



Dear Prospective Applicant,

The City of Washington's Citywide Development Corporation thanks you for your interest in the Block By Block Home Repair Program. This program aims to protect the overall wellbeing of the community by ensuring safe and comfortable homes in the city of Washington. We are excited to help you grow the value of your home and to provide an opportunity to make a positive change in the City of Washington "Block by Block".

Through the support of our funders, the Block by Block program provides time, talent and resources for home improvement projects to eligible homeowners, at no cost to the homeowner. These home improvement programs are intended to improve the safety of the interior and exterior of your home, and to keep your home in compliance with state and local codes. Homes in Washington's 7th and 8th Wards will receive first priority for funding. Homes in other areas of the City of Washington may be considered based on need, funding, and availability.

The Block By Block Home Repair Program application (enclosed) serves as an evaluation of the interior and exterior systems of your home. Please fill out the application completely and accurately, and attach all requested documents. In the "Condition of Your Home" Section, grade the condition of each aspect of your home based on the worst example you see.

Applications must be completed with ALL requested documentation to be considered. For any additional questions, or for alternate accessibility options for this application, do not hesitate to contact us by phone: (412) 660-3283 or by email: crowing@pcrg.com.

We look forward to working with you!

Take care,

Christy Bean Rowing

Executive Director

City of Washington Citywide Development Corporation

273 South Main Street

Washington, PA 15301



City of Washington
Citywide Development Corporation

**BLOCK BY BLOCK HOME REPAIR PROGRAM
APPLICATION**

Date: _____

APPLICANT INFORMATION:

Homeowner(s): _____

Address: _____, Washington, PA 15301

Home Phone: _____

Cell Phone (If Applicable): _____

What is the best number to reach you? HOME CELL

Emergency Contact Name: _____ Emergency Contact Phone #: _____

How long have you lived in your home?: _____ Years

Is anyone in the home a Veteran?: YES NO

Does anyone in the home have documented physical disabilities?: YES NO

If Yes, please explain: _____

How did you hear about the Home Rehab Program?: _____

Name other agencies that have provided you with home repair services in the past two (2)

years: _____

INFORMATION ABOUT THE HOUSE/ASSETS:

Are you the homeowner on record?: YES NO

Are you in danger of losing your home?: YES NO

Are you current on your real estate taxes?: YES NO

Are you on a real estate tax payment plan? : YES NO

Gas Company: _____ Electric Company: _____

Do you have own any other real estate?: YES NO

If YES, please give a brief Description: _____

If YES, please give its Value: _____

Do you have any investments?: YES NO

If YES, please give a brief Description: _____

If YES, please give its Value: _____

INFORMATION ABOUT HOUSEHOLD RESIDENTS:

Please list ALL household residents, their date of birth (mm/dd/yyyy), relationship to homeowner, and monthly income, beginning with the homeowner .

NAME (First, MI, Last)	Date of Birth (mm/dd/yyyy)	Relationship	Monthly Income
	/ /	HOMEOWNER/APPLICANT	\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Total Household Monthly Income: \$ _____

Total Number of Residents: _____

PLEASE DESCRIBE THE CONDITION OF YOUR HOME TO THE BEST OF YOUR ABILITY

Outside	Good	Some Repair Needed	Bad	Notes
Roof				
Gutter and Downspouts				
Exterior doors, including storm doors (open, close, lock properly, broken glass)				
Lights outside each exterior door				
Doorbell				
Fences and/or gates				
Steps				
Trees/plants/shrubs around the house				
Windows, including storm windows (open, close, lock properly, broken glass)				
Other:				
Inside				
Basement walls and floors (any water damage?)				
Plumbing (Sinks, tubs, toilets)				
Electrical Systems (Lights, outlets, switches)				
Plaster/Drywall				
Furnace (Age: ____ Months/Years)				
Water heater (Age: ____ Months/Years)				
Air conditioning				
Sewage				
Steps				
Doors				
Other:				

List the three (3) repairs you consider most important
1.
2.
3.

CONDITION OF YOUR HOME (CONTINUED)

Is the house number readily visible from the street day and night?

YES

NO

Is there a working smoke detector on every level?

YES

NO

Is there a working carbon monoxide detector?

YES

NO

Is there a working fire extinguisher in the kitchen?

YES

NO

Does your home have a circuit breaker (not old fuses) in the electrical panel box?

YES

NO

Are all household residents physically able to use the toilet, shower, and tub?

YES

NO

Do you need handrails or grab bars to be installed or repaired?

YES

NO

Have you had any falls in the last six months due to tripping hazards?

YES

NO

Are there rodents/insects in the house?

YES

NO

Do you detect the odor of natural gas inside or outside?

YES

NO

PROOF OF INCOME

Please 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

Note: Due to the high volume of applications received, selection of participants is limited.

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

PROOF OF INCOME

The Citywide Community Development Corporation works in partnership with other housing assistance agencies to meet the needs of the homeowners. These other agencies may be able to provide you with additional housing assistance. May we share your information with other agencies for possible additional assistance for you?

Please check one of the following boxes:

YES, I do NO, I do not

give The Citywide Development Community Development Corporation permission to release my information to other housing assistance agencies.

Application Certification

I certify that the above information is true and correct to the best of my knowledge. I authorize The Citywide Community Development Corporation (and their partners) to verify income and assets as necessary to process this application. I realize that any repairs provided by Citywide Community Development Corporation (and their partners) will be at no cost to me or to my family.

Homeowner
Signature

Print Name

Date

Mail completed application and items listed in Proof of Income Section to:

The Citywide Development Corporation

273 South Main Street

Washington, PA 15301

If you have any additional questions, please call us at (412) 660-3283