



CHESTER COUNTY HOME MODIFICATION PROGRAM

The Chester County Home Modification Program (CCHMP) is funded by a grant received from the Pennsylvania Department of Community and Economic Development's Access Grant Program. The program was established to provide assistance to low and moderate income residents of Chester County, with permanent disabilities, in making their current residences more accessible.

The Chester County Home Modification Program is administered by the Housing Partnership of Chester County (HPCC). CCHMP allows for a wide range of adaptive modifications which include, but are not limited to, ramps, lifts, door and hallway widening, kitchen and bathroom modifications, visual doorbells, audio phones and visual phone signalers. Funding for this program is in the form of a grant and no repayment is required for work completed.

Eligibility requirements:

- Beneficiary must have a permanent disability, verified by a physician's statement, that limits access to and use of the home. A written note from a physician must be provided, stating the necessary modifications.
- Applicant must be a resident of Chester County.
- Applicant must be a primary owner or leaseholder of the dwelling, or a family member in the home to be modified.
- Property must be the beneficiary's primary residence.
- Total Household Income for residence must fall at or below 80% of the median income as set by HUD for the Philadelphia Metropolitan Area.

Applicant must submit the following documentation for qualification and approval

- Copy of the deed or lease (including landlord's name, address and phone number) to the property.
- Copy of Federal Income Tax form 1040 (including all schedules and W-2's) for the most recently completed tax year, for all household members, (or verification from IRS) if applicable.
- Household income verification to include: copy of Pension, Social Security, Railroad retirement statements, support payments, Worker's Compensation, Annuities, rental income, etc. **All household income must be documented.**
- Physician's statement verifying that the applicant has a permanent disability which limits access to and use of the dwelling, and stating required modifications.
- Copy of Homeowners or Renters Insurance Policy.
- Death Certificate for spouse, if applicable. This is necessary to prove ownership of the property.
- Copy of Photo ID (Drivers license is acceptable)

**** If any adult member of the household does not receive income, please include a brief written statement explaining means of support. ****

All modification work is done on a first come-first serve basis, as annual funding is approved and received. Upon approval of an application, based on the verification of the above documentation, the HPCC Construction Coordinator will be sent to the home to evaluate the necessary modifications and develop work specifications. If the installation of modifications requires repairs that fall outside the scope of this program (i.e. structural, electric, plumbing & heating), the homeowner must apply for the Housing Rehabilitation Program to continue with the access modifications. Renters do not have the option of repairs through the Housing Rehabilitation Program.

When work specifications are received by HPCC, several Contractors will be invited to bid on the work to be completed. HPCC will select the lowest responsible bid and award the work. The applicant will receive a copy of the work specifications and contract to sign and return before work begins. Work will commence when a signed contract and funding are received by HPCC, and the contractor schedules with the applicant. All work under the Home Modification Program is paid through a grant and no payment is expected. Contractors will be paid by HPCC.

Restrictions

This program may not be used to modify units owned or operated by public housing authorities or a facility licensed by DPW or DOH, for support services, to correct code violations, for relocation expenses or for escrowing purposes to return the unit to its original condition. The applicant must provide all requested documentation to determine eligibility. Due to the high demand for services through the CCHMP, applications must be complete to be evaluated, and approvals are on a first come, first served basis.

If you have any questions or need assistance with this application, please call Housing Partnership of Chester County 610-518-1522

CHESTER COUNTY MODIFICATION PROGRAM APPLICATION

Please complete all sections of this application, and return it with: a copy of your deed or lease to the property, and copies of all income received into the household.

Application Date _____

Property Address: _____

Township or Borough: _____

Is this your primary residence? ___yes ___no Do you: ___Own your home ___Rent your home

Landlord name and address: _____

Does your name appear on the deed to any other real property?
___yes ___no If so, list property address below:

APPLICANT:

Name _____ Social Security # _____

Telephone _____ Date of Birth _____ Age _____

Co-applicant _____ Social Security # _____

Telephone _____ Date of Birth _____ Age _____

Do you or someone living in your household have a permanent disability?

Self ___ Other ___ (name and relationship) _____

Ethnic Group: ___Cauc ___Black ___Hisp ___Asian ___Am. Indian/Alaskan ___Other

Marital Status: ___Married ___Single ___Divorced ___Widow/Widower ___

Are you working with any other service agencies at this time? _____

Please give name(s) of agencies: _____

Number of persons living in residence: _____

Name and relationship of other residents living in the home

NAME

RELATIONSHIP & AGE

Housing Partnership of Chester County

ANNUAL HOUSEHOLD INCOME: INCLUDE INCOME FOR ALL HOUSEHOLD RESIDENTS

All income must be verified. This includes income on behalf of minors, employment income and child support. Send copies of Pension, Retirement, Worker's Comp., Social Security/SSI support letters, last year's tax return (if filed), and current paystub (if employed). Bank statements showing direct deposit of payments are acceptable.

Monthly payments	Applicant	Co-Applicant	Other
1. Gross Social Security and Supplemental Security Income (Medicare Premiums included)	\$ _____	\$ _____	\$ _____
2. Gross Pension income, annuity income, VA benefits, Railroad retirement	\$ _____	\$ _____	\$ _____
3. Gross salary, bonuses, income from self-employment, commissions and partnership income	\$ _____	\$ _____	\$ _____
4. Gross interest, dividends, capital gains, prizes	\$ _____	\$ _____	\$ _____
5. Other income such as cash, public assistance, unemployment, worker's compensation, support money, life insurance death benefit payments	\$ _____	\$ _____	\$ _____
<u>TOTAL MONTHLY INCOME</u>	\$ _____	\$ _____	\$ _____

Have you ever filed or are you currently in the process of filing for bankruptcy? yes no
 If yes, when did you file? _____ Type of bankruptcy _____
 Discharged date _____ Dismissed? yes no

Bank Accounts:

Name/address of Financial Institution (please give full address with zip code)

Checking Account # _____ Balance _____

Savings Account # _____ Balance _____

Mortgage Lender _____

Lender Address _____

Mortgage account # _____ Mortgage balance _____

Are your mortgage payments current? yes no Are you in foreclosure or a mortgage modification process? no yes (include modification paperwork)

Are your real estate taxes paid to date? yes no

INSURANCE INFORMATION

Do you have homeowners or renters insurance coverage? yes no

Name/address of Insurance Company _____

Policy Number _____ Phone Number _____

Would you permit a professional inspector to enter your home for a survey of work to be done?
 yes no

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We understand that approval into the program is subject to verification, of all information provided, by the Housing Partnership of Chester County.

Signature of Applicant: _____

Signature of Co-Applicant: _____

Would you allow HPCC to use your name and photos for your home for advertizing, marketing and/or additional funding requests?

yes

no



Housing Partnership of Chester County

41 W. Lancaster Avenue, Downingtown, Pennsylvania 19335 (610) 518-1522

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize you to release confidential information regarding myself and/or my family member _____, to the **HOUSING PARTNERSHIP OF CHESTER COUNTY, 41 W. Lancaster Avenue, Downingtown, PA 19335**. I understand that the information so released will be used to determine my eligibility to participate in the **Chester County Home Modification** and/or the **Housing Rehabilitation Program**.

This form shall be valid for **ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**.

Thank you for your cooperation in this matter.

SIGNATURE: _____

ADDRESS: _____

DATE: _____

CREDIT AUTHORIZATION

I/We, _____ give the Housing Partnership of Chester County permission to pull a credit check for the purpose of a Home Modification Grant and/or Housing Rehabilitation Loan. The purpose of checking credit is to determine the status of the home mortgage, if applicable.

Signature

Signature

Social Security Number

Social Security Number

