

**BRADFORD COUNTY HOUSING REHAB PROGRAM  
HOMEOWNER APPLICATION**

Return To: Bradford County Housing Authority  
 112 Dorsett Heights  
 Mansfield, PA. 16933  
 (570) 638-2151  
 (570) 638-2156 (FAX)  
 (570) 638-2227 (TTY)

\_\_\_\_\_  
 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

**INCOME:**

All household incomes must be provided. Check all applicable income from the list of possible sources below.

<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 \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**OTHER DOCUMENTATION THAT WILL NEED TO BE PROVIDED**

- ✓ Copy of Deed
- ✓ Certificate of Homeowners Insurance
- ✓ Copy of Most Recent Property Tax Notice and Receipt of Up-To-Date Payment

