

Affirmatively Furthering Fair Housing Statement/Policy

In accordance with the Regulations of the Community Development Block Grant (CDBG) and Home Investment Partnership (HOME) Programs, and in furtherance of Blair County's commitment to non-discrimination and equal opportunity in housing, the County established policies to affirmatively further fair housing within its Housing Rehabilitation Program. These policies are intended to further the objectives of Title VIII of the Civil Rights Act of 1968 and Executive Order 11063.

Blair County believes that individuals of similar economic levels in the same housing market area should have available to them a like range of housing choices regardless of their race, color, religion, sex, familial status, disability or national origin.

Blair County is further committed to requirements to affirmative market its housing rehabilitation program that have been implemented in the CDBG/HOME Programs.



This project is funded through grant funds provided by the US Dept. of Housing & Urban Development (HUD) and administered by the PA Dept. of Community & Economic Development (DCED).



Homeowners interested in the program should contact the County's Housing Rehabilitation Provider for more information.

To complete an application, request eligibility requirements or to find out what supporting documentation is needed to apply contact:

**Blair County Housing Rehab Program
Blair County Courthouse
Dept. of Social Services
423 Allegheny Street, Suite 441-B
Hollidaysburg, Pa 16648**

**Phone: 814-693-3023 Ext. 1489
Office Hours: Monday through Friday
8:00 a.m. to 4:00 p.m.**



A homeowner enjoys the view out the clear, new windows that were recently installed in the house he has lived in since he was 4 years old. "I couldn't see out the windows – they were so clouded with condensation," he said.

Blair County Housing Rehabilitation Program

*Programa de Rehabilitación de Vivienda del
Condado de Blair*



Opening Doors For Homeowners Like You

About the Program >>

The County of Blair's Rehabilitation Program is a way by which elderly and lower income homeowners can make or keep their homes safe, decent, and affordable. This is accomplished by providing financial and technical assistance where they live.

The program helps preserve home ownership by offering a means for homeowners with limited resources to complete necessary work without risk of losing the home to unmanageable debt.

The Rehabilitation Program promotes stability and livability while adding value to the neighborhood as a whole by assisting individual homes in need of repair due to lack of financial or technical resources.

Blair County Housing Rehabilitation Program

The Housing Rehabilitation program provides assistance to low to moderate-income homeowners in Blair County for essential repairs and necessary improvements to their home.

Financial Assistance >>

Assistance will be given in the form of 100% forgivable loan. The term "**grant**" is used for ease of usage and the fact that no repayment is required except in those instances when forgiveness is terminated.

The grant shall be forgiven over a five-year period, as long as the applicant continues to reside within the home during the forgiveness period, the homeowner will have no payback to the housing rehabilitation program.

Forgiveness is reduced by one-sixtieth 1/60 each month. On the fifth-year anniversary, the grant shall be forgiven. Forgiveness is terminated if the applicant no longer resides or decides to sale, transfer, convey or if the applicant's equitable interest is extinguished. The remaining portion is returned then back to the program.

Common Repairs Include >>

▪ Safe water and sanitation systems ▪ Adequate and safe heating systems ▪ Electrical and plumbing to meet code ▪ Correcting structural problems ▪ Retrofit for persons with disabilities ▪ Replacement of roofs, gutters, doors & windows ▪ Energy efficient upgrades of home ▪ Any condition that can cause an eminent hazard to the occupants.

Technical Assistance >>

A Housing Rehabilitation Specialist will assist homeowners in determining the repairs needed, prepare construction documents, inspect work and authorize payments as the work progresses.

Homes will be tested for Radon and Lead Based Paint (where required). Private water/sewer systems will be tested for malfunctions. If these hazards are present, the extent and level of mitigation may vary depending on the type and amount of rehabilitation to be undertaken



Minimum Qualifications >>>

1. You must be the owner of the home (title in your name) and live in the home as your primary residents.
2. Your home must be located in any of the 22 eligible municipalities, homeowners located in the City of Altoona and Logan Township are not eligible under the County's program.
3. Homeowners must be current on taxes and have no other outstanding debt with Blair County.
4. Your combined household income must be below Income Limits set by HUD below:

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Total Combined Yearly Household Income	\$38,150	\$43,600	\$49,050	\$54,450	\$58,850	\$63,200	\$67,550	\$71,900

County of Blair
Department of Social Services Office

OWNER-OCCUPIED HOUSING REHABILITATION / LEAD HAZARD REDUCTION PROGRAM

(Please Print)

1. Applicant Name: _____ /Age _____ /SS# _____

Co-Applicant Name: _____ /Age _____ /SS# _____

Address: _____ / Zip: _____

Phone Contact: _____ /(alternate #) _____

2. Ownership Status / Structure Information:

Do you occupy this property as your primary residence? Yes [] / No []

Are you the owner of the above property? Yes [] / No []

Is there a mortgage? Yes [] / No [] Are payments current? Yes [] / No []

Name of mortgage holder? _____

Is there an unrecorded Land Contract/Title Agreement (“Rent to Own”) on this property? Yes [] / No []

Is this unit? A single-family structure [] Duplex [] or Mobile Home []

Are property taxes paid? (i.e. Municipal, County, School) Yes [] / No []

If no, what years are not paid? _____ Are you on an installment plan with the County Yes [] / No []

Do you have current Homeowner’s and/or Flood Insurance Policy? Yes [] / No []

3. Household Composition (include all household members related and unrelated residing in the unit):

Full Name	Relationship	Birth Date	Social Security No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

List any additional household members on the back of this page

4. The following questions are in regard to the Lead-Based Paint section of the program.

a. Is there a child 5-years old or younger who lives or is expected to live at this address? Yes [] / No []

Has this child been tested for elevated blood levels? Yes [] / No []

If the child was not tested, would you like to have this child tested? Yes [] / No []

b. If you answered yes above relocation may be required during the lead-based paint renovation activity.

Would you object to relocating during the lead-based paint renovation activity? Yes [] / No []

c. If your answer was no above, do you have a family member or friend with whom you could stay with during the lead-based paint renovation activity. Yes [] / No []

d. Will your household composition change within next 12 months? Yes [] / No []

Is there anyone in the household that is currently pregnant? Yes [] / No []

5. Race / Ethnicity. The race of head of household is information collected to comply with fair housing and equal opportunity rules. Your cooperation in completing this section is appreciated, however, is optional.

Race:

	American Indian/Alaskan Native		Native Hawaiian/Other Pacific Islander
	Asian		White
	Black/African American		Other Multi-racial

Ethnicity: Hispanic or Latino? Yes [] / No []

Is the head of household:

Disabled? Yes [] / No []

Female? Yes [] / No []

Age 62 or older? Yes [] / No []

6. **Income Verification:** Blair County operates its Housing Rehabilitation program with funding from the U.S. Dept of Housing & Urban Development (HUD). HUD establishes maximum household income limits annually.

Blair County (Altoona MSA) Household Income Limits as of June 1, 2021

Household Size:	1	2	3	4	5	6	7	8
Maximum Income	\$38,150	\$43,600	\$49,050	\$54,450	\$58,850	\$63,200	\$67,550	\$71,900

If your household annual income exceeds the maximum allowance indicated on the Income Limits chart above, you are not qualified to receive HUD assistance under this program at this time.

SOURCES OF INCOME (check all that apply)		APPLICANT	COAPPLICANT	DEPENDENT	OTHER
Employment					
<input type="checkbox"/>	Wages, OT, Tips & Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Temporary Disability Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal & State Benefits					
<input type="checkbox"/>	Social Security (SSI/SSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Black Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Public Assistance (Cash Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension and Retirement Benefits					
<input type="checkbox"/>	Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Interest Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					
<input type="checkbox"/>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rental Income from Real-estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSETS		APPLICANT	COAPPLICANT	DEPENDENT	OTHER
Cash					
<input type="checkbox"/>	Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CDs, IRAs, or Money Market Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you disposed of any assets for less than fair market value in the past two years? Yes [] / No []

MONTHLY GROSS INCOME CALCULATION

NAME (Household member)	SOURCE (this should match ✓ above)	GROSS AMOUNT (Specify per week, month or year)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

Did you file a 2020 Federal Tax Return? Yes [] / No [] if so, was this a joint return Yes [] / No []

If you do not file income tax, please check the box below and sign at the X.

☐ I do not file yearly income tax return: X _____

Did any other household member age 18 or older file a 2020 Federal Tax Return? Yes [] / No []

7. Please provide a description of known repairs needed: (i.e. roofing, windows, plumbing, electrical, etc.)

8. Certification

All information provided will be kept confidential. All applications received will become the property of the Blair County Department of Social Service.

I/WE are applying for or seeking to obtain a loan or grant from the Blair County Dept of Social Services. As part of this process, Blair County may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds.

I/WE hereby apply for assistance from the Blair County Dept of Social Services. I/WE certify that the above statements are true, accurate, and complete to the best of MY/OUR knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both”.

X
Applicant’s Signature

Date

X
Co-Applicant’s Signature

Date

If you have any questions or require assistance in completing this application, please contact the Blair County Department of Social Services at 814-693-3023 x1489. Our office mailing address is as follows:

County of Blair
Department of Social Services
Blair County Courthouse
423 Allegheny Street, Suite 441B
Hollidaysburg, PA 16648
(814) 693-3023 Ext 1489



For Official Use Only

Income Verification: Monthly: \$_____ Yearly: \$_____

Income Category: < 30% AMI:_____ / < 50% AMI:_____ / < 80% AMI: _____

Application received on: _____ / by:_____

Verification of File Documentation by:_____

RETURN TO:
Blair County Dept. of Social Services
Blair County Courthouse
423 Allegheny Street, Suite 441-B
Hollidaysburg, Pa 16648