



SCHUYLKILL HAVEN BOROUGH HOUSING REHABILITATION APPLICATION

Name of Homeowner(s): _____ Date: _____

Property Address: _____

Home Telephone: _____ or Other contact# _____

Names and ages of all residents living in the home:

Name	Age	Relationship	Gross Annual Income
		<i>Self</i>	
Total of all sources \$			

Do you own the property? yes no Is this a rental property? yes no

Name(s) on deed: _____

Check type of Dwelling:

SINGLE HOME DOUBLE HOME ROW HOME OTHER

DATE RECEIVED BY OFFICE OF PRODESIGN PLUS _____ BY: _____
initials

You will be contacted when your application is ready for pre-qualification. Do not expect an immediate response. Homeowners are strongly encouraged to repair and maintain the structure while awaiting assistance. Also, Homeowners will not be contacted to proceed with interviews unless funding is available.

PLEASE RETURN COMPLETED APPLICATION TO:

Prodesign Plus, L.L.C.
299 Doutyville Road
Shamokin PA 17872

**THE APPLICANT'S PERSONAL INCOME INFORMATION
WILL NOT BE AVAILABLE FOR PUBLIC USE**



INCOME VERIFICATION WORKSHEET

ANNUAL INCOME			
Gross Employment		Interest Income	
Pension Income		Public Assistance	
Husband's S.S.I.		Child Support	
Wife's S.S.I.		Other _____	
Room and Board or Rental Income		Other _____	
Black Lung		Other _____	
Unemployment		Other _____	
TOTAL INCOME			

Is this a Female Headed Household _____ Yes _____ No

Is anyone living in the Household Disabled _____ Yes _____ No

Do you require special assistance completing the application process ___ Yes _____ No

If so please explain and provide recommendation for type of assistance _____

Select Race (X)

American Indian or American Native _____

Asian _____

Black or African American _____

Native Hawaiian _____

White _____

Select Ethnicity (X)

Hispanic _____

Non-Hispanic _____

Please list brief listing of home repairs needed.