AFFORDABLE HOUSING TRUST FUND APPLICATION

PREQUALIFICATION FORM DATE _____

Dear Homeowner:

Thank you for your interest in the Perry County Affordable Housing Trust Fund (AHTF) Program administered by Join Hands Ministry, Inc. (JHM) in partnership with Perry County.

This application is for housing-related repairs, accessibility modifications, and safety improvements that may be completed subject to eligibility, approval, funding availability, and project scope.

The primary goal of the program is to help qualifying Perry County residents maintain safe, healthy, and stable housing. Priority is given to repairs that address health, safety, accessibility, and essential living conditions.

Join Hands Ministry will review applications, access project needs, and coordinate with contractors, vendors, and Perry County throughout the approval and project process. Please note that submission of an application does not guarantee approval or funding, and approved work may be limited by available funding, contractor availability, program guidelines, and project feasibility.

Eligibility Guidelines

Applicants must meet applicable Perry County Affordable Housing Trust Fund guidelines and may be asked to provide documentation to verify eligibility. General eligibility requirements include:

- The applicant must own and occupy the property as their primary residence located in Perry County, Pennsylvania.
- Applicant's name must appear on the deed to the property.
- The household must meet low-to-moderate income eligibility requirements established under program guidelines.
- The applicant must be current on county and municipal taxes, utilities, and related property obligations, or otherwise demonstrate an approved repayment arrangement.
- The property must be free from unresolved liens or judgements that would prevent project approval.
- Applicants must cooperate with Join Hands Ministry and authorized contractors or representatives for property inspections, eligibility verification, scope development, and cost estimates.
- Priority consideration may be given to older adults, individuals with disabilities, veterans, households with children, and applicants with significant health or safety concerns.
- Funding requests are subject to Perry County approval and program funding limitations.

1. Name: _____

Address: _____

_____

Email address: _____

Telephone Number:( ) _____ (Home)

Telephone Number:( ) _____ (mobile) OK to text? _____

Best time to call: Day(s): _____ Time: _____

2. Township/Borough _____

3. Do you own your home? _____ Yes _____ No

4. What name(s) is the deed listed under? _____

5. Is this your permanent, year-round home? _____ Yes _____ No

6. Your age? _____ Spouse's age? _____

7. How many people live in your household? _____

List all residents including anyone on the deed of the property and income, if any:

Name:	Age:	Relationship:	Monthly Income:

8. Approximate age of your house? _____ Years

9. Are you current on your municipal services, i.e., sewer, water, etc.? _____ Yes _____ No
Gas Company: _____ Electric Company: _____
Oil Company: _____ Water Company: _____

10. Are you current on your county, borough, and personal taxes? _____ Yes _____ No

11. Do you have homeowner's insurance? _____ Yes _____ No

12. Do you live in a Flood Zone? _____Yes _____No

If yes, do you have Flood Insurance?_____

13. Based on household size, **please circle** the total household income limit from the list below that best describes your total **gross** household income:

HOUSEHOLD SIZE	TOTAL FAMILY INCOME IS UNDER
1	$59,050
2	$67,450
3	$75,900
4	$84,300
5	$91,050
6	$97,800
7	$104,550
8	$111,300

Please provide your most recent 1040 page 1-2. If you are below the IRS filing thresholds then another proof of income, some examples are attached.

14. Does your home need major repairs? _____Yes _____ No

15. Would you benefit from repairs or modifications to accommodate a disability, and, if needed, could you provide documentation from a medical professional to confirm this? _____ Yes _____No

17. Handicapped or Disabled in Household? _____Yes _____ (how many?) _____No

18. Are there any children 6 or younger that live in or are frequently at your home? _____ Yes _____No

19. List the three repairs you consider most important:

1. _____

2. _____

3. _____

20. Do you have estimates? ____ Yes ____ No If so, please attach.

Note: Submission of an application does not guarantee approval, participation or completion of all requests. Major structural, environmental and foundation problems will not be considered.

Provide copies of the following supporting documents for each person living at this address, as applicable:

- Most recent federal tax return
- Latest paycheck stub
- Latest Social Security and/or pension benefit statement
- "Certificate of Title for a Vehicle" for your mobile home (if applicable)

I certify that the above information is true and correct to the best of my knowledge. I authorize Join Hands Ministry (JHM) to verify income and assets as necessary to process this application. I understand that any information provided to JHM will remain confidential and will only be used to determine my eligibility for JHM's services.

☐ By checking this box, I am giving JHM permission to release my information to other agencies in the event that they may also be able to serve me.

____ ___________________________________

Homeowner Signature Date

Questions: 717-582-7844

SEND COMPLETED APPLICATION WITH ATTACHMENTS TO:

Join Hands Ministry **51 S. Church Street, Ste 1** **P.O. Box 335** **New Bloomfield, PA 17068**

THANK YOU FOR YOUR COOPERATION.

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PERRY COUNTY USE ONLY

Approved by: __________________________ Date: ____________________

Commissioner Approval________________________________Date ______________________