

**For Office Use Only:**

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

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

## DON ENTERPRISES, INC'S HOME REHABILITATION PROGRAM APPLICATION

101 S. MERCER STREET, NEW CASTLE, PA 16101

Tel. (724) 652-5144 · Fax (724) 202-6485 · TTY/VP (724) 652-5152

Dear Homeowner:

Attached is DON ENTERPRISES, INC'S HOME REHABILITATION PROGRAM APPLICATION and guidelines. Home improvement assistance under the program is ONLY available to **OWNER OCCUPIED HOUSES** located in Lawrence County Pennsylvania. Funds will be paid directly to an approved contractor or supplier. **Completed projects are ineligible for consideration.** The maximum grant amount to be awarded per household can be up to \$12,000 pending qualifications.

To be considered for the program, please complete and submit the attached application to the address above, along with copies of the following **REQUIRED DOCUMENTS**:

1. **Verification of total household income for all individuals living at the address:** acceptable proofs of income: 1 month of pay stubs, 2 months of recent bank statements, Social Security Statement(s), Social Services Benefit Statement(s), Income Tax Statement(s), Food Stamps, Rental Income, most *recent federal income tax return* with W-2's. **30% of PHARE Funds will help households with 50% Area Median Income**
2. **Deed to land OR title to mobile home and deed to lot.**
3. **Current paid Property tax bill** (please specify if paid by monthly mortgage).
4. **Most recent bank statements; checking and savings accounts.**

Once we receive the completed application and all required paperwork, we will review your application to determine eligibility and contact you as to your status. Assistance under this program is based on income eligibility, necessity of work to be done, and the availability of funds. If funding for the Home Improvement Program is not available to our office at the time of submission of your application, you will be placed on a waiting list until funding is available.

Prior to qualifying for program funding, a homeowner must have exhausted all other feasible resources, including, but not limited to: weatherization programs, low interest repair loans, CDBG funds (if available), PA Regional-Lead Hazard Control grant, volunteer groups, and other sources of assistance.

Please contact this office at the numbers listed above should you have any questions about the program, its requirements, or procedures.

This is an equal opportunity program. Discrimination is prohibited by Federal Law. Persons with disabilities who require alternative means for communication of program information or assistance with filling out this application should contact our office by telephone (724) 652-5144, Fax (724) 856-8973 or TTY/VP (724) 652-5152.

DON ENTERPRISES, INC'S  
HOME REHABILITATION PROGRAM APPLICATION  
PLEASE PRINT CLEARLY

**1. APPLICANT(S) INFORMATION:      DATE COMPLETED: \_\_\_\_\_**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address (if different from above)**

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this your full-time primary residence?  Yes  No      Birthdate \_\_\_\_\_

Is the residence a: \_\_\_\_\_ House \_\_\_\_\_ Mobile Home\*\*

\*\*If Mobile Home (Please complete A and B below)

A. Is the Mobile Home on a permanent foundation?      Yes \_\_\_ No \_\_\_

B. Is the property upon which the mobile home sits owned by you? Yes \_\_\_ No \_\_\_

How long have you lived at this address? \_\_\_\_\_ Number of Bedrooms? \_\_\_\_\_

Number & age of occupants of the dwelling for all or part of the next 12 months

\_\_\_\_\_

Number of occupants with a disability \_\_\_\_\_ Are you a United States Veteran? Yes \_\_\_ No \_\_\_

Telephone# \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. EMPLOYMENT STATUS (OF ALL CURRENT OCCUPANTS):**

Present Employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_

**Total Household Income, as reported on Federal Tax Return \$ \_\_\_\_\_**

**PLEASE USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT INFORMATION ON ALL  
CURRENT OCCUPANTS IF NEEDED**

**3. OTHER MONTHLY INCOME (Include Income from ALL HOUSEHOLD SOURCES (excluding live-in attendants))**

Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Veterans Benefits \$ \_\_\_\_\_ Welfare \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Social Services (Example LIHEAP) \$ \_\_\_\_\_ Rental Income \$ \_\_\_\_\_

Income From Any Other Sources \$ \_\_\_\_\_

**4. ASSETS:**

Total amount: Checking Account \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_

Value of other assets (cars, boats, stocks, bonds, etc.?) \_\_\_\_\_

Any outstanding judgments against you? \_\_\_\_\_ If Yes, How Much? \_\_\_\_\_ Date Filed? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**5. PRESENT MONTHLY EXPENSES:**

Mortgage Payment (incl. taxes & ins.) \$ \_\_\_\_\_

Second Mortgage (if applicable) \$ \_\_\_\_\_

Property Taxes (if not included in mortgage) \$ \_\_\_\_\_

Monthly Lot Rent (Mobile Home Parks) \$ \_\_\_\_\_

Homeowners Insurance \$ \_\_\_\_\_

Utilities (heat, cable, electric, phone, etc.) \$ \_\_\_\_\_

Other Expenses (car, credit cards, loans, etc.) \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

**6. HOUSING INFORMATION**

Date of Purchase \_\_\_\_\_ Age of Home/Mobile home \_\_\_\_\_

7. **RACE/ETHNICITY/GENDER INFORMATION:** Answers to the following questions are provided on a voluntary basis to enable the monitoring and compliance with Federal laws prohibiting discrimination. You are not required to furnish this information and it will not be used to evaluate this application. If you choose not to furnish it, we are required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname.

Insert number of occupants for each and note any individual within more than one category:

<u>RACE</u>	<u>GENDER</u>	<u>ETHNICITY</u>
1) WHITE _____	MALE _____	HISPANIC _____
2) BLACK _____	FEMALE _____	NON-HISPANIC _____
3) HAWAIIAN _____		
4) NATIVE AMERICAN _____		
5) ASIAN _____		

DON ENTERPRISES, INC'S HOME REHABILITATION PROGRAM APPLICATION is designed to correct basic housing problems, including, but not limited to: (1) the installation and/or repair of sanitary water and waste disposal systems to meet local health department requirements; (2) the installation of energy conservation materials such as insulation and storm windows and doors; (3) the repair or replacement of heating systems; (4) the repair of electrical wiring systems; (5) the repair of structural supports and foundations; (6) the repair or replacement of roofs; (7) the repair of deteriorated siding, porches, or stoops; (8) the alteration of a home's interior to provide greater accessibility for persons with a disability; and (9) additions to the property that are necessary to alleviate overcrowding or to remove health hazards to the occupants.

a) Describe work needed to eliminate health and/or safety hazards:

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b) Other necessary work

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I am aware DON ENTERPRISES, INC'S HOME REHABILITATION PROGRAM is for residential homeowners in Lawrence County and is based on established income limits and funding available through the PHARE Program.

I authorize DON to release and obtain information to necessary entities to attract additional resources that can be used for the homeowner's project and to verify information on this application.

Furthermore, I grant to DON, its affiliates, representatives, and employees, and Grantors the right to take photographs of my property in connection with the above-identified subject. I authorize DON, its assigns, and transferees to copyright use, and publish the same in print and/or electronically.

I agree that DON may use such photographs of my property with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, and other web content. Applicants can opt out of the photo release at any time by providing DON written notice.

Additionally, I permit DON, its affiliates, representatives, employees, and Grantors the right to place signs on

my property.

Therefore, I/We declare that the above submitted information is true to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
DATE

**HOME IMPROVEMENT PROGRAM AFFIDAVIT**

**Applicant Name(s):** \_\_\_\_\_

I/We affirm under penalties of law that all statements made in this application are complete and to the best of my/our knowledge are true and correct for the sole purpose of receiving DON ENTERPRISES, INC'S HOME REHABILITATION funding. I/We verify the averments made in the foregoing Application are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities. The above-named applicant(s) also state:

1. I/We am/are the sole owner(s) of the property to be improved and that ownership will not be transferred or sold for the term of this agreement. If ownership is transferred or sold, D O N E n t e r p r i s e s , I n c . ' s H o u s i n g D e p a r t m e n t must be notified immediately.
2. This property is owner occupied and is my/our primary residence and all persons currently living in the home are correctly reported.
4. All income information is listed correctly and from all persons living in the home.
5. Homeowners insurance will remain in effect for the term of this agreement.
6. All property taxes must remain current for the term of this agreement.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

WAIVER OF LIABILITY

I/WE HEREBY RELEASE DON ENTERPRISES, INC., AND LAWRENCE COUNTY PLANNING AND REDEVELOPMENT AUTHORITY FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM DON ENTERPRISES, INC'S HOME REHABILITATION PROGRAM.

\_\_\_\_\_  
Property Owner's Signature                      Date

\_\_\_\_\_  
Property Owner's Signature                      Date

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**FOR OFFICE USE ONLY**

Approved ( ) Denied ( )

Reviewing by: \_\_\_\_\_

Reviewing by: \_\_\_\_\_

Reason for Rejection:

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

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