

For Office Use Only:

Date Received: _____

Time Received: _____

County _____

**DON ENTERPRISE INC./USDA HOUSING
PRESERVATION PROGRAM APPLICATION**

831 HARRISON STREET, NEW CASTLE, PA 16101
Tel. (724)652-5144 · Fax (724) 856-8973 · TTY/VP (724) 652-5152

Dear Homeowner:

Attached is DON Enterprise Inc. 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.

DON ENTERPRISE INC.
HOME IMPROVEMENT PROGRAM APPLICATION
PLEASE PRINT CLEARLY

1. APPLICANT(S) INFORMATION: DATE COMPLETED: _____

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone# _____ Cell # _____

E-mail: _____

Mailing Address (if different from above)

Address: _____

City _____ State _____ Zip _____

Birthdate of Applicant: _____

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 ___

2. EMPLOYMENT STATUS (OF ALL CURRENT OCCUPANTS):

Present Employer: _____

Annual Income \$ _____

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:

<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 Enterprise Inc. 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 DON Enterprise Inc. 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

WAIVER OF LIABILITY

I/WE HEREBY RELEASE DON ENTERPRISE INC., AND USDA /RURAL DEVELOPMENT FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM DON ENTERPRISE INC. USDA/RURAL DEVELOPMENT HOUSING REHABILITATION PROJECT.

Property Owner's Signature Date

Property Owner's Signature Date

FOR OFFICE USE ONLY

Approved () Denied ()

Reviewing by: _____

Reviewing by: _____

Reason for Rejection:

Date: _____