



ACCESSIBLE HOUSING APPLICATION

Westmoreland County Redevelopment Authority
40 N. Pennsylvania Ave
Fifth Floor, Ste 520
Greensburg, PA 15601

***ALL INFORMATION IS KEPT CONFIDENTIAL; PURPOSE IS TO VERIFY APPLICANT'S IDENTITY**

1. Applicant Name: _____
Age: _____ Last 4 digits of SS#: _____

Address: _____

e-Mail: _____ Telephone No. _____

Home: _____ Cell: _____

2. Have you applied or received assistance/services from any of the following agencies or programs: Area Agency on Aging; Behavioral Health and Developmental Services; Veterans Affairs; Case Management; Consolidated Waiver, Long Term Services and Support? If so, which Agency/Service:

***MUST INCLUDE LETTER FROM DOCTOR DOCUMENTING PERMANENT PHYSICAL DISABILITY**

3 Doctor Name: _____ Telephone No.: _____

4. Check which modification you are seeking:
Ramp [] OR Residential Stair Lift []

Briefly describe your need for the modification and urgency of need:

Do you currently have other home disability modifications? No [] Yes []
If Yes Explain: _____

5. Owner of Property: Yes [] No [] If No, Name of Landlord _____

Total number of property occupants: _____

List the name & age of all property occupants whether or not they are related to you

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

6. Gross amount of income per **month** (prior to deductions of all property occupants over the age of 18. Include wages, net business income, unemployment/worker's compensation, public assistance, social security, pensions, black lung, alimony, rental income, interest, dividends, etc.)

Applicant	Income per month	Source

Other Property Occupants	Income per month	Source

REQUIRED DOCUMENTATION

Must be submitted with this application to be considered for assistance:

a) Copy of most recent filed Federal Tax Return with signatures OR Social Security Statement

b) Documentation of permanent physical disability from a medical professional

I/WE CERTIFY THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR ASSISTANCE. FOR APPROVAL PURPOSES, I/WE AUTHORIZE THE RACW TO : VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION; CONTACT OTHER SOURCES TO VERIFY AND SHARE INFORMATION/SERVICES; CONTACT OTHER SERVICES IN ORDER TO PROVIDE THE APPLICANT THE MOST ASSISTANCE POSSIBLE RELEASE ANY INFORMATION TO THE APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCY INVOLVED WITH THIS PROGRAM. I/WE CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION IS CONSIDERED FRAUD AND CAUSE FOR TERMINATION FROM THE PROGRAM. ALSO, I/WE UNDERSTAND THAT FALSE INFORMATION COULD BE PUNISHABLE BY LAW.

Applicant Signature Parent/Guardian Signature _____ Date_____

Please allow at least 60 days for a completed application to be processed.

IF YOU HAVE ANY QUESTIONS, CONTACT THE AUTHORITY'S STAFF AT 724-830-3050.

Mail completed forms & supporting documents to:

Redevelopment Authority of the County of Westmoreland
 Fifth Floor, Suite 520
 40 North Pennsylvania Avenue
 Greensburg, PA 15601
www.westmorelandredevelopment.com