

**Preliminary Application for Assistance
Indiana County Housing Accessibility Program
Waiting List**

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



Thank you for your interest in the Indiana County Housing Accessibility Program. Through accessible modifications, the permanently physically disabled homeowner's of Indiana County may remain living in their homes for as long as possible. Please be advised that this is a preliminary application. Submitting this preliminary application places you on the program's waiting list. 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.

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	Relationship	Gross Annual Income
			Applicant	

Property Information:

Do you own your home (deed, title, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own the land that it sets on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Structure? (house or mobile/manufactured home)	<input type="checkbox"/> House <input type="checkbox"/> MH/Manufactured
Is this your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If taxes are delinquent; do you have a written payment agreement with Tax Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have homeowner's insurance or be able to obtain insurance prior to work beginning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your property in a Flood Zone or Flood Plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, is your home located in	<input type="checkbox"/> Flood Zone <input type="checkbox"/> Flood Plain

Were you referred by an agency? Ex. Visiting Nurses, Veteran's Affairs, Aging Services, Home Healthcare Agencies?

Agency: _____ Caseworker: _____

Did the Agency make any recommendations for modifications? _____

List the types of housing accessibility modifications needed (ramp, bathroom mods, stair lift, etc.)

Have you participated in the Indiana County Housing Accessibility Program in the past? Yes No

Is modification necessary to return home from the hospital? Yes No

Are you threatened to be placed in a nursing facility without assistance? Yes No

Applicant Signature

Date

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