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

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

past due taxes

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 including hot water tanks. Submitting this preliminary application places you on the program's waiting list. <u>There is no guarantee of assistance</u>. All applications will be ranked according to severity of need. Those without heat will be addressed first. Depending of funding and technician availability, and after review by the Housing Committee, a letter and full application will be sent to you to complete and return with supporting documentation.

Please complete this preliminary application **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 (income from all household members)
- 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 rent-free 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		

## **Please check**

□ I or someone in my household is 55 years of age or older	□ I or someone in my household is disabled.
I own my home and property	I have home owner's insurance.

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My property taxes are current	or	I have a written agreement to pay

□ My gross annual household income falls within the limits below. (before any deductions)

Gross Annual Household (before any deductions) Income Limit for Family Size								
Family Size	1	2	3	4	5	6	7	8
81%-120% маг- 0% Loan	\$54,500	\$62,250	\$70,050	\$77,800	\$84,050	\$90,250	\$96,500	\$102,700
0-80% маг - Grant	\$36,300	\$41,500	\$46,700	\$51,850	\$56,000	\$60,150	\$64,300	\$68,450

ls your roof:	□ Actively Leaking	Deteriora	ited, but no leak	Age of Roof			
Type of roof:	□ Asphalt Shingle	🗆 Metal	□ Slate	□ Other			
Is your furnace:	□ Inoperable (no heat)	□ Inefficier	ıt	Age of Furnace			
Type of heating system:	□ Fuel oil/forced air □ Propane	□ Boiler □ Electric	□Natural Gas □Wood/Coal	□ Other			
Is your hot water tank fu Type of tank	nctioning?	□ Yes □ □ Electric	No □Gas/Propane	Age of Hot water tank			
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