

Maleno Family-to-Family Fund

Application Page 1 of 3



Head of Household		
Applicant's First Name	Last Name	Application Date
Date of Birth	Phone Number	
Address	City	Zip Code
E-mail Address		
Number of years in home: _____	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>

All Others Living in the Household		
Name	Age	Relationship

Household Source of Income Per Month		
Employment	Company : _____	\$ _____
Employment	Company : _____	\$ _____
Social Security Income (SSI)		\$ _____
Social Security Disability (SSDI)		\$ _____
Retirement/Pension		\$ _____
Child Support		\$ _____
Other Income	Source : _____	\$ _____
Other Income	Source : _____	\$ _____
Total Monthly Household Income		\$ _____

Assets		
Checking \$ _____	Savings \$ _____	

Mortgage		
Monthly Mortgage Payment \$ _____	Tax/ Insurance \$ _____	Home Value \$ _____
Mortgage Owed \$ _____	Second Mortgage Payment \$ _____	

Briefly describe what needs fixed in your home:

Are any of the requested repairs storm damage or flood related? Yes No

Repair Renovation Assistance Received

Weatherization Yes No HOME Funds Yes No Habitat for Humanity Yes No

Lead Funds Yes No City/County Redevelopment Authority Yes No

Other: _____

Please complete Page 2 of the Maleno Family-to-Family Fund Application

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Program Criteria: All criteria must be met to qualify.

As with any program there are requirements that must be met in order to be considered for assistance.

Please check all that apply:

- My home is located in Erie County, Pennsylvania.
- I have lived in my home for at least three years.
- My home is a single family, owner occupied home.
- My home is on a permanent foundation. (mobile homes are ineligible)
- My property is in my name.
- I agree to sign the required release forms to permit use of project images for publicity and outreach.
- I have current homeowner's insurance.
- I am current on my mortgage.
- I am current on my property taxes.
- I am current on my municipal utilities.
- Heat and electric are currently turned on in my home.
- I agree to a three-year recapture period secured by a forgivable lien if repair costs exceed \$25,000.

IMPORTANT

Please include a copy of your gas, water and electric bill along with a letter of circumstance on page 3 that describes how/why your family is unable to fix the needs in your home.

I certify that all the information I have provided is accurate to the best of my knowledge. I understand my information will be reviewed and verified.

Applicant's Signature: _____ Date: _____

Please return your application to:

Sisters of St. Joseph Neighborhood Network
Attn: Maleno Family to Family Fund
425 West 18th Street
Erie, PA 16502

Questions? Please contact:

Margarita Dangel
Neighborhood Manager
(814) 454-7814 x302
mdangel@ssjnn.org

Please complete Page 3 of the Maleno Family-to-Family Fund Application

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Letter of Circumstances

Please describe how/why your family is unable to fix the needs in your home:

(Attach additional sheet(s) if necessary.)

DID YOU REMEMBER THE FOLLOWING REQUIRED INFORMATION:

1. Write a letter of circumstance in the space provided?
2. Include a copy of your gas bill?
3. Include a copy of your electric bill?
4. Include a copy of your water bill?
5. Sign/date your application?