# TABLE OF CONTENTS

**Section I**
- Eligibility Requirements and Activities
  - Project Area .......................................................... 1
  - Income Limitation ...................................................... 1
  - Other Requirements for Eligibility ................................ 1
  - Eligible Activities .................................................... 2

**Section II**
- Federal Lead Based Paint Regulations of 1999
  - Lead Based Paint Hazards ........................................... 5
  - Temporary Relocation Policy ........................................ 5

**Section III**
- Technical Assistance ................................................... 5

**Section IV**
- Loan Provisions
  - Securing the Property ............................................... 6
  - Deferred Loan & Deferred Payment Loan ............................ 6
  - Low Interest Loans .................................................... 6
  - Interest Rates ................................................................ 6
  - Term of Loan ................................................................ 6
  - Repayment .................................................................... 7
  - Lien Subordinations ...................................................... 7
  - Examples ..................................................................... 8
  - Default ....................................................................... 8
  - Disability ................................................................. 8

**Section V**
- Administrative Structure
  - Initial Screening ........................................................ 8
  - Inspection of Unit(s) .................................................... 8
  - Administration of Loans ............................................... 8
  - Qualification of Contractors .......................................... 9
  - Hardship Cases and Atypical Problems ............................. 9
  - Loan Review Committee ............................................... 9
  - Revisions ..................................................................... 9

**Section VI**
- Emergency Rehabilitation Loans/Special Exceptions ............ 9

**Section VII**
- Flood Hazard Area .......................................................... 10

**Section VIII**
- Methodology and Schedule of Activities ............................ 10

**Section IX**
- Disbarment ................................................................. 11

**Exhibit A Chart** .......................................................... 12
**Exhibit B Chart** ............................................................ 13
HOUSING REHABILITATION PROGRAM GUIDELINES

I. ELIGIBILITY REQUIREMENTS AND ACTIVITIES:

A. PROJECT AREAS --
To be eligible for rehabilitation financial assistance, residential properties must be located within the City limits of Sharon, Pennsylvania.

B. INCOME LIMITATION --
To be eligible for rehabilitation financial assistance, the total household income limitations must be below the HUD Section 8 Income Guidelines. Attached is a copy of the most current maximum income limitations. (See Exhibit A)

These income limits are based on the HUD Section 8 Income Guidelines and are subject to revision from time to time by the U.S. Department of HUD.

C. OTHER REQUIREMENTS FOR ELIGIBILITY --
In order to be eligible for a loan, deferred loan or deferred payment loan, a person must own, by fee simple, a residential structure in the City of Sharon. The property owner must have owned the property for at least six (6) months prior to making application for assistance. Owner(s) must also agree to reside in the property for ten (10) years after the rehab is completed, or have a tenant eligible under Section 8 income limitations reside in the unit. These policies are intended to prevent property speculation.

All taxes, homeowners insurance, and municipal fees for all properties owned by the applicant located within the City limits of Sharon, Pennsylvania must be current or satisfied prior to approval of the Deferred Loans/Loan and remain current during the term(s) of the loan(s).

Credit reports are required for all owner occupied applications with the exception of Emergency/Special Exception Rehabilitation. Homeowners will be notified that any inquiry from the participating bank will appear on their credit report and the homeowner will be required to authorize the City to obtain information in relation to their credit status.

Homeowners who occupy a residence in the City of Sharon, Pennsylvania, when funding is available; who meet certain income requirements; whose property taxes are current; and whose home has a value, after rehabilitation, that does not exceed the 203(b) Property Value Limits and, therefore, meets the CHAS Section 215 Criteria regarding affordable housing, are eligible to receive assistance under this Program. Income categories have been established for participation in the Program in accordance with HUD's statistical guidelines. Maximum income allowances are adjusted according to the size of the family.
In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the City of Sharon, Pennsylvania does not discriminate on the basis of handicap, in admission or access to, or treatment or employment in, its federally assisted programs and activities.

D. ELIGIBLE ACTIVITIES --
The purpose of the Rehabilitation Program is to assist the property owners to bring their homes up to at least the City's minimum code standards and HUD Section 8 Housing Quality Standards, thereby conserving the existing housing stock of the City. The improvements will be those required to make the structure decent, safe and sanitary. All outstanding code deficiencies must be corrected. In addition, all assisted dwelling units must be brought up to the Cost-Effective Energy Conservation Standards set forth under 24 CFR 39.

The following list of potentially eligible improvements is given in order of priority. The number of improvements which may actually be made to a given structure, in addition to those needed to correct code violations, will depend upon the amount of available loan and deferred loan assistance.

1. HEALTH AND SAFETY VIOLATIONS:
   a. Inadequate and faulty electric wiring, fixtures and outlets.
   b. Inadequate and faulty plumbing fixtures, pipes, valves or lack of one or more essential plumbing fixtures.
   c. Inadequate and faulty utilities and heating system.
   d. Broken, raised, and deteriorated walks, steps, stairs and railings.
   e. Lead-based painted areas which are cracked or deteriorated.
   f. Deteriorated asbestos areas.
   g. Areas that are inaccessible to the disabled (if applicable)
   h. Per HUD Lead Safe Housing Rules, ALL identified Lead Based Paint hazards MUST be treated with a minimum of interim control
   i. Lack of smoke detector.
   j. Asbestos areas.
   k. Handicap Accessibility Improvements for disabled property owners and/or household family members.
2. **STRUCTURAL DEFICIENCIES:**
   
a. Foundation repairs.
   
b. Rotted, loose, deteriorated or inadequate structural members and supports.
   
c. Window and exterior door repair or replacement.
   
d. Exterior wall, interior partition and ceiling defects.
   
e. Chimney and flue defects.
   
f. Leaking and inadequate roofing, flashing, underlayment, sheathing, gutters, downspout, soffit and fascia.

3. **ENERGY CONSERVATION MEASURES:**
   
a. Inadequate insulation in roof, ceiling, and walls.
   
b. Missing or inadequate caulking and weather stripping around doors, windows and cracks.
   
c. Repair, replacement or installation of storm windows and doors.
   
d. Replacement of energy inefficiency heating systems.
   
e. Pipe and duct installation.
   
f. Installation of all energy efficiency mechanical devices to lower fuel consumption and energy costs

4. **EXTERIOR AND INTERIOR MAINTENANCE WORK:**
   
a. Missing, rotted, or deteriorated trim.
   
b. Missing, loose or deteriorated mortar in foundation, brick walls and chimneys.
   
c. Loose or deteriorated siding and sheathing.
   
d. Inadequate protection of wood trim, siding and other wood components from the elements.
c. Cracked, loose or missing plaster/lath and inadequate wall and ceiling finishes.

d. Inadequate floor covering

e. Damaged, missing and deteriorated interior trim.

f. Damaged, missing and deteriorated interior doors.

g. Damaged, deteriorated or inadequate kitchen cabinets.

5. INCIPENT VIOLATIONS:
Items and conditions that exist at the time of inspection that may be operative or functional but in the opinion of the rehabilitation inspector will deteriorate into actual violations within one (1) year from the date of inspection.

6. GENERAL PROPERTY IMPROVEMENTS:
The Loan may be used to correct present, or soon to be present, housing problems, and for energy conservation improvements. In general, most repairs are eligible except for unnecessary luxuries. All properties funded will, at a minimum, meet Building Officials and Code Administrators (BOCA) Standards upon completion. The Loan may not be used to refinance existing debt.

7. PROPERTY REHABILITATION STANDARDS:
The property rehabilitation standards to be utilized are the housing quality standards set forth in Section 882.109 of the regulations for the Section 8 Housing Assistance Payments Program - Existing Housing (24 CFR Part 882), plus the Cost-Effective Energy Conservation Standards set forth at 24 CFR 39 and the latest edition of the following codes:

- BOCA Basic Housing and Property Maintenance Code;
- BOCA Basic Building Code;
- BOCA Basic Fire Prevention Code;
- BOCA Basic Plumbing Code;
- BOCA Basic Mechanical Code; and

In instances where BOCA Standards performance requirements cannot be achieved within the maximum loan limitations, the property owner must provide evidence of financial capacity to complete the work. The additional funding needed must be placed in escrow at the time of loan closing. No rehabilitation loans will be made by the Redevelopment Authority unless all BOCA Standards are met either within allowable loan limitations or through the provision of homeowner resources. If it is not possible to bring the property to BOCA Standards using available funding, the Authority will not undertake the rehabilitation of the subject property.
FEDERAL LEAD-BASED PAINT REGULATIONS OF 1999

A. LEAD-BASED PAINT HAZARDS -
If lead-based paint or lead hazards are detected in your home, you may be required to vacate your home during the course of the rehabilitation work. Also, the contractor that you select must be trained to perform work in a lead-safe manner. Please be advised that clutter and poor housekeeping can increase the contractor’s cost which may prevent you from participating in the program.

B. TEMPORARY RELOCATION POLICY -
You may be required to temporarily relocate during the rehabilitation of your home to protect you and other household members from lead-dust hazards. In order to ensure that you relocate to lead-safe housing, the City has adopted the following policy as part of these Guidelines:

Our temporary relocation policy provides a daily stipend to you, the head of the household, based on household size for a maximum of seven (7) days. If additional time is needed to complete the rehabilitation work, and the members of your household have relocated to a licensed transient hotel or motel constructed or reconstructed in 1978 or later, you will continue to receive the daily stipend as indicated. A confirmation of continued residence in the form of a receipt from the hotel/motel will be required in order to receive the next allotment of the stipend as needed. Should the members of your household decide to relocate to a place other than a licensed transient hotel/motel constructed or reconstructed in 1978 or later, you will not receive any additional relocation funds.

Attached is a list of hotels/motels in Mercer County and vicinity that were constructed in 1978 or later that was compiled based on a survey dated January 5, 2004. (SEE EXHIBIT "A" CHART). You may contact the facility for prices, availability and other information. Please be advised that the City of Sharon is not responsible for any damages, liability or claims you or the motel/hotel may incur. The daily stipend is as follows:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Daily Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2</td>
<td>$ 75</td>
</tr>
<tr>
<td>3 - 4</td>
<td>$100</td>
</tr>
<tr>
<td>5 - 6</td>
<td>$150</td>
</tr>
<tr>
<td>7+</td>
<td>$175</td>
</tr>
</tbody>
</table>

III. TECHNICAL ASSISTANCE -

The City will provide the following examples of technical assistance: Inspections, preparation of work write-ups, cost estimates, assistance in obtaining bids, inspection of work in progress and final inspection of completed work, and payments to contractors.
IV. LOAN PROVISIONS:

A. SECURING THE PROPERTY
A mortgage will be recorded in connection with all low interest loans, deferred loans and deferred payment loans provided under the program. If the loan period is longer than State requirements for a mortgage, a subsequent mortgage will be recorded. If there are other liens previously recorded on the property, this must be taken into consideration in approving the loan and second and third mortgages may be acceptable, upon approval by the Rehabilitation Loan Review Committee and Sharon City Council.

B. DEFERRED LOAN & DEFERRED PAYMENT LOAN (owner occupied)
In the case of households which meet HUD Section 8 criteria for Low-and-Moderate Income Guidelines, a Deferred Loan up to $10,000 may be made for housing rehabilitation purposes. Such Deferred Loans will be forgiven on the basis of 10% per year for ten (10) years, provided that the recipient continues to reside in the rehabilitated structure for the period of 10 years. Low Income Deferred Loan recipients may also receive a Deferred Payment Loan of up to a combined maximum of $20,000 for housing rehabilitation purposes. The Deferred Payment Loan must be repaid and would become payable upon the sale or transfer of the property. A mortgage will be executed in the case of each loan awarded. In those cases where a Deferred Payment Loan is awarded, a second mortgage will be executed. Deferred Payment Loans and Low Interest Loans will be awarded only in combination with Deferred Loans.

In the event of the death of a low income homeowner who has a Deferred Loan and in which there is still an outstanding balance, the balance of the Deferred Loan may be forgiven. If there are Deferred Payment Loans or regular loans on the property, these loans will become due and payable upon the death of the owner(s) or transfer of ownership to any person(s) for any reason. The City on approval by City Council may waive this requirement, if the survivors of the mortgage(s) are also low-moderate income and continue to reside in the property.

C. LOW INTEREST LOANS
Loans may be made to eligible property owners at a low interest rate. The maximum amount of loan assistance available to rehab a structure is $10,000.

D. INTEREST RATES
Interest rates from 0-4%, based on the total household income will be given for low interest loans. The attached table will be used to determine interest rates and eligibility for Deferred and Deferred Payment Loans. Rates are “simple interest”.

B. TERM OF LOAN
The term of the Low Interest Loans may vary from 5 to 10, 15 or 20 years. The Loan review Committee establishes the term of the loan based on the monthly income of the applicant, their ability to repay the amount of the loan, etc.
F. REPAYMENT --
One month after the acceptance of the loan by the property owner(s), monthly payments begin. Local banks will service loans and issue a payment sheet. Payments will be made directly to the bank, to be deposited into a Revolving Loan Fund Account under the name of the City of Sharon. The Revolving Loan Fund will be used by the City for future Rehab activities.

NOTE: ANY AMOUNT OF COSTS INCURRED FOR LEAD BASED PAINT INTERIM CONTROL WORK OVER AND ABOVE THE LINE ITEM BID PRICE WILL BE IN THE FORM OF A GRANT TO THE HOMEOWNER WITH NO LIEN OR PAYBACK REQUIRED

G. LIEN SUBORDINATIONS -
It is the policy of the City of Sharon Housing Rehabilitation Program to maintain the position of its mortgage liens to provide security for the rehabilitation loans. If during the term of the Housing Rehabilitation Loan, the City is requested to subordinate its Mortgage to another lender, consideration will be given on a case by case basis and be decided after circumstances are fully explained and the necessary documentation supplied to the City. The funds invested through the City of Sharon's Housing Rehabilitation Program have the same need for security as those of other lenders and the City has an obligation to secure its mortgage in a responsible manner.

The City will consider subordination of its loan position when, at a minimum, the following conditions are satisfied:

1. Evidence is presented, in the form of a certified property appraisal, documenting a loan balance to market value ratio of equal to or less than 95%. The appraisal will be conducted in a manner to satisfy routine banking appraisal standards. The total outstanding indebtedness includes the City's lien.

   **Total Outstanding Loan Indebtedness = 95%
   Certified Property Appraisal**

2. The City is named a notified mortgagee on an insurance policy with sufficient limits of coverage to secure the City's new lien position.

3. That any lien subordination request by a rehab applicant will not be considered for approval by the Council of the City of Sharon, Pennsylvania unless all taxes, homeowners insurance, and municipal fees for service for the property owned by the applicant are current or satisfied prior to approval by the Council of the City of Sharon, Pennsylvania.
4. The lien that the City is being requested to subordinate shall represent a refinancing of a lien already superior to the City’s lien and shall not involve any funds above the current balance as of the date of refinancing; or if the refinancing involves an advancement of additional funds by the lender, all of the funds so lent must be used to improve the real estate upon which the City has its lien.

The Housing Rehabilitation Program will consider merits of a proposal containing the above conditions, but relinquishing its lien position is never automatic or guaranteed.

H. **EXAMPLES** - SEE EXHIBIT "F" CHART

I. **DEFAULT** -
Delinquent Loans: In the event that a borrower becomes delinquent in their loan payment for a three month period, the Community Development Staff will:

1. Notify in writing each homeowner who is three (3) months past due on their rehab loan payback;

2. Set an appointment to meet with them to resolve this matter;

3. If the homeowner fails to respond to the City’s letter or if nothing can be resolved from the meeting, the City will file a Civil Complaint with the local Magisterial District Office and ask for a Judgement against the homeowner for the past due amount owed to the City.

J. **DISABILITY** -
Sharon City Council reserves the right to waive any requirements(s) as set forth in these guidelines in order to assist a household with a disabled family member; provided the household meets the current HUD Section 8 Income Guidelines.

V. **ADMINISTRATIVE STRUCTURE** -

The Rehabilitation Program is administered by the Community Development Department:

A. **INITIAL SCREENING** -
The Initial Screening of applicants for program eligibility will be performed by the Rehabilitation Specialist.

B. **INSPECTION** -
The inspection of units, preparation of work write-ups and inspection of rehabilitation work will be performed by the Rehabilitation Inspector or other qualified personnel of the City of Sharon.
C. **ADMINISTRATION OF LOANS** -
The administration of loans, including both Low Interest and Deferred Payment Loans, will be performed by the qualified Community Development Department employees.

D. **QUALIFICATIONS OF CONTRACTORS** -
The eligibility of contractors will be determined by the qualified Community Development Department employees.

E. **HARDSHIP CASES AND ATYPICAL PROBLEMS** -
In cases of hardship or extenuating circumstances, Sharon City Council will be authorized to review and make special provisions for hardship cases and atypical problems on a case to case basis.

   The applicant shall have the right to initiate an appeal to Sharon City Council, which is authorized to deviate from these guidelines, provided the goals and intent of the program are not compromised. In the case of property that is in need of repair, whose owner(s) are on a fixed income and cannot afford regular monthly payments, Sharon City Council may use its discretion and establish a lower monthly repayment plan. In these cases, a mortgage is still in effect on the property; however, should the ownership of the property be transferred, the loan may become accelerated and become due and payable at that time.

F. **LOAN REVIEW COMMITTEE** -
The Mayor will appoint a Rehabilitation Loan Review Committee for the purpose of reviewing and approving applications for Rehabilitation Loans. The Committee will consist of three (3) members and shall act in accordance with these established program guidelines.

G. **REVISIONS** -
These guidelines may be reviewed from time to time by approval of Sharon City Council. The Community Development Staff may make recommendations to Council for their consideration and approval.

VI. **EMERGENCY REHABILITATION LOANS/SPECIAL EXCEPTION** -

An Emergency Rehabilitation Loan and/or Special Exception on a City-wide basis may be made available to those low to moderate income owner-occupant households on the same basis as those loans made to the owner-occupants. The structure must require immediate emergency repairs to correct conditions endangering the health, safety or welfare of the occupants which have occurred as the result of fire, failure of basic mechanical systems and/or Acts of God, and to meet handicapped accessibility requirements. The same administrative procedures will be followed, but wherever possible the process will be accelerated to address the emergency situation.
VII. **FLOOD HAZARD AREA**

In the case of any unit rehabilitated with CDBG funding which is located in an identified flood hazard area, flood insurance must be purchased for the entire useful life of the HUD-assisted rehabilitation project and the full insurance value of the property, or the maximum amount of insurance available, whichever is less. Such insurance shall name the City as Loss-Payee and a copy of said Policy will be attached to the owner's signed Agreement Form and Application for Assistance.

VIII. **METHODOLOGY AND SCHEDULE OF ACTIVITIES**

This program is directed toward the physical improvements of residential structures on a City-wide basis.

A. Log in applications and establish a case load.

B. Obtain preliminary financial information, including sources of income, copy of deed, verification of taxes paid and insurance.

C. Obtain employment verification, income verification, preliminary title report and credit check.

D. Inspect structure with property owner.

E. Prepare list of code deficiencies and give copy to property owner.

F. Review list in detail with property owner for completeness and accuracy.

G. Prepare a corrective action report of work specifications and cost estimates for construction.

H. Review work specifications and cost estimates with property owners. Make any corrections or adjustments.

I. Have Lead-Based Paint (LBP) Risk Assessment completed by LBP Consultant Inspector.

J. Property owner must select a minimum of 3 contractors from the approved Rehab Contractors List.

K. Review bid estimates with property owners and obtain owner’s acceptance of bid.

L. Forward loan application and related information to the Rehabilitation Loan Review Committee for review and approval (or other disposition). The Loan Review Committee also determines the amount and terms of the loan, in accordance with Program Guidelines.
M. Property owner is notified of Review Boards’ decision and agrees to accept the loan.

N. Applications are submitted for City Council approval in resolution form at regular or special City Council meetings.

O. Applicant signs agreement with contractor.

P. Applicant signs all necessary mortgages, proceed orders, notes and related paperwork.

Q. Progress inspections and a final inspection of the work is made by the City Rehabilitation Inspector, or by other qualified Community Development Department personnel.

R. Partial payments are made to the contractor and the homeowner.

S. Lead-Based Paint Clearance Testing is completed.

T. The contractor furnishes the homeowner guarantees, warranties, inspection certificates and other required documentation, including a one (1) year guarantee on contractor’s work.

U. Final payment is made to the contractor and the homeowner.

V. Certificate of Completion is issued.

IX. DEBARMENT OF CONTRACTOR(S) -

The City of Sharon reserves the right to debar any contractor(s) or subcontractor(s) from the City’s Housing Rehabilitation Approved Contractor’s List for any of the following reasons:

C. Theft of any Rehabilitation Homeowner’s personal/real property;

D. Coercing any homeowner(s) into additional work for bid over and above original rehabilitation Work Write-up.

E. Defamation of character or workmanship of contractors on the Housing Rehabilitation Approved Contractor’s List to any perspective Rehabilitation homeowner during the bidding process and work.

F. Consistent violations of workmanship on rehabilitation contracts awarded.

G. Failure to keep current the required bonds, insurance and contractor’s licenses; for all work performed under the City’s Housing Rehabilitation Program; including Lead-Based Paint Certifications/Licenses.
## CITY OF SHARON HOUSING REHABILITATION PROGRAM
### MAXIMUM LOAN AMOUNTS BASED ON INCOME LIMITATIONS ACCORDING TO HOUSEHOLD SIZE

<table>
<thead>
<tr>
<th>Maximim Deferred Loan Amount</th>
<th>Maximim Loan Amount</th>
<th>Simple Interest Rate</th>
<th>One Person Household</th>
<th>Two Person Household</th>
<th>Three Person Household</th>
<th>Four Person Household</th>
<th>Five Person Household</th>
<th>Six Person Household</th>
<th>Seven Person Household</th>
<th>Eight Person Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td>N/A</td>
<td>$19,050</td>
<td>$21,750</td>
<td>$24,450</td>
<td>$27,150</td>
<td>$29,350</td>
<td>$31,500</td>
<td>$33,700</td>
<td>$35,850</td>
</tr>
<tr>
<td>$9,000</td>
<td>$11,000</td>
<td>0%</td>
<td>$21,330</td>
<td>$24,360</td>
<td>$27,390</td>
<td>$30,410</td>
<td>$32,870</td>
<td>$35,290</td>
<td>$37,740</td>
<td>$40,160</td>
</tr>
<tr>
<td>$8,000</td>
<td>$12,000</td>
<td>1%</td>
<td>$23,610</td>
<td>$26,970</td>
<td>$30,330</td>
<td>$33,670</td>
<td>$36,390</td>
<td>$39,080</td>
<td>$41,780</td>
<td>$44,470</td>
</tr>
<tr>
<td>$7,000</td>
<td>$13,000</td>
<td>2%</td>
<td>$25,890</td>
<td>$29,580</td>
<td>$33,270</td>
<td>$36,930</td>
<td>$39,910</td>
<td>$42,870</td>
<td>$45,820</td>
<td>$48,780</td>
</tr>
<tr>
<td>$6,000</td>
<td>$14,000</td>
<td>3%</td>
<td>$28,170</td>
<td>$32,190</td>
<td>$36,210</td>
<td>$40,190</td>
<td>$43,430</td>
<td>$46,660</td>
<td>$49,860</td>
<td>$53,090</td>
</tr>
<tr>
<td>$5,000</td>
<td>$15,000</td>
<td>4%</td>
<td>$30,450</td>
<td>$34,800</td>
<td>$39,150</td>
<td>$43,450</td>
<td>$46,950</td>
<td>$50,450</td>
<td>$53,900</td>
<td>$57,400</td>
</tr>
</tbody>
</table>

**Notes:**

Maximum Deferred Loan amount is $5,000 to $10,000 (based on household income) for a 10 year term with a forgiveness rate of 10% per year. At the end of the 10th year the obligation is -0-. Low-interest loans are available from $1,000 to $15,000 (based on household income). Very low-income households do not pay any interest or principle and the loan is due and payable only upon the sale, lease, transfer or refinancing of the property. Interest rates are on a sliding scale of 0% to 4% (based on household income), and the term of the loan is up to 20 years. Maximum household assistance is $20,000. Maximum household income is based on HUD Section 8 Income Limits, which are adjusted annually.
DEPARTMENT OF PUBLIC WELFARE VERIFICATION FORM

Dear Caseworker:

________________________ has applied for ___________________ on ____________

Please verify the following information as of the above date.

Applicant's address: ____________________________________________________________

Applicant's Social Security Number: _____________________________________________

Applicant's Birth Date: _________________________________________________________

Applicant is a United States Citizen: Yes ______ No ______

Applicant is receiving or is a member of a family receiving: (please fill in the amount)

$ __________ $ __________ $ __________ $ __________ $ __________
TANF Gen. Asst. Food Stamps LIRAP Crisis

MEDICAL ASSISTANCE

Applicants/Applicant's Family Information:

<table>
<thead>
<tr>
<th>Co.</th>
<th>Recipient Number</th>
<th>Category</th>
<th>Ctr. Dig.</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Grant Began: ________________________________

X

Applicant/Parent Signature ____________________________ Date ____________

I hereby certify that D.P.W. records verify the above information

Signature of D.P.W. ____________________________ Official Title ____________________________ Date ____________
CONSENT FOR RELEASE OF INFORMATION

TO: Social Security Administration

_________________________________________  __________________________  __________________________
Name                                                   Birth Date                                      Social Security Number

I authorize the Social Security Administration to release information or records about me to:

Department of Community Development
165 W. Connelly Blvd.
Sharon, PA 16146

I want this information released to the above named agency to verify my income. This agency will use the information to determine my eligibility status.

Please release the following information:

__________ Gross Monthly Social Security Benefit Amount

__________ Gross Monthly Supplemental Security Income Amount

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from the Social Security Administration records, I could be punished by a fine or imprisonment or both.

Signature  ___________________________  Date  ___________________________

Relationship  _____________________________________________
(If other than Client)
City of Sharon
Community Development Department
Rehab Housing Program

Preliminary Application

1. Property Information:

Owner(s): ___________________________ Phone: _______________________

Property Address: ___________________________ Alt. Phone: _______________________

2. Names and Ages of All Occupants Living in This Household:
Any person(s) living in this household must provide income verification. Income includes but is not limited to: Wages, interest, pension, social security, rental income, welfare, etc. Attach an additional page, if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Relation to Owner</th>
<th>Total Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

Total Household Income (Total from All Lines Above)

3. Breakdown of Individual Sources of Total Income:
Yearly statement or 90 days proof of income required.

Employment: $ ___________________ Pension: $ ___________________ Interest/Dividend: $ ___________________

Social Security: $ ___________________ Public Assistance: $ ___________________ Any Other Income: $ ___________________

4. Type of Rehab Work Requesting: (Safety, Health and Code Violations are the only problems addressed)

__________________________________________________________________________

__________________________________________________________________________

5. Eligibility:

Please answer all of the following to help process your application.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all Real Estate Taxes for this property current or will be current prior to processing your file?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are all Sewer Fees for this property current or will be current prior to processing your file?</td>
<td></td>
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</tr>
<tr>
<td>3. Have you ever received Rehab help before? If yes, when?</td>
<td></td>
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</tr>
<tr>
<td>4. Do you have a handicap or disability which limits one or more of life's activities? If yes, attach verification.</td>
<td></td>
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</tr>
</tbody>
</table>
6. DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION:
All documentation MUST be attached to this application. If you need copies, our office can make them for you.

☐ DEED TO PROPERTY NEEDING REHAB
☐ HOMEOWNER'S INSURANCE POLICY
☐ INCOME VERIFICATION for ALL PERSONS LIVING IN THE HOUSEHOLD (See Sec. 3)
☐ INCOME TAX RETURN FROM LAST YEAR (See Sec. 3)
☐ REAL ESTATE TAXES PAID RECEIPT (See Sec. 5.1)
☐ RECENT PAID SEWER BILL (See Sec. 5.2)

7. CREDIT REPORT - Required for ALL Rehab Projects
Under the guidelines set forth in the City of Sharon’s Housing Rehabilitation Program, all applicants are given notice that a Credit Report will be required. Do not get alarmed by this as the Credit Report is a very small part in the decision made on your approval. All applicants are notified that an inquiry from the City of Sharon will appear on their credit report history.

OWNER: ___________________________ SS#: _______ - _______ Date of Birth: ____________
Employer: ___________________________ Length of Time on Job: ____________
Previous Address (If Less Than 2 Years): __________________________________________
Previous Employer (If Less Than 2 Years): __________________________________________

SPOUSE: ___________________________ SS#: _______ - _______ Date of Birth: ____________
Employer: ___________________________ Length of Time on Job: ____________
Previous Address (If Less Than 2 Years): __________________________________________
Previous Employer (If Less Than 2 Years): __________________________________________

8. AUTHORIZATION FOR INSPECTION - I AM A RESIDENT OF SHARON AND I OWN MY HOME.
I AUTHORIZE THE COMMUNITY DEVELOPMENT DEPARTMENT TO INSPECT MY PROPERTY AS SCHEDULED WHEN NECESSARY IN THE INTEREST OF THE REHAB HOUSING PROGRAM.

CERTIFICATION BY APPLICANT: I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Warning: whoever, in any matter knowingly and willingly falsifies...or makes any false, fictitious and/or fraudulent statement or entry may be prosecuted. Conviction may result in criminal and/or civil penalties.

_________________________ ___________________________
SIGNATURE DATE

Notice: in compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the City of Sharon does not discriminate on the basis of handicap, physical or mental, in the admission of or access to public housing or in the treatment of employees or applicants for employment any discrimination on this basis is illegal.

RACIAL INFO: White____ Black____ Hispanic____ Asian____ American Indian____ Other____

(Opcional)
HOTELS/MOTELS IN MERCER COUNTY AND VICINITY
**CONSTRUCTED OR RECONSTRUCTED IN 1978 OR LATER

AS OF JUNE 1, 2011

RADISSON HOTEL OF SHARON
Rt. 18 at I-80 - Exit 4B
West Middlesex, PA 16159
(724) 528-2501

QUALITY INN $55.00 (mw & fridge)
3200 S. Hermitage Road
Hermitage, PA 16148
(724) 981-1530

SUPER 8 MOTEL ($69.99)
3369 New Castle Road
West Middlesex, PA 16159
(724) 528-3888

RED ROOF INN - $59.50 (mw & fridge)
Rt. 18 and Wilson Road
Hermitage, PA 16148
(724) 342-7200

HOLIDAY INN EXPRESS
3060 Spangler Rd (Off Rt. 18)
West Middlesex, PA 16159
(724) 982-4600

ECONO LODGE - $54.99 (mw & fridge)
2810 s. Hermitage Rd.
Hermitage, PA 16148
724-979-4330

KEEP THIS FOR YOUR RECORDS