



**RENTAL REHABILITATION PROGRAM  
APPLICATION**

Fill out and return to:

**Union County Housing Authority**  
**1610 Industrial Boulevard**  
**Suite 400**  
**Lewisburg, PA. 17837**

Phone: **570-522-1300**

Application # \_\_\_\_\_

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

Time: \_\_\_\_\_

**PLEASE PRINT:**

A. Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

How many properties, in total, do you own \_\_\_\_\_

How many units are contained within those properties \_\_\_\_\_

Address of Unit to be Rehabilitated

\_\_\_\_\_

\_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

Length of time you have owned this unit \_\_\_\_\_

Is the unit currently occupied \_\_\_\_\_ YES \_\_\_\_\_ NO  
(if yes fill out section B)

**B. Family or Household Composition of Unit:**

List all members who live in the dwelling:

Name(s)
1.
2.
3.
4.
5.

Time lived in unit \_\_\_\_\_

Are you willing to extend a 3-year lease to the current resident of this unit

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**C. Name, Address, and Phone Number of contact person other than those listed on this application:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Program Information:**

1. Is this home a manufactured, modular home or mobile home?  
\_\_\_\_\_
2. When was this home built? \_\_\_\_\_
3. Is your home listed in the Union County Historical Significance Plan or is it eligible for the National Register of Historical sites? \_\_\_\_\_
4. Is the home/Unit insured? \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address of Company \_\_\_\_\_  
\_\_\_\_\_ Policy # \_\_\_\_\_

5. Is your home in the flood plain? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, do you have flood insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Company \_\_\_\_\_

Policy # \_\_\_\_\_

8. Are all taxes on the Home/Unit paid? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

**Unit Information:**

1. What types of repairs do you believe are needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Please note that submission of this application in no way ensures a grant/loan from the Housing Rehabilitation Program or obligates the homeowner to participate in the program. I certify that all the information in this proposal is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

**NONDISCRIMINATION CLAUSE**

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through Community & Economic Development, that the Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

**Ethnicity:** (select only One)

- Hispanic or Latino
- Not Hispanic or Latino

**Race:** (select only one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White