

HOUSING REHABILITATION PRELIMINARY APPLICATION

Date of Application: _____

Applicants Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Number of Persons in Household: _____ How many children under 6? _____

The annual Income from all sources of all adults (persons 18 years or older) in my household is: \$ _____

I currently... _____ own and reside in my house

_____ have current Home Owners Insurance

_____ am up to date on Real Estate Taxes

I/We certify that all statements on this pre-application are true and correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant Name(s) (printed): _____

Signature(s): _____ Date: _____

Please list the deficiencies and problems with your home that you are aware of.

Please mail or deliver to:
Lawrence County Social Services
701 North Mercer Street
New Castle, PA 16101

Current Income Limits (2016)

Lawrence County

(*# of persons living in house*)

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8+ people
\$32,450	\$37,050	\$41,700	\$46,300	\$50,050	\$53,750	\$57,450	\$61,150