

Self-Determination Housing Project of Pennsylvania, Inc.
PA ACCESSIBLE HOUSING PROGRAM (PAHP) APPLICATION
ALL APPLICANTS MUST BE A RESIDENT OF PENNSYLVANIA

Application Date: _____

Demographic Information

Name of Applicant: _____

Property Address: _____

Telephone: Home: area code() _____ Work _____

Cell _____ Email Address _____

The property is located in what **county**? _____

Do you currently live at this residence? ___ yes ___ no
(you must reside at the residence where the modifications are needed)

If no, why don't you live at this residence?

Do you ___ own or ___ rent this property?

If you own this property, please list the names on the deed.

If you rent this property, please list the name of the landlord and his/her address and telephone number.

Does your name appear on the deed to any other property? ___ no ___ yes If yes, please list the property address:

Do you or someone in your household have a permanent physical disability?

Self-Determination Housing Project of Pennsylvania, Inc.

___ Self ___ Other **Please list: name, relationship, and disability**

(you must list: person, disability, age of onset or we will not process your application)

If over 65, have you contacted your local Area Agency on Aging?

___ yes ___ no why not? _____

Are you eligible for Medicaid? Yes _____ No _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Widow/Widower

Do you receive public funded assistance such as:

___ an aide coming into the the home ___ meals ___ transportation

___ physical therapy ___ occupational therapy ___ previous home modifications

Are you on a Medicaid Waiver program such as the Independence Waiver, OBRA Waiver or Attendant Care Waiver? ___ yes ___ no

List Agency _____ telephone: _____

Name of case manager: _____

Are you interested in knowing more about Medicaid Waiver programs?

___ yes ___ no

Have you received county funds for:

___ weatherization ___ home repair

List what was done _____

What year? _____

What county? _____

Self-Determination Housing Project of Pennsylvania, Inc.

CO-APPLICANT (if name is on the lease or deed)

Name: _____

Marital Status: Married Single Divorced Widow/Widower

Telephone: Home: area code() _____ Work _____

Cell _____ Email Address _____

HOUSEHOLD COMPOSITION

Number of people living in the residence (including applicant): _____

Name and relationship of other residents living in the home:

NAME	RELATIONSHIP	AGE	DISABILITY YES OR NO/ LIST DISABILITY

FINANCIAL – INCLUDE INCOME FOR ALL HOUSING RESIDENTS

All household income must be verified. This includes any income on behalf of minors, employment income and/or child support.

Send copies of Pension, Retirement, Workers Compensation, Social Security/SSI support letters, and current pay stub (if employed).

Self-Determination Housing Project of Pennsylvania, Inc.

Income Source: list gross amount

___ Social Security \$ _____

___ SSI/SSDI \$ _____

___ Pension \$ _____

___ Child Support \$ _____

___ Unemployment Comp. \$ _____

___ Workers Comp. \$ _____

___ Public Assistance \$ _____

___ Employment \$ _____
(Including bonuses, commissions and self-employment income)

___ Other \$ _____

Total Amount of monthly income \$ _____

Please explain any ongoing medical costs directly related to the disability.

**HOMEOWNERS ONLY MUST COMPLETE THE FOLLOWING INFORMATION
(NOT LANDLORDS OR RENTERS)**

Mortgage Account number _____ Mortgage Balance _____

Are mortgage payments current? Yes or No

Are taxes paid to date? Yes or No **Please send proof of paid taxes**

INSURANCE INFORMATION FOR HOMEOWNERS ONLY:

Do you have homeowner's insurance coverage? Yes or No

