



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

APPLICATION CHECKLIST

6.1.2013

Application Filing Instructions: In order for your application to be processed, please complete and return all of the enclosed application forms listed in Table 1 below AND all of the required income documentation outlined in Table 2 below to the following address:

Redevelopment Authority of Allegheny County
Attn: AHILP
One Chatham Center
112 Washington Place, Suite 900
Pittsburgh, PA 15219

TABLE 1: APPLICATION FORMS TO BE COMPLETED AND RETURNED	
INSTRUCTIONS: ALL FORMS ARE REQUIRED AS PART OF YOUR COMPLETE APPLICATION	
Form 1	Rehabilitation Checklist
Form 2	Loan Processing Fee Notice
Form 3	Household Income Certification. Follow directions carefully & complete all sections. The name, age & income of <u>all</u> household members must be listed & all appropriate income documentation provided.
Form 4	Credit Application: Complete all sections
Form 5	Credit Profile Authorization Form. Complete the top section only.
Form 6	Homeowners Service Agreement
Form 7	Conflict of Interest Form. Complete the appropriate section(s), sign and date.
Form 8	Authorization to Release Information to the Redevelopment Authority
Form 9	Right to Financial Privacy

TABLE 2: HOUSEHOLD INCOME DOCUMENTATION TO BE SUBMITTED	
INSTRUCTIONS: ITEMS 1-3 (BELOW) ARE MANDATORY, ITEM 5 IS REQUIRED AS PART OF YOUR APPLICATION, AS APPLICABLE.	
1	<p><u>Copy of most recent Federal Tax Return:</u> All Applicants: Submit a complete and signed copy of your most recent federal tax return (Form 1040) along with all accompanying Schedules and corresponding W-2 and 1099 forms as applicable. If you are NOT required to file a federal tax return, you must either contact the IRS at 1-800-829-1040 to request written verification of your non-filing status or submit a complete and signed copy of your most recent Property Tax Rebate Form (PA-1000). Regarding All Non-Applicant Adult Household Members AND All Non-Applicant Household Members who have income and are under the age of 18: Submit a complete and signed copy of their most recent federal tax return (Form 1040) along with all accompanying Schedules and corresponding W-2 and 1099 forms as applicable. If they are NOT required to file a federal tax return, they must contact the IRS at 1-800-829-1040 to request written verification of their non-filing status.</p> <ul style="list-style-type: none"> • Please contact our office for additional instructions if any applicant or household member is self-employed.
2	<p><u>Income Documentation:</u> Submit appropriate documentation of <u>all</u> sources of household income pertaining to <u>all</u> household members (reported on <i>Form 3: Household Income Certification</i>) as follows:</p> <ul style="list-style-type: none"> • <u>Pay Stubs:</u> Submit a copy of three recent, consecutive pay stubs for <u>each</u> wage earner in the household; and • <u>Social Security Award Letters/Pensions:</u> Submit recent copies of Social Security Award Letters, Pension Statements, etc. for all household members who receive such payments; and • <u>Other Household Income:</u> Submit recent documentation of <u>all</u> other household income such as: Disability Payments, Unemployment Compensation, Welfare Assistance, Child Support or Alimony Payments or any other income sources as listed in <i>Chart 3 of Form 3: Household Income Certification</i>.
3	<p><u>Bank Statements:</u> Submit a copy of the applicant's two most recent bank account statements for all bank accounts (including checking, savings, and other deposit accounts).</p>
4	<p><u>Copy of the Deed:</u> If readily available.</p>
5	<p><u>Property Tax Information:</u> It is required that you are current on your property tax payments (County, Borough and School). <u>If your property taxes are delinquent, you must submit documentation that you have established a payment plan(s) and been making payments for at least six months along with your application.</u> Excessive delinquent taxes can affect your eligibility.</p>

If you have any questions, call us at (412) 350-1043 or (412) 350-6337.



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FORM 1: REHABILITATION CHECKLIST

I. NAME OF APPLICANT(S): _____

II. PLEASE CHECK THE TYPE OF AHILP LOAN FOR WHICH YOU ARE APPLYING:

- EMERGENCY / PRIORITY LOAN** – This is a loan for a qualified emergency / priority repair or improvement. In general, an emergency / priority repair would be a repair undertaken to protect the property from further inevitable damage, to address a serious code violation or to address a condition creating a health hazard or safety concern to property occupants. For example, in most cases, roofing, furnaces, tap-in costs or sewage, gas line or electrical problems are considered emergency/priority repairs. There is no loan processing fee associated with this type of AHILP loan BUT if the requested repair does not qualify under the emergency / priority loan guidelines per the AHILP Inspector, your loan request will be handled as a request for an AHILP General Improvement Loan; As stated below, there is a processing fee associated with AHILP General Improvement Loans.
- GENERAL IMPROVEMENT LOAN** – This is a loan for general improvements (for example, windows, remodeling or siding) or for multiple repairs or improvements (for example, siding, roofing and insulation). There is a \$375.00 processing fee associated with this type of AHILP loan. This fee may be financed as part of your loan or paid at the loan closing.

III. PLEASE CHECK WHICH TYPE(S) OF REPAIRS/IMPROVEMENTS YOU ARE PLANNING TO COMPLETE NOTING THAT A LOAN REQUEST FOR MULTIPLE ITEMS WILL BE PROCESSED AS “GENERAL IMPROVEMENT” LOAN REQUEST. IF YOU ONLY WANT TO COMPLETE ONE PARTICULAR REPAIR, SUCH AS A ROOF REPLACEMENT, PLEASE CHECK ONLY THAT ITEM. IF THE AHILP INSPECTOR VERIFIES THAT THE SINGLE ITEM QUALIFIES AS AN EMERGENCY/PRIORITY IMPROVEMENT, YOUR LOAN REQUEST WILL BE PROCESSED AS AN “EMERGENCY/PRIORITY” LOAN REQUEST; BUT AS STATED ABOVE, NOT ALL LOAN REQUESTS FOR SINGLE ITEMS CAN BE PROCESSED AS EMERGENCY/PRIORITY LOAN REQUESTS.

PLEASE SELECT THE ITEMS YOU WISH TO HAVE REPAIRED/IMPROVED WITH YOUR AHILP LOAN:		
FURNACE OR BOILER UNIT REPLACEMENT		GENERAL ELECTRICAL
HOT WATER TANK REPLACEMENT		INSULATION
ROOF REPLACEMENT		PLUMBING
TAP-IN RELATED COSTS – WATER OR SEWAGE		REMODELING
SEWAGE / SANITATION PROBLEMS		RETAINING WALLS
RODENT / PEST INFESTATION – EXTERMINATION		SIDING, SOFFIT & FASCIA
ACCESSIBILITY IMPROVEMENTS		WINDOWS / VENTILATION
CORRECTION OF: <input type="checkbox"/> GAS LINE PROBLEMS <input type="checkbox"/> SEWAGE / SANITATION PROBLEMS <input type="checkbox"/> DANGEROUS ELECTRICAL CONDITIONS <input type="checkbox"/> DANGEROUS STRUCTURAL CONDITION <input type="checkbox"/> STRUCTURAL DEFECTS		() OTHER (list):

Comments: _____



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

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FORM 2: LOAN PROCESSING FEE NOTICE

OVERVIEW: There is no loan processing fee associated with an Allegheny Home Improvement Loan Program (AHILP) Emergency/Priority Loan granted for any single-item home improvement that has been verified by the AHILP Inspector as being an emergency/priority home improvement. **HOWEVER**, if the requested improvement is not verified by the AHILP Inspector as an emergency/priority improvement (or if you are requesting general or multiple improvements), your loan application will be processed as a request for an AHILP General Improvement Loan. If you are granted and accept an AHILP General Improvement Loan, you will be charged a \$375.00 processing fee as stated below.

IF YOU ARE APPROVED FOR AND ACCEPT AN EMERGENCY / PRIORITY IMPROVEMENT LOAN, you will be charged a Loan Processing Fee of: ZERO (\$0.00) DOLLARS.

IF YOU ARE APPROVED FOR AND ACCEPT A GENERAL IMPROVEMENT LOAN, you will be charged a non-refundable Loan Processing Fee of: THREE HUNDRED AND SEVENTY FIVE (\$375.00) DOLLARS

The General Improvement Loan Processing Fee will be used to cover the cost incurred by the Redevelopment Authority of Allegheny County in the processing of your loan application. The fee must be paid at loan closing and may be financed as part of your loan. Please complete the following section and sign below where indicated.

CHECK ONE (regarding General Improvement Loans):

_____ If I am approved for and accept an AHILP General Improvement Loan, I will finance the loan processing fee associated with my General Improvement Loan as part of my total loan amount.

_____ If I am approved for and accept an AHILP General Improvement Loan I will pay the loan processing fee associated with my General Improvement Loan at the time of loan closing by issuing a check or money order made payable to the "Redevelopment Authority of Allegheny County".

ACKNOWLEDGMENT: I / We have read and understand the foregoing notice.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



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FORM 3: HOUSEHOLD INCOME CERTIFICATION

NOTICE: PROGRAM GUIDELINES AND FEDERAL REGULATIONS REQUIRE THAT AHILP LOAN APPLICANTS REPORT ALL INCOME OF ALL HOUSEHOLD MEMBERS EVEN IF SUCH HOUSEHOLD MEMBERS ARE NOT ACTUAL APPLICANTS FOR THIS LOAN PROGRAM. IF YOUR HOUSEHOLD IS FOUND TO BE INCOME-ELIGIBLE FOR THIS PROGRAM, THE LOAN AMOUNT OFFERED WILL BE BASED ONLY ON THE INCOME OF THE ACTUAL LOAN APPLICANT(S) AND ONLY THE ACTUAL LOAN APPLICANT(S) WILL BE LEGALLY RESPONSIBLE FOR THE REPAYMENT OF ANY LOAN AMOUNT GRANTED.

It is required that applicants complete this form thoroughly

1) **HOUSEHOLD MEMBERS:** In the chart below, please list the full names and ages of ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELF. Do not include foster children, live-in aides and children of live-in aides, or children for whom legal custody/adoption is being pursued who do not currently live with you.

Chart 1. HOUSEHOLD MEMBERS	
Household Member's Name	Age

Chart 2. CHILD SUPPORT/ALIMONY	
Does any applicant for this loan (or any household member) <u>receive</u> Child Support or Alimony?	<input type="checkbox"/> YES If "yes", list monthly amount(s) on the next page in Chart 3. <input type="checkbox"/> NO
Is any applicant for this loan required to <u>pay</u> Child Support or Alimony?	<input type="checkbox"/> YES If "yes" list amount monthly amount(s) you are required to pay: \$ _____ month \$ _____ month If known, how long will you be required to pay this amount? _____ (years) _____ (years) <input type="checkbox"/> NO

2) **HOUSEHOLD INCOME:** In the chart below, list ALL HOUSEHOLD INCOME SOURCES AND AMOUNTS (both current and anticipated) related to ALL HOUSEHOLD MEMBERS listed on the previous page in *Chart 1: Household Members*. If any Household Member has more than one source of income, please list each source and amount of monthly income on a separate line. It is additionally required that you submit supporting documentation for all sources of household income for all household members.

It is required that ALL of the following types of household income are reported on this form:

- WAGES/BONUSES: All wages and salaries, overtime pay, commissions, fees, bonuses and tips (from all jobs before deductions for taxes, bonds, dues or other items); **and**
- SELF-EMPLOYMENT: Self-employment net income (after business expenses) from non-farm business; **and**
- FARM INCOME: Farm self-employment net income (after operating expenses); **and**
- INTEREST / DIVIDENDS: Interest and dividends received; **and**
- PROFIT (OR LOSS): Profit (or loss) from royalties or rental of land, buildings or real estate, or roomers or boarders; **and**
- ESTATE/TRUST FUND PAYMENTS: Income from regular payments from an estate or trust fund; **and**
- SOCIAL SECURITY: Social Security or Railroad Retirement payments (before Medicare deductions); **and**
- SSI or AFDC: Supplemental Security Income (SSI) or income from Aid to Families with Dependent Children (AFDC) or other public assistance or public welfare payments; **and**
- RETIREMENT, SURVIVOR OR DISABILITY PENSIONS: Retirement, survivor or disability pensions from companies and unions; Federal, State and local governments; and the U S military. Includes regular income from annuities, IRAs or KEOGH retirement plans; **and**
- OTHER INCOME: Other sources of income received regularly, including Veterans Administration (VA) payments, unemployment compensation, child support or alimony and all other regular payments (e.g., Armed Forces transfer payments, assistance from private charities and regular contributions from persons not living in the household).

Chart 3: HOUSEHOLD INCOME		
Source of Income (i.e. wages, social security, pension, etc.)	Gross Monthly Amount	Name of Household Member who receives this listed income
	\$	

(Continue on a separate sheet if necessary)

Acknowledgement: I/we understand that false statements herein made are subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____



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FORM 4: CREDIT APPLICATION FOR PROPERTY IMPROVEMENT LOAN

Please complete all applicable areas, sign and date. **DATE:** _____

PROPERTY TO BE IMPROVED

Property Address (number, street, city, state & zip code) _____	Type of Property: _____ Single Family Only single-family homes are eligible.
Year Built: _____	Date of Purchase: _____

APPLICANT	CO-APPLICANT
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Name of Applicant		Name of Co-Applicant	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes Single, Divorced, Widowed)	Number of Dependents	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes Single, Divorced, Widowed)	Number of Dependents

Are you a United States citizen? YES [] NO []	Are you a United States citizen? YES [] NO []
If not, are you a permanent resident alien? YES [] NO []	If not, are you a permanent resident alien? YES [] NO []

Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
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Present Address (if different than address of property to be improved): _____	Present Address (if different than address of property to be improved): _____
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How long at present address?	How long at present address?
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Previous Address _____	Previous Address _____
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How long at previous address?	How long at previous address?
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Name & Address of Nearest Relative Not Living with You _____	Name & Address of Nearest Relative Not Living with You _____
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Relationship	Telephone Number	Relationship	Telephone Number
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Have (either of) you filed bankruptcy within the last seven years? If yes, when? _____	YES []	NO []
Are there any unsatisfied liens or judgments against (either of) you?	YES []	NO []
Have mortgage foreclosure proceedings been initiated against (either of) you within the last seven years? If yes, when? _____	YES []	NO []
Are (either of) you a party in a pending lawsuit?	YES []	NO []

EMPLOYMENT & INCOME - APPLICANT	EMPLOYMENT & INCOME - CO-APPLICANT
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Employer's Name and Business Address: _____	Employer's Name and Business Address: _____
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Business Phone:	Position Held:	Business Phone:	Position Held:
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Years There:	Salary: \$ _____ per	Years There:	Salary: \$ _____ per
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Previous Employer's Name and Business Address _____	Previous Employer's Name and Business Address _____
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Business Phone:	Position Held:	Business Phone:	Position Held:
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Years There:	Salary: \$ _____ per	Years There:	Salary: \$ _____ per
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APPLICANT'S OTHER INCOME- List source(s) & gross amount(s): <i>(such as Social Security, Pension, Child Support, etc.)</i>	CO-APPLICANT'S OTHER INCOME- List source(s) & gross amount(s): <i>(such as Social Security, Pension, Child Support, etc.)</i>
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Source	Gross Amount Per Week or Month
	\$ _____ per
	\$ _____ per
	\$ _____ per
	\$ _____ per

BANK ACCOUNTS	BANK ACCOUNTS
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<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None
--	--

Name & Address of Bank or Branch _____	Name & Address of Bank or Branch _____
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AUTOMOBILE OWNED (Applicant)	AUTOMOBILE OWNED (Co-Applicant)
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Year and Make / Model:	Year and Make / Model:
------------------------	------------------------

Name of Finance Company:	Name of Finance Company:
--------------------------	--------------------------

Unpaid Balance: \$ _____	Unpaid Balance: \$ _____
--------------------------	--------------------------

Monthly Payment Amount: \$ _____	Monthly Payment Amount: \$ _____
----------------------------------	----------------------------------

HOME MORTGAGE LENDER

Name of Mortgage Lender: _____

Address of Mortgage Lender: _____

Original Mortgage Amount: \$ _____

Unpaid Balance: \$ _____

Monthly Payment Amount: \$ _____

Does your Monthly Mortgage Payment Amount include a portion to pay your Property Taxes? YES NO

Does your Monthly Payment Amount include a portion to pay your Homeowners Insurance? YES NO

OTHER DEBTS - For each applicant, list all other fixed obligations, installment loan accounts, debts to finance companies, banks and government agencies. Include all credit card debts, home equity and revolving line debts, student loans, etc.				
Name of Creditor /	Account Number	Original Amount	Unpaid Balance	Monthly Pmt
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$

Please continue on an additional sheet if necessary

Applicant(s): Please read the following before signing and submitting this application.

I / We hereby certify that the above statements are true, accurate, and complete to the best of my / our knowledge and belief. This application shall remain the property of the lending institution / government agency to which it is submitted for the purpose of obtaining a loan.

The Redevelopment Authority of Allegheny County and/or its designated agent(s) are authorized to check my / our credit and employment history and to discuss any matters concerning my / our credit experience.

Applicant's Signature X	Date / /	Co-Applicant's Signature X	Date / /
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If this application is prepared by someone other than the applicant(s), that person must read the following statement and sign below.

I certify that the statements made herein are based upon information given to me by the applicant(s) and that such statements are true, accurate and complete to the best of my knowledge and belief.

Prepared by: _____	Preparer's Address: _____
Title (if applicable): _____	
Phone: () _____	
Representing: _____	

Information concerning sex, race and ethnic background is being collected for demographic purposes only and will not affect consideration of your application.

APPLICANT	CO-APPLICANT
SEX (check one): Male [] Female [] RACE: Check appropriate box(es): <input type="radio"/> 1. White <input type="radio"/> 2. Black / African American <input type="radio"/> 3. Asian <input type="radio"/> 4. American Indian or Alaskan Native <input type="radio"/> 5. Native Hawaiian or Other Pacific Islander <input type="radio"/> 6. Other: _____ ETHNICITY: Check appropriate box: <input type="radio"/> 1. Non-Hispanic or Non-Latino <input type="radio"/> 2. Hispanic or Latino	SEX (check one): Male [] Female [] RACE: Check appropriate box(es): <input type="radio"/> 1. White <input type="radio"/> 2. Black / African American <input type="radio"/> 3. Asian <input type="radio"/> 4. American Indian or Alaskan Native <input type="radio"/> 5. Native Hawaiian or Other Pacific Islander <input type="radio"/> 6. Other: _____ ETHNICITY: Check appropriate box: <input type="radio"/> 1. Non-Hispanic or Non-Latino <input type="radio"/> 2. Hispanic or Latino

HOW DID YOU HEAR ABOUT THE AHILP PROGRAM?

- () FLYER / NOTICE IN MAIL () NEWSPAPER AD () INTERNET () OTHER: _____
 () RELATIVE/FAMILY () FRIEND/NEIGHBOR () ANOTHER AGENCY () BOROUGH/TOWNSHIP



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

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FORM 5: CREDIT PROFILE AUTHORIZATION

APPLICANT & CO-APPLICANT – Please read the following statement, print your name and social security number, sign your name and date.

I / we have made application for a loan to the Redevelopment Authority of Allegheny County.

I / we give CBCInnovis / Experian permission to pull my/our credit profile(s) and release the information on file to the Redevelopment Authority of Allegheny County / Allegheny Home Improvement Loan Program.

Printed Name of Applicant: _____ Social Security Number: _____

Signature: X _____ Date: _____
(Applicant's Signature)

Printed Name of Co-Applicant: _____ Social Security Number: _____

Signature: X _____ Date: _____
(Co-Applicant's Signature)

THIS SHADED AREA (BELOW) FOR RAAC USE ONLY –

Purpose of Reports (circle one): **TO EXTEND CREDIT** COLLECTION EMPLOYMENT

#1 *** PLEASE PROVIDE A CREDIT REPORT FOR THE FOLLOWING INDIVIDUAL: *****

Last Name _____ First Name _____ Middle Initial _____

Generation (Jr, Sr, 2, 3, 4, etc) _____

Social Security Number _____ Date of Birth: _____

Present Address _____ Previous Address _____

City, State, Zip _____ City, State, Zip _____

#2 *** PLEASE PROVIDE A CREDIT REPORT FOR THE FOLLOWING INDIVIDUAL: *****

Last Name _____ First Name _____ Middle Initial _____

Generation (Jr, Sr, 2, 3, 4, etc) _____

Social Security Number _____ Date of Birth: _____

Present Address _____ Previous Address _____

City, State, Zip _____ City, State, Zip _____



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

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FORM 6: HOMEOWNERS SERVICE AGREEMENT

I have applied for a government-funded home rehabilitation loan from the Redevelopment Authority of Allegheny County's (the Authority) Allegheny Home Improvement Loan Program (AHILP). If this loan is granted, I understand that the Authority will inspect my property, acting as the Authority's technical agent and loan monitor of the rehabilitation/repair of my property.

Owner's Responsibilities

- A. I understand that even though the Authority / AHILP will be providing the financing (loan) for the rehabilitation / repairs to my property, it is my responsibility to:
- Permit timely inspections of my property by AHILP personnel and agents when required or requested;
 - Permit a Risk Assessment and/or Paint Testing and/or Clearance Examinations or other related testing to be conducted on my property in a timely manner, when required and requested;
 - Comply with program requirements by undertaking all rehabilitation necessary to correct all code violations identified by the RAAC Construction Advisor, if applicable;
 - Comply with program requirements by undertaking all rehabilitation necessary to control or abate all immediate lead hazards identified or presumed within my property, if applicable;
 - Select a contractor (subject to Authority / AHILP approval);
 - Review and approve the construction contracts / contractor proposals / work specifications and/or change orders; and
 - Authorize loan disbursements to the contractor for satisfactorily completed work.
- B. I further understand that all loan funds will be held in a bank account by the Authority / AHILP and that disbursement will be subject to my authorization and Authority / AHILP authorization.
- C. I acknowledge that I should inspect the rehabilitation being conducted on my property as frequently as possible, and discuss with the contractor and the Authority / AHILP personnel any difficulties or poor workmanship observed.

The Role of The Redevelopment Authority of Allegheny County / AHILP

- A. I understand that the Authority / AHILP will make no charge for technical products such as work write-ups / cost estimates, but that I have to pay charges normally associated with borrowing; these charges may include, but are not limited to, interest charges, loan origination fees, service charges, report charges and recording fees.
- B. I understand that the Authority / AHILP may inspect my property before and during construction and that these inspections are done SOLELY to protect the Authority's loan funds. I further acknowledge that the Authority/AHILP does not warrant or guarantee that its inspection will reveal everything that may be wrong with my property; the Authority/AHILP does not warrant materials or workmanship and; the Authority/AHILP is not responsible for any contractor's or worker's performance. If I want to satisfy myself that the condition of my property does not require other work or that the work done by the contractor has been done correctly, I understand that I must obtain, at my own expense, my own home inspection(s).
- C. I understand that the staff of the Authority's AHILP Program cannot be personally available for all inspections of each segment of the work performed on the construction site and that both the Authority / AHILP and its employees, members, officers, and directors will reasonably rely on the competence and skill of each individual contractor as is normal in the course of such business negotiations, transactions, and execution of the contract.

RAAC / AHILP Emergency Authority

I authorize the staff of the AHILP Program to issue emergency orders and/or instructions in the event that the RAAC Construction Advisor is available to observe the work in progress, and can anticipate that without authority to issue such instructions, work will be done which will substantially alter the intentions of the homeowner, injure the property or violate the specifications of the contract.

Upon the issuance of such orders or instructions, the RAAC Construction Advisor will contact the general contractor or subcontractor most directly responsible for the work in question and the homeowner as quickly as possible, and all parties will examine and approve or re-negotiate the work in question before the job proceeds.

I also authorize the staff or any agent of the AHILP Program to issue orders or instructions if it is observed that any lead hazard reduction or abatement work is being completed in a manner that is in violation of government regulations.

Owner’s Relocation Tasks – when Lead Hazard Reduction Activities Require Relocation

When Lead Hazard Reduction Activities are to be undertaken;

I understand that in some cases, lead hazard reduction activities may make it necessary for me and my entire household to relocate from my property, and that major furniture may need to be moved / put into storage, and that all exposed food items, cooking and eating utensils, personal items and small furnishings may need to be removed during the lead hazard reduction work. As owner I understand that I am responsible for carefully packing all breakables; removing all clothing from closets, etc.

NOTE: Whether or not relocation will be necessary depends upon the circumstances relating to any required lead hazard reduction work.

I understand that the work site will become highly contaminated with poisonous lead particles during the lead hazard reduction work. Due to the hazardous conditions, only workers trained in lead hazard reduction may enter the work site. IF RELOCATION IS REQUIRED, I understand that neither I nor any other household member is permitted to return to the work site during the day or at night, and I will contact the RAAC Construction Advisor if any household member has special needs that require re-entry to the site. I will not return to my home or permit anyone else to enter my home until the unit has been cleaned to the federally-mandated standards (passed Final Clearance) and I have received written authorization in the form of a Re-occupancy Authorization Form.

General Provisions

- A. I further agree to hold harmless and indemnify the Authority / AHILP and its employees, members, officers and directors in connection with acts performed by them which would reasonably be associated with consultation, technical advice, financial counseling, loan processing, property inspections and other related activities
- B. I authorize the staff of the Authority / AHILP and/or its designated agent(s) to obtain or provide specific reports, such as personal credit reports, property title and tax searches, building code inspection reports, repair specifications, cost estimates, contractor bids (and such other reports which said staff deems necessary to perform its functions).
- C. Whenever the pronouns “I”, “my”, “me” are used in this agreement they shall mean “we”, “our”, and “us” respectively, if more than one owner signs below.

ACKNOWLEDGMENT

I / We have fully read and understand the foregoing Homeowners Service Agreement.

Applicant / Owner Signature: _____

Date: _____

Co-Applicant / Owner Signature: _____

Date: _____



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FORM 7: CONFLICT OF INTEREST

All applicants requesting participation in an Allegheny County Economic Development (ACED) or Redevelopment Authority of Allegheny County (RAAC) program are requested to disclose whether they are one or more of the following:

1. An employee of Allegheny County or related to employee of Allegheny County; and/or
2. An elected official at the local, county, state or federal level or related to such an elected official; and/or
3. A person who has a personal financial interest or benefit and/or has decision-making ability that could influence the outcome of any application – or related to such a person.

If you fall into one or all of these categories, a formal Conflict of Interest waiver must be obtained from the appropriate party. If the source of funding for your participation in an ACED/RAAC program is the U. S. Department of Housing and Urban Development (HUD), then a formal Conflict of Interest waiver must be submitted to HUD for approval.

APPLICANT INSTRUCTIONS: Please read all of the sections below and complete all sections as applicable to each applicant. More than one section may apply. Please sign the bottom of the form.

<i>Check all boxes that apply</i>			Category
I am*:	I am related to*:	I am not nor am I related to:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Allegheny County Employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Elected Official
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A person who has a personal financial interest or benefit and/or has decision-making ability that could influence the outcome of any application.

* If you checked anything in the “*I am*” and/or the “*I am related to*” Category above, please provide the following information regarding this relation (attach additional pages as necessary):

Name	Title	Organization/Department

I/we acknowledge and agree that any misrepresentation contained in this Conflict of Interest Disclosure may result in the cancellation of my application for assistance or, if the misrepresentation is discovered after the assistance has been granted, I/we may be required to repay the entire amount of assistance upon demand.

Applicant Name (Printed)

Applicant Signature

Date

Co-Applicant Name (Printed)

Co-Applicant Signature

Date



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

FORM 8: AUTHORIZATION TO RELEASE INFORMATION

AUTHORIZATION TO RELEASE INFORMATION TO THE REDEVELOPMENT AUTHORITY OF ALLEGHENY COUNTY

Background: The Redevelopment Authority of Allegheny County/AHILP may utilize the services of First National Bank (FNB) to review and underwrite your AHILP loan application. If your application is forwarded to and reviewed by First National Bank, the bank will not be able to release the results of its review to the Redevelopment Authority unless you have completed this form and submitted it with your application. If your application is subsequently forwarded to the First National Bank for review, we will notify you via U. S. Mail at that time.

TO: FIRST NATIONAL BANK

FROM: _____ and _____
APPLICANT NAME CO-APPLICANT NAME

The undersigned hereby acknowledge(s) completion and delivery of an application for a loan in connection with the Housing Programs of the Redevelopment Authority of Allegheny County to First National Bank.

The undersigned further acknowledge(s) that the loan will be made by the Redevelopment Authority of Allegheny County. In this connection, the undersigned hereby authorize(s) and direct(s) First National Bank to forward the following information to said Authority:

1. The name(s) and address(es) of the undersigned;
2. The estimated amount which the undersigned, based on First National Bank's determination, could apply monthly to retire said indebtedness;
3. The undersigned's loan application and all documents filed with the undersigned's application;
4. Any and all information supplied by the undersigned that the Redevelopment Authority of Allegheny County deems necessary to process the undersigned's loan request.

BY ACTING ON THIS AUTHORIZATION, THE UNDERSIGNED HEREBY RELEASE(S) FIRST NATIONAL BANK FROM ANY LIABILITY INCURRED UNDER ANY STATE OR FEDERAL LAW, INCLUDING WITHOUT LIMITATION, THE FAIR CREDIT REPORTING ACT.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____



ALLEGHENY HOME IMPROVEMENT LOAN PROGRAM

FORM 9: RIGHT TO FINANCIAL PRIVACY

RIGHT TO FINANCIAL PRIVACY

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the United States Department of Housing and Urban Development and the Pennsylvania Department of Community Economic Development have a right of access to financial records held by Allegheny County Economic Development, the Redevelopment Authority of Allegheny County or any financial institution in connection with the consideration or administration of the Allegheny Home Improvement Loan Program rehabilitation loan for which you have applied. Financial records involving your transaction will be available to the US Department of Housing and Urban Development and the PA Department of Community Economic Development without further notice or authorization but will not be disclosed or released to any another Government Agency or Department without your consent except as required by law.

ACKNOWLEDGEMENT:

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____