

UPPER DARBY TOWNSHIP
HOME IMPROVEMENT CODE COMPLIANCE PROGRAM
PRE-APPLICATION FORM

Please fill out the following requested information and email this form to: comdev@upperdarby.org. You may also mail or hand-deliver this form to the following address:

Upper Darby Township CED
HICCP
100 Garrett Road
Upper Darby, PA 19082-3135

If you have any questions, please call 610-734-7716 or email comdev@upperdarby.org. If you are hearing impaired, the telephone number for the telecommunication device for the deaf (TDD) is 610-734-7696.

LIST ALL NAMES AS SHOWN ON RECORDED DEED

Last Name (Please Print)	First Name
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Street Address	City	Zip
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Home Phone	Social Security Number
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Where did you hear about our Program? (Please check one)

☐ Newspaper ☐ TV/Radio ☐ Church or Civic Group ☐ Word of Mouth ☐ Other

If you answered other, please specify _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY. NO PERSON SHALL BE DENIED ANY BENEFIT OR SERVICES PROVIDED UNDER THE HOME IMPROVEMENT CODE COMPLIANCE PROGRAM ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATION OF ORIGIN OR ANCESTRY, DISABILITY, FAMILIAL STATUS OR ANY OTHER BASIS PROTECTED BY LAW.

Please check whichever applies to the owner occupant. Where there are co-owners, insert the number of person, which fall into any category.

☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Hispanic/Latino ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander

SERVICES FOR PERSON WITH DISABILITIES: If special arrangements are required for an owner-occupier with disability in order to participate in the Program or complete the Program processing, please indicate below of any needs. When necessary, an in home interview can be arranged.

This pre-application is not a determination of eligibility. Upon receipt by Upper Darby Township, it will be placed on the program waiting list in the order in which it is received and processed in the same order. You will be notified to submit the information required for eligibility as soon as your name comes to the top of the list. Please be aware of the following requirements for participation in the program.

- Applicant must live in Upper Darby Township.
- Application must own and reside in the home being rehabilitated. The property must be a single-family dwelling. Multi-family dwellings such as a duplex are not eligible for this program.
- Applicant must meet annual income requirements as follows:

To be eligible for the program, annual household income may not exceed the indicated amount, which is based on; the numbers of people are living at your residence. All income that is generated by the residents in your home is used for eligibility requirements. Part time income earned by a student is not included when determining income eligibility.

****PLEASE CIRCLE HOW MANY PEOPLE LIVE IN THE HOUSEHOLD****

2025 Federal Income Limit (Philadelphia Area)

1 Persons	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$66,850	\$76,400	\$85,950	\$95,500	\$103,150	\$110,800	\$118,450	\$126,100

- Applicant must be current of all Upper Darby Township, Upper Darby School District and Delaware County Real Estate Taxes and all Upper Darby Township Sewer and Trash fees.
- Applicant must be willing to sign into a written agreement with Upper Darby Township and the Contractor for the work to be performed on their property.

APPLICANT MUST AGREE TO ALL OF THE TERMS AND CONDITIONS SET OUT IN THE HICCP GUIDELINES, WHICH IS ENCLOSED WITH THIS PRE-APPLICATION. PLEASE BE ADVISED THAT THIS A CODE COMPLIANCE PROGRAM, NOT A BEAUTIFICATION PROGRAM. THERE MAY BE WORK THAT YOU WOULD LIKE DONE ON YOUR HOME THAT ARE NOT COVERED UNDER THIS PROGRAM.

I have read the HICCP Guidelines and agree to abide by all the requirements set forth in those documents. I also certify that the above statements are true and accurate.

Applicant's Signature

Date

Office Use Only:

Date Received: _____

Time Received: _____

Staff Signature: _____