

**PRE-APPLICATION FOR HOMEOWNERS  
WASHINGTON COUNTY HOME REHABILITATION PROGRAM**

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Please complete this form and return **BY MAIL ONLY** to:

Redevelopment Authority of the County of Washington  
100 West Beau Street, Suite 603  
Washington, Pennsylvania 15301

1. Owner(s) Name(s): \_\_\_\_\_
  
2. Property Address: \_\_\_\_\_  
  No.                                Street  
  
  \_\_\_\_\_ City    State    Zip
  
3. Municipality: \_\_\_\_\_ (City, Township, or Borough)
  
4. Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_
  
5. Email Address: \_\_\_\_\_
  
6. Do you own AND occupy this property/land? Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. If YES, approximate date of purchase: \_\_\_\_\_
  
8. What year was the house constructed? \_\_\_\_\_
  
9. Have you ever had rehabilitation work done through the Redevelopment Authority?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, When? \_\_\_\_\_
  
10. Are you currently in bankruptcy? Yes \_\_\_ No \_\_\_ Delinquent Taxes? Yes \_\_\_ No \_\_\_
  
11. Number of persons, including yourself, living at this address: \_\_\_\_\_
  
12. Do you file a Federal Income Tax Return? \_\_\_\_\_

13. Household Composition & Income: (Please list the name of every person living at this address and give income source and amount for each).

Name(s)	AGE	Monthly Amount of Gross Income	Source (i.e. Social Security, Employment, Pension, Interest, Etc.)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

14. Asset Information: (List all checking and savings accounts including Certificates of Deposit of all household members.)

FAMILY MEMBER	BANK NAME	CURRENT BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

List value of all stocks, bonds, trusts, or other assets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: All financial information is kept confidential and is used only for the purpose of determining eligibility for this program.

15. Are you a US Citizen or Resident Alien? Yes\_\_\_\_ No\_\_\_\_. You may be required to submit a copy of your Social Security Card, Birth Certificate, and / or Green Card.

16. Please list the problems you are having with your house:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the Fair Housing Act of 1988, the American Disabilities Act of 1990, the Equal Credit Opportunity Act, and the Rehabilitation Act of 1973, as amended; the Redevelopment Authority of the County of Washington does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, or age.

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willfully false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction. In addition, if you give false information or fail to report any income, you may have to pay back part or all of the money paid by the government on your behalf, as well as standing a chance of losing your home.

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_