Preliminary Application for Assistance
55+ Roof and Heating Systems Replacement Program
Waiting List

Questions?
Christina Coleman 724-465-3872
Or tcoleman@ceo.co.indiana.pa.us

Thank you for your interest in the 55+ Roof and Heating Systems Replacement Program. The purpose of the program is to assist eligible low to moderate income senior homeowners age 55 and over with replacement of leaking/deteriorated roofs and/or inoperable or inefficient heating systems replacements. Submitting this preliminary application places you on the program's waiting list. There is no guarantee of assistance. All applications will be ranked according to need. Those without heat will be addressed first. Depending of funding and technician availability, and after review by the Housing Committee, a letter will be sent regarding your preliminary eligibility status. Please complete **in ink** and be sure to sign and date the form.

Eligibility Criteria:

- You or someone in your household must be 55 years old or older.
- Your household must income qualify
- The application must be for your primary residence, no rental units, no camps or RV's, no vacation homes
- You must own your home, and the land that it set on. If you are in a mobile home on private property (family land) you must have a long-term lease agreement with the property owner
- Your property taxes must be current or you must have a written agreement (payment plan) with Tax Claim
- You must have homeowner's insurance or be able to obtain the insurance prior to work beginning.

Applicant Contact Information:

Name:		
Address:		
City, State, Zip		
Phone/Cell:		
Email:		

Household Composition: Please list all individuals living in your household and their gross annual income from all sources (self-employment, employment, workman's comp, all forms of Social Security, pensions, etc.)

Name	Date of Birth	Age	Disabled	Relationship	Gross Annual Income
				Applicant	

Is your roof: ☐Actively Leaking ☐Deteriorated, but no leak Age of Roof _____
Type of roof: ☐Asphalt Shingle ☐Metal ☐ Slate ☐Other

Is your furnace: ☐ Inoperable (no heat) ☐Inefficient Age of Furnace _____
Type of heating system: ☐ Fuel oil/forced air ☐Boiler ☐Natural Gas
☐ Propane ☐Electric ☐Wood/Coal ☐ Other

Where did you learn about the program?

☐ Radio ☐ Newspaper ☐ Agency ☐ Friend/Family ☐ICOPD website ☐ State Rep/Senator's Office

Have you participated in the 55+ Roof and Heating Systems Replacement Program in the past?

☐Yes ☐No If yes, what was addressed? ☐ Furnace/Heat System ☐ Roof

_____ _____
Applicant Signature Date

Please return to:
Indiana County
Office of Planning & Development
801 Water Street
Indiana, PA 15701