

**BRADFORD COUNTY HOUSING REHAB PROGRAM
HOMEOWNER APPLICATION**

Return To: Chris Grant, Rehabilitation Specialist
Bradford County Housing Authority
4 Riverside Plaza
Blossburg, PA 16912
(570) 638-1808
(570) 638-2156 (FAX)

_____ Date & Time Received by Authority

NAME: _____

Phone: _____

ADDRESS: _____

DEED BOOK #: _____

DEED PAGE #: _____

HOUSEHOLD COMPOSITION (List each occupant living in dwelling.)

NAME	RELATIONSHIP	AGE	SOURCE OF INCOME	AMOUNT

Project(s) to be Completed: _____

INCOME:

The following list of income sources are given as possible sources. All household incomes must be listed. Check one or more applicable sources.

<input type="checkbox"/>	Employer	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Company Pension
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Disability Insurance	<input type="checkbox"/>	Unemployment Comp.
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Veterans Pension	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Public Assistance	<input type="checkbox"/>	Railroad Retirement	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Savings Account (Interest)	<input type="checkbox"/>	Other (Please explain)	<input type="checkbox"/>	

WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

IMPORTANT: I/We certify that the above statements are true and complete to the best of my/our knowledge. Also, I/we absolve the Bradford County Housing Authority of all liabilities connected with the work to be done with the assistance.

SIGNATURE _____

OTHER DOCUMENTATION WHICH WILL NEED TO BE PROVIDED

- ✓ Copy of Deed
- ✓ Copy of Most Recent Property Tax Notice
- ✓ Certificate of Homeowners Insurance