

Tioga County PHARE 90/10 Housing Rehabilitation Program Homeowner Application

Return To: Tioga 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: _____

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.

Employer	Rental Income	Company Pension
Social Security	Disability Insurance	Unemployment Comp.
SSI	Veterans Pension	Child Support
Public Assistance	Railroad Retirement	Alimony
Savings Account (Interest)	Other (Please explain)	401k/IRA

- ✓ Gross household income is defined as the gross income of all residents, projected over the 12 months following the date of application intake.
- ✓ Gross income is defined as the total amount of gross earnings and items considered as income under the current guidelines for the HUD Housing Choice Voucher Program in determining household income.

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 Tioga 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

