

**SLATE BELT HOUSING REHABILITATION PROGRAM  
TOWNSHIP OF UPPER MOUNT BETHEL AND THE BOROUGH OF BANGOR**

THE APPLICANT IS ADVISED THAT ALL INFORMATION  
FURNISHED ON THIS FORM IS HELD CONFIDENTIAL.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_

\_\_\_\_\_ Phone No. (Bus.) \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Structural Information: Single ( ) Duplex ( ) Multi-unit ( ) Mobile ( )

Have you ever received other grants or loans for your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Family Members and Income: (ALL HOUSEHOLD INCOME EXCEPT ELEMENTARY/HIGH SCHOOL STUDENTS)

Name \_\_\_\_\_ Age \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

Total Gross Family Income \$ \_\_\_\_\_

Tenure: Owner \_\_\_\_\_ or Tenant \_\_\_\_\_ Total Number of Persons Living in Household: \_\_\_\_\_

Handicapped: Does anyone in your household have a disability that would require special consideration?  
Yes \_\_\_\_\_ No \_\_\_\_\_

This will confirm my (our) interest in receiving a Grant or deferred loan through the Pennsylvania Department of Community and Economic Development HOME Program funded Housing Rehabilitation Program in my (our) municipality.

Please prepare and process the necessary application to obtain this financial assistance. You are authorized to obtain any necessary information to properly prepare the application.

I (We) agree to obtain legitimate bids for the necessary rehabilitation work in accordance with the work write-up and understand that contractors will have to inspect the property to prepare their bids, and in that regard, shall cooperate fully.

I (We) also further agree to have the Local Public Agency act as Escrowee to disburse the Federal and/or Local funds, if allocated.

(Continued on back of page)

DOCUMENTATION REQUIRED AT TIME OF FINANCIAL INTERVIEW

COPY OF DEED, COPY OF HOME INSURANCE POLICY, COPY OF LATEST PAID TAX RECEIPTS,  
AND (IF APPLICABLE) COPY OF FLOOD INSURANCE POLICY.

**DO NOT SUBMIT WITH APPLICATION.**

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Application Number: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Application are to be returned to the Slate Belt Council of Governments, 187 Blue Valley Dr., Bangor, PA 18013 and will be listed on a first-come, first served basis.