

WESTMORELAND COUNTY REHAB PROGRAM
167 SOUTH GREENGATE ROAD
GREENSBURG, PA 15601
(724) 832-9460

Dear Homeowner:

You can receive a furnace or roof replacement for your home if you own your home, your property is located in Westmoreland County and your family income does not exceed the guidelines listed on the application. In order for your home to qualify for this program, we must have the following information from you, along with your application to the REHAB PROGRAM. Please be advised that you have 60 days from the date of application to get all the information to us. If not, you will need to reapply.

- (1) COMPLETION OF APPLICATION: COMPLETELY FILL OUT, SIGN AND DATE THE APPLICATION.
- (2) PROOF OF INCOME: WE MUST HAVE PROOF OF YOUR GROSS INCOME FOR THE PAST 12 MONTHS. TO FIGURE 12 MONTHS INCOME YOU SHOULD SUBMIT, SIMPLY COUNT BACK 12 MONTHS FROM THE MONTH YOU ARE FILING THE APPLICATION (EXAMPLE: IF THE APPLICATION IS DATED FEBRUARY, 2017, THEN YOU WOULD SUBMIT PROOF OF INCOME FROM FEBRUARY 1, 2016 THROUGH JANUARY 31, 2017)

ALL INCOME MAY BE PROVIDED BY SUBMITTING INFORMATION FROM ANY OF THE FOLLOWING THAT MAY APPLY TO YOUR SOURCE OF INCOME.

- (A) PAY STUBS FOR THE PAST 12 MONTHS DO NOT SUBMIT W-2 FORMS AS PROOF OF INCOME (UNLESS APPLICATION IS FILLED OUT IN JANUARY -- NO OTHER EXCEPTIONS.)
- (B) A LETTER FROM YOUR EMPLOYER STATING GROSS AMOUNT FOR THE PAST 12 MONTHS. (If you do not have pay stubs for the entire 12 month period)
- (C) A LETTER FROM THE DEPARTMENT OF WELFARE (IF YOU RECEIVE CASH ASSISTANCE)
- (D) A LETTER FROM THE VETERAN'S ADMINISTRATION (IF YOU RECEIVE A VA PENSION)
- (E) A LETTER VERIFYING PENSION PLAN PAYMENTS (IF YOU RECEIVE A PENSION)
- (F) A LETTER FROM THE UNEMPLOYMENT OFFICE (IF YOU RECEIVE UNEMPLOYMENT)
- (G) A LETTER FROM DOMESTIC RELATIONS OFFICE (IF YOU RECEIVE CHILD SUPPORT OR ALIMONY)
- (H) A LETTER FROM WORKMAN'S COMPENSATION (IF YOU RECEIVE WORKMAN'S COMPENSATION)
- (I) A LETTER FROM SOCIAL SECURITY OFFICE (IF YOU RECEIVE SOCIAL SECURITY OR SSI)

NOTE: TOTAL GROSS INCOME FOR ALL FAMILY MEMBERS MUST BE SUBMITTED, INCLUDING ANY EARNED INTEREST INCOME.

- (3) PROOF OF OWNERSHIP: A COPY OF THE PAID PROPERTY TAX STATEMENT AND A COPY OF THE RECORDED DEED OR TITLE MUST BE SUBMITTED
- (4) PERMISSION/RELEASE FORM: THIS FORM MUST BE SIGNED BY OWNER(S) AND SUBMITTED ALONG WITH THE APPLICATION. Signing of this form gives our program permission to do the work on the dwelling.
- (5) LIQUID ASSETS: INCLUDE ALL CHECKING, SAVINGS AND CERTIFICATES OF DEPOSITS. YOU MUST SUBMIT COPIES OF MOST RECENT BANK STATEMENT. LIQUID ASSETS CANNOT EXCEED \$10,000.

Rehab applications cannot be approved unless all information is provided. It is to your advantage to submit all required information along with your application. All approved applications are put on a waiting list and work is completed on a FIRST-COME, FIRST SERVE BASIS.

NOTE-- PLEASE MAKE SURE YOU HAVE SUFFICIENT POSTAGE ON YOUR RETURN APPLICATION.

IF YOU ARE APPLYING FOR A ROOF (ONLY 1 STORY HOUSES AND MOBILE HOMES) , PLEASE NOTE THAT MOST ROOF REPLACEMENTS COST MORE THAN THE \$7,500 GRANT AMOUNT AND THEREFORE REQUIRE THE HOMEOWNER TO PAY THE DIFFERENCE PRIOR TO THE ROOF REPLACEMENT.

****The cities of Greensburg, Jeannette, Scottdale, Monessen, Arnold, and New Kensington do not participate in the Rehab program.

IMPORTANT REQUIRED INFORMATION: HAVE YOU RECEIVED A ROOF OR FURNACE THROUGH THE REDEVELOPMENT AUTHORITY OR WESTMORELAND COUNTY REHAB PROGRAM? YES ___ NO ___
IF YOU CHECKED YES, DO NOT COMPLETE THE APPLICATION.

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167 SOUTH GREENGATE ROAD
GREENSBURG, PA 15601
(724) 832-9460 (724) 337-7444 (724) 684-7704

APPLICATION FOR REHAB

NAME (Head of Household): _____

ADDRESS: _____

IF RURAL, GIVE DIRECTIONS: _____

PHONE NUMBER _____ IF YOU DO NOT HAVE A PHONE, PLEASE INCLUDE A PHONE NUMBER OF SOMEONE WHO CAN TAKE A MESSAGE FOR YOU:

RESIDENTS OF YOUR HOME--INCLUDING YOURSELF

<u>NAME & SOCIAL SECURITY NUMBER</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>HEALTH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If more space is needed--list on back of this sheet)

LIST THE GROSS AMOUNT AND SOURCE OF ALL FAMILY MEMBERS MONTHLY INCOME:

SOCIAL SECURITY	\$ _____	PENSION	\$ _____
SSI	\$ _____	EMPLOYMENT	\$ _____
BLACK LUNG	\$ _____	LIQUID ASSETS	\$ _____
PUBLIC ASSISTANCE \$ _____ (Case Number)		OTHER INCOME	\$ _____

TOTAL GROSS YEARLY INCOME \$ _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF APPLICANT

*NOTE--INCLUDE SOCIAL SECURITY NUMBERS FOR ALL PERSONS LIVING IN HOUSEHOLD.

LIQUID ASSETS: LIST THE NAME OF YOUR BANK, BRANCH OFFICE AND ADDRESS, TYPE OF ACCOUNT AND BALANCE.

BANK NAME: _____

BRANCH AND ADDRESS	TYPE OF ACCOUNT	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPERTY INFORMATION:

APPLICATION IS FOR: ROOF___ FURNACE___ (PLEASE CHECK ONLY ONE)

ARE YOU THE SOLE OWNER OF YOUR HOME? YES___ NO___

IN WHICH TOWNSHIP / BOROUGH DO YOU RESIDE? _____

TYPE OF HOME: FRAME _____ BRICK _____ MOBILE HOME _____

NUMBER OF STORIES _____

APPROXIMATE AGE OF HOME: _____ TYPE OF FUEL USED TO HEAT HOME: _____

CONDITION OF HEATING SYSTEM: GOOD _____ FAIR _____ POOR _____

CONDITION OF ROOF: GOOD ___ FAIR ___ POOR ___ DOES ROOF LEAK? YES ___ NO ___

INCOME GUIDELINES
(Effective 2017)

<u>FAMILY SIZE</u>	<u>YEARLY INCOME</u>
1	\$25,450
2	29,050
3	32,700
4	36,300
5	39,250
6	42,150
7	45,050
8	47,950

PROPERTY OWNERS CANNOT HAVE MORE THAN \$10,000.00 IN LIQUID ASSETS.

THE REPAIR AND/OR REPLACEMENT MUST MEET EMERGENCY STATUS.

THE EMERGENCY PROGRAM IS PROVIDED ON A ONE TIME PER HOUSEHOLD BASIS.

COSTS EXCEEDING GRANT AMOUNT ARE THE RESPONSIBILITY OF HOMEOWNER AND MUST BE PAID PRIOR TO WORK BEING PERFORMED.

EMERGENCY ROOF AND FURNACE REHAB PROGRAM
PERMISSION/RELEASE FORM

DATE: _____

I/WE _____ Owner(s) of the dwelling located at
PA, hereby permit representatives of the WESTMORELAND COUNTY REHAB PROGRAM (WCRP)
to enter my/our home for the purpose of rehabilitating the roof/furnace of said home.

Whereas, owner will benefit from the roof/furnace replacement being offered by WCRP, and both parties agree to the following:

1. WCRP and all contractors agree to maintain insurance to protect the owner from injuries or damages directly resulting from the actions of WCRP and contractors while in or on the premises.
2. The owner hereby expressly release and discharge WCRP from any and all obligations, claims, demands, debts or lawsuits whatsoever on account of any real or alleged breach of performance warranty as regards materials used by WCRP; and from any real or alleged claim of breach of performance by WCRP or WCRP employees.
3. All tools, equipment and other property necessary to carry out the roof/furnace work taken upon or placed in and/or on the premises by WCRP and/or contractors shall remain the property of WCRP and/or contractors, excepting those items permanently affixed to the dwelling.
4. All tools, equipment and materials left at job site until the completion of the job shall be protected by the homeowner, who shall carry the sole responsibility of ensuring said tools and equipment remain in safe keeping during off work hours. If any tools, equipment or materials are damaged or stolen while in the care of the homeowner, the homeowner will be obligated to reimburse WCRP and/or contractors the full amount (current market value) of all damages or stolen items.
5. The owner authorizes WCRP and all contractors to use, free of charge, all utilities necessary for the completion of the work. In addition, owner will permit use of bathroom facilities for the WCRP and all contractors.
6. There will be no lien or judgment placed against the owner's property for participation in the Rehab Program.
7. Homeowner agrees not to sell or rent the property for two years upon completion of work by WCRP and/or contractors. If the property is sold within the two year period all grant monies will be reimbursed to WCRP in full.

The undersigned releases the authority to accept all the conditions required by the Rehab Program.

OWNER _____
(Signature)

SPOUSE _____
(Signature)

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

AGENCY REPRESENTATIVE _____