of information, I acknowledge that I have read it in full, or have had it explained to me. I further acknowledge my understanding of it, and I certify that my consent has been given freely, voluntarily, and without coercion.

This release is good for one year from date of signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date