



OWNER OCCUPIED ASSISTANCE PROGRAM

APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

401 Main Street
Johnstown PA, 15901
814-539-2504 ext. 118

Applicant Name: _____ Age _____ SS # _____

Co-Applicant Name: _____ Age _____ SS # _____

Address: _____

Phone # _____ Alternate # _____

1. Are you the owner of the above property? Yes _____ No _____
2. Do you occupy this property as your primary residence? Yes _____ No _____
3. Is this a single or duplex structure? Single/Duplex
4. Was the house built prior to 1978? Yes _____ No _____

Have you ever received assistance through the City Rehabilitation Loan Program? Yes _____ or No _____

Full Name	Relationship	Birth Date	Age	Sex	Social Security No.
1.					
2.					
3.					
4.					
5.					
6.					

5. The following questions are regarding the lead-based paint section of the program. (Circle Answer)
 - a. Is there a child 5-years old or younger who lives or is expected to live at this address? **Yes or No**
 - b. If yes, has the child been tested for elevated blood levels? **Yes or No**
 - c. Is there a child under 5-years old, who spends a least 6-hours a week at residence? **Yes or No**
 - d. If you answered yes to questions "A" or "C", relocation may be required during the lead- based paint renovation activity.
 - e. Would you object to relocating during the lead-based paint renovation? **Yes or No**
 - f. If your answer was "no" to question "D", do you have anyone with whom you could stay with during the lead-based paint renovation activity. **Yes or No**

* The race of head of household is information collected in compliance with fair housing & equal opportunity rules. This is appreciated but optional.

White	Native Hawaiian/Other Pacific Islander
Black/African American	Native American/Alaskan Native
Asian	American Indian/Alaskan Native and White
Asian and White	Black/African American and White
American Indian/Alaskan Native and Black/African American	Hispanic and Latino American
Other Multi-Racial	

6. The following documentation must be submitted with your application. Failure to include all required information will result in the delay of processing your loan request. Please do not submit original documents with your application.
 - a. Property Deed (**recorded full copy**)

- b. City, County School property tax receipts for the **previous (2) years**
 - c. Income verification, (1040 income tax form, social security award letter, pension award letter etc.)
 - d. Tenant income verification, (or tenant information form)
 - e. Homeowner Insurance and Flood insurance. (Note: If in flood zone)
 - f. For children 5 years and younger: If your child was tested for elevated lead blood levels, provide a copy of the test results. If your child was not tested, the City will pay for screening through a local laboratory.
 - g. If a risk assessment and paint test was performed on your property, provide a copy of the inspection report with your application.
 - h. Additional information may be requested.
7. At the time of application, the applicant must have owned and occupied the residence for a minimum of one (1) year. The City reserves the right to waive this requirement for homes (occupied by a child age 5 or younger) that will receive Lead Hazard Control Funds.

Household Income Limits Summary for FY 2025

Household Members:	1	2	3	4	5	6	7	8
Maximum Income	\$47,250	\$54,000	\$60,750	\$67,500	\$72,900	\$78,300	\$83,700	\$89,100

If your household income exceeds the maximum allowance indicated on the Income Limits chart, you are not qualified to receive assistance under this program. Household members 18 years and older must report income.

(Due to the reduction in program funding, if you have received previous housing rehabilitation loan assistance, you cannot re-apply)

8. **Income Verification: Disclose all income for every household member over 18 years old.** Include earned income, taxable interest, dividends, taxable refunds, alimony, business income or loss, taxable IRA amounts, taxable pension and annuity, taxable social security benefits, prizes and awards such as gambling, lottery raffle winnings.

Source of Income (Monthly)	Amount of Income
Salary and Wages: Include name/address of employer:	\$
Social Security:	\$
Pension Benefit	\$
Interest Income:	\$
Dividends:	\$
Rental Income:	\$
Business Income or Loss	\$
Other:	\$
Other:	\$

The applicant certifies that the above information is true and correct to the best of his/her knowledge. Verification of any of the information contained in this application may be obtained from any source named herein.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both".

X _____ **Date** _____

X _____ **Date** _____

If you have any questions or require assistance in completing this application, please contact the City of Johnstown, Department of Community and Economic Development at 814-539-2504. Our office mailing address is as follows:

City of Johnstown
Department of Community and Economic Development
City Hall, Room 204
401 Main Street
Johnstown, PA 15901
(814) 539-2504

Guidelines subject to change at any time without notice.