

**CAMERON COUNTY HOUSING REHABILITATION PROGRAM
APPLICATION**

The following information must be provided with your application:

- A. A signed copy of the household's most recent Federal or State income tax return.**
- B. All W-2 wage and tax statements for the household and/or any nontaxable benefit checks or statements of benefits.**
- C. Proof of homeownership in the form of a deed or will.**

1. Name: _____

2. Head of Household (if different from name): _____

3. Number of persons in your household: _____

4. Phone #: _____

5. Address: _____

6. City: _____

7. State: Pennsylvania

8. Zip Code: _____

9. County: Cameron



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

11. Is any member of your household disabled? _____ yes _____ no

- If yes, please describe: _____
(Proof of disability income must be provided)

12. 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

13. Are you age 62 or older? _____ yes _____ no

14. Are you a female head of household? _____ yes _____ no

(continued on next page)

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15. **Monthly** Household Income

	Applicant	Spouse	All Other Household Members over 18 years old
Employment	\$	\$	\$
Pension	\$	\$	\$
Social Security	\$	\$	\$
Spouses Social Security	\$	\$	\$
Children Social Security	\$	\$	\$
Unemployment	\$	\$	\$
Disability Income	\$	\$	\$
Interest	\$	\$	\$
Public Assistance	\$	\$	\$
Child Support	\$	\$	\$
Other Income	\$	\$	\$
TOTAL	\$	\$	\$

* **The following information must be attached as proof of income:**

- a. A signed copy of the most recent Federal or State income tax return of each household member.
- b. All W-2 wage and tax statements for the household members over 18 years of age.
- c. All non-taxable benefit checks or statements (Social Security)

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

_____ yes _____ no

- If yes, please describe the changes: _____

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

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Certification

I hereby certify that I am the owner of the property at the address indicated above and that the property is my primary residence. I hereby also certify that the income information provided above is as stated. 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. I further understand that all income 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 rehabilitation assistance. I further understand that a lien will be placed on my residence by the County of Cameron for a period of three years after project completion in the amount of assistance received.

Applicant Signature: _____

Date: _____

(Office Use Only)

Cameron County

Authorized Signature

Date: _____

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
80% of Median Household Income**

<u>Household Size</u>	<u>Income cannot exceed (eff. 6/1/2015)</u>
1 person	\$33,150
2 persons	\$37,850
3 persons	\$42,600
4 persons	\$47,300
5 persons	\$51,100
6 persons	\$54,900
7 persons	\$58,700
8 or more persons	\$62,450

<u>Tamaño del hogar</u>	<u>Ingreso maximo</u>
1 persona	\$33,150
2 personas	\$37,850
3 personas	\$42,600
4 personas	\$47,300
5 personas	\$51,100
6 personas	\$54,900
7 personas	\$58,700
8 y mas personas	\$62,450



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.