



Housing Partnership of Chester County

41 W. Lancaster Ave, Downingtown, PA 19335
610-518-1522

SENIOR CITIZEN HOME MAINTENANCE PROGRAM

The Senior Citizen Home Maintenance Program provides basic home repairs and modifications for residents of Chester County, 65 years of age and older, with total household incomes falling at or below 50% of the median as set by HUD for the Philadelphia Metropolitan Area. There is a \$6,000 limit on the work to be performed for each residence. This cost is considered a one-time, full grant.

Eligibility requirements:

1. Applicant must be 65 years of age or older.
2. Applicant must be a resident of Chester County.
3. Applicant must be a primary owner of the dwelling to be rehabilitated.
4. Property must be the applicant's primary residence.
5. Total household income for residence must fall at or below 50% of the median income as set by HUD for the Philadelphia Metropolitan Area.

Required documentation:

1. Copy of the deed to the property or title.
2. Copy of Federal Income Tax form 1040 (including all schedules and W-2's) for the most recently completed tax year, (or verification from the IRS) if applicable. If working, include one (1) month of recent paystubs.
3. 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 for all household members.**
4. Copy of photo ID or Driver's license
5. Birth certificate or proof of age

Upon approval, based on the verification of the above documentation, the Rehabilitation Evaluator will be sent to the home to evaluate the work to be completed. If the work required exceeds the \$6,000 maximum limit, homeowners will have the option to pay the additional cost or apply for the Housing Rehabilitation Program.

When work specifications are received by the HPCC, a Contractor will be selected to submit a bid for the total cost of the work to be performed. If the cost is approved by the HPCC and the Rehabilitation Evaluator, the homeowner and Contractor will sign the Work Contract and work will proceed.

All work performed must be in compliance with all State, Federal, local codes, laws, regulations and requirements. Work will be guaranteed, by the Contractor, for a period for one year from the date of final acceptance.

Senior Citizen Home Maintenance Program

Please complete all sections of this application and return it with: a copy of your deed to the property, evidence that you are 65 years of age or older, and copies of all income received into the household.

Application Date _____

PROPERTY ADDRESS: _____

TOWNSHIP OR BOROUGH: _____

Is this your primary residence? ____ yes ____ no

Does your name appear on the deed to any other real property?

____ no ____ yes If so, list property address _____

HOMEOWNER:

Name _____ Email _____

Telephone _____ Date of Birth _____ Age _____

Spouse's name _____ Email _____

Disabled / Handicapped ____ yes ____ no

Do you need accessibility modifications for your home? ____ yes ____ no

(example: stair glide, shower/bathroom modifications, handrails)

Ethnic Group: ____ White ____ Black ____ Hispanic ____ Asian ____ Am. Indian/Alaskan

Marital Status: ____ Married ____ Unmarried ____ Separated ____ Divorced

Number of persons living in residence: ____ _____ Widow/Widower

Name and relationship of other residents living in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL HOUSEHOLD INCOME:
INCLUDE INCOME FOR ALL HOUSEHOLD RESIDENTS

All income must be verified. Send copies of Pension, Retirement, Worker's Comp., Social Security and/or support letters, last years tax return (if filed), and current pay stub (if employed). Bank statements showing direct deposit of payments are acceptable. Please include all household members.

Monthly ayments

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

TOTAL MONTHLY INCOME \$ _____

Insurance Information:

Do you have Homeowners Insurance Coverage? ____ yes ____ no

Name/Address of Insurance Co. _____

Policy Number _____

Are your Real Estate Taxes current? ____ yes ____ no

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 Spouse: _____

Would you allow HPCC to use your name and photos of the home for advertising purposes?

_____ yes _____ no

How did you hear about us? _____

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 **Home Maintenance Program**.

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

Thank you for your cooperation in this matter.

Signature: _____

Address: _____

Date: _____

IF YOU NEED HELP FILLING OUT THIS APPLICATION, OR HAVE QUESTIONS,
PLEASE CALL JOY JOHNSON AT 610-518-1522.

HOUSING PARTNERSHIP OF CHESTER COUNTY
DIRECTOR OF PROGRAMS
41 W. LANCASTER AVENUE
DOWNINGTOWN, PA 19335

Briefly describe the work needed: List work needed in priority order

1:

2:

3:

4:

5:

6:

7:
