Dear Homeowner:

Attached is Disability Options Network’s USDA Housing Preservation Program application and guidelines. Home improvement assistance under the program is ONLY available to OWNER OCCUPIED HOUSES and can cover up to 50% of the project cost. Funds will be paid directly to an approved contractor or supplier. The maximum grant amount to be awarded per household is limited to $3,000.00. Completed projects are ineligible for consideration. Successful applicants must match the amount awarded, and up to 20% of the amount awarded may be applied to the program’s administrative costs.

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, 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.

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.**

5. **Homeowner or household member must have a disability.**

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.
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

   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 $ ____________

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 in 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:

<table>
<thead>
<tr>
<th>RACE</th>
<th>GENDER</th>
<th>ETHNICITY</th>
</tr>
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<tbody>
<tr>
<td>1) WHITE</td>
<td>MALE</td>
<td>HISPANIC _______</td>
</tr>
<tr>
<td>2) BLACK</td>
<td>FEMALE</td>
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<td>3) HAWAIIAN</td>
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<td>4) NATIVE AMERICAN</td>
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<td>5) ASIAN</td>
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Disability Options Network Home Improvement Program 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:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

b) Other necessary work

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I am aware that the Disability Options Network Home Improvement Program is for residential homeowners in the Beaver, Butler, Lawrence and Mercer County areas and is based on established income limits and funding available through the Home Improvement 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, 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 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 and agree to the terms and conditions of this program.

___________________________________  ____________________________________
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 a Disability Options Network Home Improvement Grant. 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, Disability Options Network’s Housing Department must be notified immediately.

2. If the property is involved in a Life Estate, the income of the heir(s) may not exceed 80% of the specific County’s median income.

3. 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 DISABILITY OPTIONS NETWORK, AND USDA /RURAL DEVELOPMENT FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM DISABILITY OPTIONS NETWORK’S USDA/RURAL DEVELOPMENT HOUSING REHABILITATION PROJECT.

____________________________________  ________________________  ________________________
Property Owner’s Signature       Date                              Property Owner’s Signature       Date

FOR OFFICE USE ONLY

Approved (   ) Denied (   )
Reviewing by: _______________________________
Reason for Rejection:
_______________________________________________________________________________________
_______________________________________________________________________________________
Date: ________________________________