

# UPPER DARBY TOWNSHIP

## APPLICATION

Page 1 of 4

### Home Improvement Code Compliance Program

The information contained herein shall be kept confidential and shall be used only for purposes of determining eligibility for a rehabilitation grant.

**Homeowner's Name(s):** \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

**Spouse's Name** (or other full time resident of household): \_\_\_\_\_ Age: \_\_\_\_\_

**Street Address & City:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Single Family Dwelling:** \_\_\_\_ YES \_\_\_\_ NO **Number of Bedrooms:** \_\_\_\_  
(A RESIDENTIAL PROPERTY HOUSING 1 FAMILY, i.e., NOT A DUPLEX)

**Phone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

**# of Dependents and/or other household members or deed holders not listed above:** \_\_\_\_\_  
(list additional names on back if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Marital Status:** ( ) Widow/Widower ( ) Married ( ) Divorced ( ) Separated ( ) Single

I am a (check one): \_\_\_\_\_ Citizen of the United States of America  
\_\_\_\_\_ Permanent Alien Resident of the United States of America  
(If checked, please attach a copy of your Permanent Resident Card)

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**FAIR HOUSING AND EQUAL OPPORTUNITY ETHNICITY AND RACIAL STATISTICS:** The Township is required at Sections 24 CFR 570.506(g)(2), 570.602, the Civil Rights Act of 1964, the Fair Housing Act, CPD Notice 03-09 for Performance Measurement Standards, and Executive Order 11063, as amended by E.O. 12259 by the U. S. Department of Housing & Urban Development and OMB Standards to maintain data on the racial and ethnic characteristics of the population it serves to be used as a basis to ensure compliance with nondiscrimination requirements.

**Ethnicity:** (select only one) \_\_\_\_ Hispanic or Latino \_\_\_\_ Not Hispanic or Latino

**Race:** (select one or more) \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ White

Is there anyone in the household that requires an accommodation due to a disability? \_\_\_\_

**EMPLOYMENT DATA**

Page 2 of 4

**Applicant's Employer & Address:** \_\_\_\_\_

How Long: \_\_\_\_\_

**Spouse's/****Other Deedholder's Employer & Address:** \_\_\_\_\_

How Long: \_\_\_\_\_

**Dependents Employer & Address:** \_\_\_\_\_

Or School

How Long: \_\_\_\_\_

**Employers & Addresses of others in household:** \_\_\_\_\_

How Long: \_\_\_\_\_

**INCOME VERIFICATION****A. Applicant's Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

- |              |  |                 |
|--------------|--|-----------------|
| 1.           | Earned income (all jobs previous year) | \$ _____        |
| 2.           | Pensions                               | \$ _____        |
| 3.           | Workmen's Compensation                 | \$ _____        |
| 4.           | Public Benefits (Welfare)              | \$ _____        |
| 5.           | Unemployment                           | \$ _____        |
| 7.           | Child Support                          | \$ _____        |
| 8.           | Dividend Income                        | \$ _____        |
| 9.           | Interest Income                        | \$ _____        |
| 10.          | Rental Income                          | \$ _____        |
| 11.          | Social Security                        | \$ _____        |
| 12.          | Other Income                           | \$ _____        |
| <b>TOTAL</b> |  | <b>\$ _____</b> |

**B. Spouse/Other Deedholder:****Name:** \_\_\_\_\_**Social Security #:** \_\_\_\_\_

1.	Earned income (all jobs previous year)	\$ _____
2.	Pensions	\$ _____
3.	Workmen's Compensation	\$ _____
4.	Public Benefits (Welfare)	\$ _____
5.	Unemployment	\$ _____
7.	Child Support	\$ _____
8.	Dividend Income	\$ _____
9.	Interest Income	\$ _____
10.	Rental Income	\$ _____
11.	Social Security Income	\$ _____
12.	Other Income	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

**C. Other:****Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

1.	Earned income (all jobs previous year)	\$ _____
2.	Pensions	\$ _____
3.	Workmen's Compensation	\$ _____
4.	Public Benefits (Welfare)	\$ _____
5.	Unemployment	\$ _____
7.	Child Support	\$ _____
8.	Dividend Income	\$ _____
9.	Interest Income	\$ _____
10.	Rental Income	\$ _____
11.	Social Security Income	\$ _____
12.	Other Income	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

(Attach an additional page if there are more persons in the household than listed above.)

D. Address of other Real Estate in which you have any ownership interest including any type of timeshares:

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

E. Have you sold or made a gift of any asset you owned in the last 2 years?

Yes or No (please circle one)

If yes, please give details on the reverse side.

F. Enclose proof of income for 2024 (ALL copies of W-2's, Social Security Statements, Tax Returns, etc.). This is required to evaluate your income and assets. IF IT IS NOT PROVIDED, YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.

Total # of persons in the household and/or deedholders: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

DO YOU HAVE ANY RELATIVES THAT WORK FOR UPPER DARBY TOWNSHIP?:

WHERE DID YOU HEAR ABOUT OUR PROGRAM?:

**IMPORTANT - READ BEFORE SIGNING**

I/we certify that I/we the owners and occupants of this property, that the above statements are true, accurate, and complete to the best of my/our knowledge and belief, in order to support a request for Federal financial assistance. I/we understand that any false statements made knowingly and willfully may subject us to penalties under Section 1001 of Title 18 of the United States Code. I/we agree to notify the Township if there are material changes in our income or family size. I/we also recognize the need for Upper Darby Township to secure factual information to verify eligibility and hereby authorize the Township to request such reports and any other verification that is essential to the processing of my/our request.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Deed holder

\_\_\_\_\_  
Date

Phone: 610-734-7716

Fax: 610-734-7696

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**THIS SPACE RESERVED FOR APPROVAL OF THE TOWNSHIP**

**DATE OF APPROVAL:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_