

MVEDP HOUSING REHABILITATION PRE-APPLICATION

Name of owner(s): _____ Date: _____

Property Address: _____

Home Telephone # _____ Borough or Township: _____

Names and ages of all household members living in the home:

Name	Social Security Number	Age	Relationship	Gross Annual Income
			<i>Self</i>	
				<i>Total of all sources \$</i>

Do you own the property? ___ Yes ___ No Name(s) on deed: _____

Is this a rental property? ___ Yes ___ No Is this a mobile home? ___ Yes ___ No

Have you received housing rehabilitation assistance in the past? ___ Yes ___ No If so, when? _____

*****Please help us process your application faster by sending us a copy of your deed. Thank you**

I (We) hereby authorize representatives of the Moshannon Valley Economic Development Partnership to inspect the property to determine the extent of rehabilitation and discuss other home improvements.

 MVEDP Representative

 Property Owner

 Date Received

 Property Owner

**Return to: Moshannon Valley Economic Development Partnership
 200 Shady Lane Philipsburg, PA 16866**

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Name: _____

FY 2016 - Income Limits for Centre County, Pennsylvania

HOUSEHOLD MEMBERS	Person	Person	Person	Person	Person	Person	Person	Person
	1	2	3	4	5	6	7	8
INCOME CATEGORY	<i>(Annual income is less than)</i>							

Very Low Income (100% eligible)	25,800	29,450	33,150	36,800	39,750	42,700	45,650	48,600
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Low Income (90% eligible)	41,250	47,150	53,050	58,900	63,650	68,350	73,050	77,750
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Have you had housing assistance in the past? _____

If you received assistance, when did you receive it and what agency was involved? _____

Please list home repairs needed:

Write down directions to your home in order to help us find it for inspection:

The MVEDP staff will contact you when you application is ready for inspection. Do not expect an immediate response due to the large caseload. We strongly encourage homeowners to repair and maintain the structure while awaiting assistance