

UPPER DARBY TOWNSHIP

APPLICATION

Home Improvement Code Compliance Program

The information contained herein shall be kept confidential and shall be used only for purposes of determining eligibility for a rehabilitation grant.

Homeowner's Name(s): _____ Age: _____
_____ Age: _____

Spouse's Name (or other full time resident of household): _____ Age: _____

Street Address & City: _____ **How Long:** _____

Single Family Dwelling: ___ YES ___ NO **Number of Bedrooms:** _____
(A RESIDENTIAL PROPERTY HOUSING 1 FAMILY, i.e., NOT A DUPLEX)

Phone Number: Home _____ Work _____
Cell _____

of Dependents and/or other household members or deed holders not listed above: _____
(list additional names on back if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status: () Widow/Widower () Married () Divorced () Separated () Single

I am a (check one): _____ Citizen of the United States of America
_____ Permanent Alien Resident of the United States of America
(If checked, please attach a copy of your Permanent Resident Card)

=====

FAIR HOUSING AND EQUAL OPPORTUNITY ETHNICITY AND RACIAL STATISTICS: The Township is required at Sections 24 CFR 570.506(g)(2), 570.602, the Civil Rights Act of 1964, the Fair Housing Act, CPD Notice 03-09 for Performance Measurement Standards, and Executive Order 11063, as amended by E.O. 12259 by the U. S. Department of Housing & Urban Development and OMB Standards to maintain data on the racial and ethnic characteristics of the population it serves to be used as a basis to ensure compliance with nondiscrimination requirements.

Ethnicity: (select only one) ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: (select one or more) ___ American Indian or Alaska Native ___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander ___ White

Is there anyone in the household that requires an accommodation due to a disability? _____

Applicant's Employer & Address: _____

How Long: _____

Spouse's/
Other Deedholder's Employer & Address: _____

How Long: _____

Dependents Employer & Address: _____
Or School _____

How Long: _____

Employers & Addresses of others in household: _____

How Long: _____

INCOME VERIFICATION

A. Applicant's Name: _____ Social Security # _____

- | | | |
|-----|--|-----------------|
| 1. | Earned income (all jobs previous year) | \$ _____ |
| 2. | Pensions | \$ _____ |
| 3. | Workmen's Compensation | \$ _____ |
| 4. | Public Benefits (Welfare) | \$ _____ |
| 5. | Unemployment | \$ _____ |
| 7. | Child Support | \$ _____ |
| 8. | Dividend Income | \$ _____ |
| 9. | Interest Income | \$ _____ |
| 10. | Rental Income | \$ _____ |
| 11. | Social Security | \$ _____ |
| 12. | Other Income | \$ _____ |
| | TOTAL | \$ _____ |

B. Spouse/Other Deedholder:

Name: _____

Social Security #: _____

1.	Earned income (all jobs previous year)	\$ _____
2.	Pensions	\$ _____
3.	Workmen's Compensation	\$ _____
4.	Public Benefits (Welfare)	\$ _____
5.	Unemployment	\$ _____
7.	Child Support	\$ _____
8.	Dividend Income	\$ _____
9.	Interest Income	\$ _____
10.	Rental Income	\$ _____
11.	Social Security Income	\$ _____
12.	Other Income	\$ _____
	TOTAL	\$ _____

C. Other:

Name: _____ **Social Security #** _____

1.	Earned income (all jobs previous year)	\$ _____
2.	Pensions	\$ _____
3.	Workmen's Compensation	\$ _____
4.	Public Benefits (Welfare)	\$ _____
5.	Unemployment	\$ _____
7.	Child Support	\$ _____
8.	Dividend Income	\$ _____
9.	Interest Income	\$ _____
10.	Rental Income	\$ _____
11.	Social Security Income	\$ _____
12.	Other Income	\$ _____
	TOTAL	\$ _____

(Attach an additional page if there are more persons in the household than listed above.)

D. Address of other Real Estate in which you have any ownership interest including any type of timeshares:

E. Have you sold or made a gift of any asset you owned in the last 2 years?

Yes or No (please circle one)

If yes, please give details on the reverse side.

F. Enclose proof of income for 2023 (ALL copies of W-2's, Social Security Statements, Tax Returns, etc.). This is required to evaluate your income and assets. IF IT IS NOT PROVIDED, YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.

Total # of persons in the household and/or deedholders: _____

TOTAL HOUSEHOLD INCOME: \$ _____

DO YOU HAVE ANY RELATIVES THAT WORK FOR UPPER DARBY TOWNSHIP?:

WHERE DID YOU HEAR ABOUT OUR PROGRAM?:

IMPORTANT - READ BEFORE SIGNING

I/we certify that I/we the owners and occupants of this property, that the above statements are true, accurate, and complete to the best of my/our knowledge and belief, in order to support a request for Federal financial assistance. I/we understand that any false statements made knowingly and willfully may subject us to penalties under Section 1001 of Title 18 of the United States Code. I/we agree to notify the Township if there are material changes in our income or family size. I/we also recognize the need for Upper Darby Township to secure factual information to verify eligibility and hereby authorize the Township to request such reports and any other verification that is essential to the processing of my/our request.

Signature of Applicant

Date

Signature of Spouse/Other Deed holder

Date

Phone: 610-734-7716

Fax: 610-734-7696

=====

THIS SPACE RESERVED FOR APPROVAL OF THE TOWNSHIP

DATE OF APPROVAL: _____ **SIGNATURE:** _____