

Maleno Family-to-Family Fund

Application Page 1 of 2



Head of Household

Applicant's First Name	Last Name	Application Date
Date of Birth	Social Security #	Phone Number
Address	City	Zip Code
E-mail Address		
Number of years in home: _____	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>

All Others Living in the Household

Name	Age	Relationship

Household Source of Income Per Month

Employment	Company : _____	\$ _____
Employment	Company : _____	\$ _____
Social Security Income (SSI)		\$ _____
Social Security Disability (SSDI)		\$ _____
Retirement/Pension		\$ _____
Child Support		\$ _____
Other Income	Source : _____	\$ _____
Other Income	Source : _____	\$ _____
Total Monthly Household Income		\$ _____

Assests

Checking \$ _____	Savings \$ _____
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Mortgage

Monthly Mortgage Payment \$ _____	Tax/ Insurance \$ _____	Home Value \$ _____
Mortgage Owed \$ _____	Second Mortgage Payment \$ _____	

Briefly describe what needs fixed in your home:

Are any of the requested repairs storm damage or flood related? Yes No

Repair Renovation Assistance Received

Weatherization Yes <input type="checkbox"/> No <input type="checkbox"/>	HOME Funds Yes <input type="checkbox"/> No <input type="checkbox"/>	Habitat for Humanity Yes <input type="checkbox"/> No <input type="checkbox"/>
Lead Funds Yes <input type="checkbox"/> No <input type="checkbox"/>	City/County Redevelopment Authority Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other: _____		

Please complete Page 2 of the Maleno Family-to-Family Fund Application

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Application Page 2 of 2



Program Criteria: All criteria must be met to qualify.

As with any program there are requirements that must be met in order to be considered for assistance.

Please check all that apply:

- My home is located in Erie County, Pennsylvania.
- I have lived in my home for at least three years.
- My home is a single family, owner occupied home.
- My home is on a permanent foundation. (mobile homes are ineligible)
- My property is in my name.
- I agree to sign the required release forms.
- I agree to have my credit report pulled and analyzed.
- I have current homeowner's insurance.
- I am current on my mortgage.
- I am current on my property taxes.
- I am current on my municipal utilities.
- Heat and electric are currently turned on in my home.
- I agree to a three year recapture period secured by a forgivable lien if repair costs exceed \$5,000.
- I agree to attend budget counseling and home maintenance education classes.

IMPORTANT

Please include a copy of your gas, water and electric bill along with a letter of circumstance on the back of this page or attach a separate sheet, that describes how/why your family is unable to fix the needs in your home.

I certify that all the information I have provided is accurate to the best of my knowledge. I understand my information will be reviewed and verified.

Applicant's Signature: _____ Date: _____

Please return your application to:

Greater Erie Community Action Committee (GECAC)
Attn: Nicole Johnson
18 West 9th Street
Erie, PA 16501

Questions? Please contact:

Nicole Johnson
ET&CS Division Manager
(814)459-4581 x406
njohnson@gecac.org