

BOROUGH OF CAMP HILL
CURB AND SIDEWALK ASSISTANCE PROGRAM
APPLICATION FOR GRANT ASSISTANCE

RECEIVED BY: _____

DATE: _____

TIME: _____

INSTRUCTIONS

A GRANT IS NOT A LOAN: A GRANT DOES NOT HAVE TO BE PAID BACK.

PROPERTY OWNER MUST COMPLETE THE APPLICATION AND INCLUDE:

- 1. Photocopy of the deed to the property.**
- 2. Verification of ALL household income.**
- 3. Certificate of homeowners insurance.**
- 4. Verification of non-delinquency in payment of property taxes, water, sewer, trash bills.**
- 5. Photocopy of all household members birth certificates and social security cards.**
- 6. Photocopy of citation from Borough/Township.**

If income is less than the amount listed in column A, the owner may apply for a 100% grant up to a maximum grant of \$1,000: if income is more than the amount in column A, but less than the amount in column B, the owner may apply for a 70% grant up to a maximum grant of \$700.

If income exceeds the amount in column B, the owner is not eligible.

The income figure to use on the application is TOTAL ANNUAL (yearly) GROSS income (income BEFORE deductions).

Retirement income: attach a copy of the award letter, which states the amount you receive. (Social Security, pensions). You may also send a photocopy of the check, or bank statement, which shows a direct deposit.

Income from employment: attach a copy of the most recent complete Income Tax return and complete the top portion of the Employment Verification form.

Child support, public assistance, unemployment compensation: attach a copy of the letter which states the amount you receive.

Interest income: attach a copy of the bank statement used in filing your income tax.

A COMPLETED APPLICATION MUST INCLUDE COPIES OF THE ITEMS LISTED ABOVE.

RETURN COMPLETED APPLICATION TO BOROUGH OF CAMP HILL: 2145 WALNUT STREET, CAMP HILL, PA 17011

If you have questions about completing the application, please call Anne Shambaugh at the Borough of Camp Hill, 717-737-3456.

INCOME LIMITS BY FAMILY SIZE FOR ALL PROGRAMS

Received 3/19/09

<u>Family Size</u>	<u>Column A (Low Income)</u>	<u>Column B (Moderate Income)</u>
1	\$24,600	\$39,400
2	28,100	45,000
3	31,650	50,650
4	35,150	56,250
5	37,950	60,750
6	40,750	65,250
7	43,600	69,750
8	46,400	74,250

GRANT APPLICATION

APPLICANT NAME: _____
PROPERTY ADDRESS: _____
TELEPHONE: _____

LIST ALL PERSONS LIVING AT THIS ADDRESS:

	NAME	S.S.#	RELATIONSHIP	BIRTHDATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

HOUSEHOLD INCOME:

RECIPIENT	SOURCE	ANNUAL INCOME	VERIFICATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ANNUAL INCOME \$ _____

I CERTIFY THAT I AM OWNER/OCCUPANT OF THIS PROPERTY AND THAT THE ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

HOMEOWNERS SIGNATURE

BOROUGH OF CAMP HILL
CURB AND SIDEWALK IMPROVEMENT PROGRAM
GENERAL RELEASE OF INFORMATION

I/we the undersigned give the Borough of Camp Hill permission to obtain verification of information from any source given in this application. This information is to be used to determine eligibility for a grant under the Borough of Camp Hill curb and sidewalk Improvement Program.

Witness

Homeowner

Homeowner

EMPLOYMENT VERIFICATION

Applicant must complete the top section only of this verification. Please return this completed section with your application.

RE: _____
Applicant _____ Social Security No. _____

APPLICANT'S ADDRESS: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

PHONE NUMBER OF EMPLOYER: _____

FAX NUMBER OF EMPLOYER: _____

To Whom It May Concern:

I would like the requested information regarding my wages furnished to the Borough of Camp Hill as soon as possible.

Signature _____ **Date** _____

FOLLOWING INFORMATION IS TO BE COMPLETED BY AN EMPLOYER ONLY

1. Date Employment Began _____

2. Base Pay(current)\$ _____ annual	3. Earnings: <u>year to date</u> provide date _____	<u>past year</u> provide date _____		
			Base pay \$ _____	\$ _____
			Overtime \$ _____	\$ _____
			Commissions \$ _____	\$ _____
\$ _____ monthly	Bonus \$ _____	\$ _____		
\$ _____ weekly				
\$ _____ hourly				

4. Number of hours worked per week _____ 5. Anticipated increase or decrease in salary in next 12 months _____
6. Anticipated overtime hours to be worked in next 12 months _____

Signature and Title _____ Date _____

Please print name and title
THANK YOU FOR YOUR COOPERATION IN SUPPLYING THIS INFORMATION

Attn: Anne Shambaugh, Borough of Camp Hill
Borough of Camp Hill
2145 Walnut Street, Camp Hill, Pa 17011
Tel. 717-737-3456