

**CAMERON COUNTY HOUSING REHABILITATION PROGRAM  
APPLICATION**

**The following information must be provided with your application:**

- A. If required to file, a signed copy of the household's most recent Federal **AND** State income tax return, and Federal Schedule 1 (Adjustments to Income).
- B. All W-2 wage and tax statements for the household and/or any Social Security benefit statements. If you do not have your annual Social Security benefits statement, you can obtain one from Social Security, or provide two monthly bank statements showing the direct deposits from Social Security.
- C. For wages earned or asset income (interest), 60 consecutive days of documentation in the form of pay stubs, bank statements, retirement account statements, etc.
- D. Proof of homeownership - copy of **most recent** deed filed. A title search will also be performed by the County.

***NOTE: Income documentation is good for only 6 months. The information you provide is to determine initial eligibility. If you are determined to be eligible, you will remain on the waiting list until you can be provided with assistance. You will be required to provide updated income information at the time you are provided with assistance if more than 6 months passes since being initially determined eligible.***

1. Is / Are the owner(s) of the home age 62 or older and/or disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, you are not eligible for assistance under Cameron County's program.**

2. Your Name: \_\_\_\_\_

3. Number of persons in your household: \_\_\_\_\_

4. Names of all persons living in the household, regardless of being related: (Do not include live in aides, foster children or permanently absent household members)

| <u>Name</u> | <u>Age (if under 62)</u> |
|-------------|--------------------------|
| _____       | _____                    |
| _____       | _____                    |
| _____       | _____                    |
| _____       | _____                    |
| _____       | _____                    |

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5. Phone #: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. City: \_\_\_\_\_
8. State: **Pennsylvania** \_\_\_\_\_
9. Zip Code: \_\_\_\_\_
10. County: **Cameron** \_\_\_\_\_
11. Email: \_\_\_\_\_

12. Municipality: (circle one)                      Driftwood Borough                      Emporium Borough                      Lumber                      Portage                      Gibson                      Grove                      Shippen

13. Is any member of your household disabled?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

- If yes, please describe and provide proof of disability income.

\_\_\_\_\_

\_\_\_\_\_

14. Is any member of your household a minority?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

- If yes, please circle any that apply:

- African American                      American Indian                      Hispanic  
Asian                      Alaskan Native                      Pacific Islander

15. Are you a female head of household?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

16. Do you expect your household composition to change in the next 12 months?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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17. Annual Income Calculation:

*Annual Household Income of ALL Household Members over 18: (See attached list of Income Inclusions / Exclusions)*

|   | (a)       | (b)        | (c)       |
|---|-----------|------------|-----------|
| Name of household member-----                   |           |            |           |
| Employment                                      | \$        | \$         | \$        |
| Pension   | \$        | \$         | \$        |
| Social Security                                 | \$        | \$         | \$        |
| Unemployment                                    | \$        | \$         | \$        |
| Disability Income                               | \$        | \$         | \$        |
| Interest  | \$        | \$         | \$        |
| Public Assistance                               | \$        | \$         | \$        |
| Child Support                                   | \$        | \$         | \$        |
| Alimony   | \$        | \$         | \$        |
| Bonuses   | \$        | \$         | \$        |
| Tips  | \$        | \$         | \$        |
| Other Income                                    | \$        | \$         | \$        |
| <b>TOTAL Individual Incomes</b>                 | <b>\$</b> | <b>\$</b>  | <b>\$</b> |
| <b>TOTAL Household Income (add (a)+(b)+(c))</b> | <b>\$</b> | <b>(d)</b> |           |

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Assets of all ALL Household Members over 18: (See attached list of Asset Inclusions / Exclusions)

| Name   | Asset Description | Current Cash Value of Assets | Actual Income from Assets |
|--|-------------------|------------------------------|---------------------------|
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
|  |                   |                              |                           |
| <b>Net Cash Value of Assets (e)</b>  |                   | <b>\$</b>                    |                           |
| <b>Total Income from Assets (f)</b>  |                   |                              | <b>\$</b>                 |
| <b>If (f) is greater than \$5,000, multiply (g) by .0006 (Current HUD Passbook Savings Rate) and enter result to the right; otherwise enter \$0.</b> |                   |                              | <b>\$</b>                 |
|  |                   |                              | <b>(g)</b>                |

**TOTAL ANNUAL HOUSEHOLD INCOME [ ADD (d) + (g) ]**

|           |
|-----------|
| <b>\$</b> |
|-----------|

18. Has your household income changed since you filed your most recent tax return?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

- If yes, please describe the changes:

\_\_\_\_\_

19. What do you project your gross household income will be 1 year from now? \$

\_\_\_\_\_ /year

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**Certification**

Intending to be legally bound,

I hereby certify that information provided in this Application is true and correct as presented.

I understand that any false statements made knowingly and willfully may subject me to penalties under sections 1001 and 1010 of Title 18 of the United States Code and relevant Pennsylvania statutes and regulations.

I further understand that all information provided is subject to verification by the County of Cameron and by the Pennsylvania Department of Community and Economic Development; and that if it is determined that any information was materially misstated, that I must reimburse the County of Cameron for the full amount of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signatures of all other ADULT household members:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**ZERO INCOME CERTIFICATION (COMPLETE ONLY IF YOU HAVE ZERO (\$0) INCOME)**

I, \_\_\_\_\_, do hereby certify that I am currently receiving zero income from any source.

Under penalties of perjury, I certify that the information presented on this application is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes and act of fraud. False, misleading, or incomplete information will result in the denial of my application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*(Office Use Only)*

Cameron County

\_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

If you have any questions or need assistance in completing this application, please contact the Cameron County Housing Rehabilitation Program, Cameron County Courthouse, 20 East 5th Street, Emporium, PA 15834. Phone 486-3439.

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**Current Income Limits  
Cameron County  
HOME Income Limits**

| <u>Household Size</u> | <u>Income cannot exceed (eff. 7/1/2020)</u> |
|-----------------------|---|
| 1 person              | \$36,350                                    |
| 2 persons             | \$41,550                                    |
| 3 persons             | \$46,750                                    |
| 4 persons             | \$51,900                                    |
| 5 persons             | \$56,100                                    |
| 6 persons             | \$60,250                                    |
| 7 persons             | \$64,400                                    |
| 8 or more persons     | \$68,550                                    |

| <u>Tamaño del hogar</u> | <u>Ingreso maximo</u> |
|-------------------------|-----------------------|
| 1 persona               | \$36,350              |
| 2 personas              | \$41,550              |
| 3 personas              | \$46,750              |
| 4 personas              | \$51,900              |
| 5 personas              | \$56,100              |
| 6 personas              | \$60,250              |
| 7 personas              | \$64,400              |
| 8 y mas personas        | \$68,550              |



It is the policy of the County of Cameron to implement programs to ensure equal opportunity in housing for all persons regardless of race, color, sex, national origin, religion, familial status, handicap (disability), age and ancestry.