

Waitlist Application

NAME: _____ EMAIL: _____

PHONE: _____ CURRENT ADDRESS: _____

Is this property for sale? _____ Do you intend to sell in the next 12 months? _____
Is this property a mobile home? _____ If so, is the mobile home on a permanent foundation? _____
Are you on the weatherization waitlist? _____

<u>GROSS MAXIMUM Income Guidelines</u>	
1 person	\$55,920
2 person	\$63,920
3 person	\$71,920
4 person	\$79,840
5 person	\$86,240

<p>How did you hear about us?</p> <p><input type="checkbox"/> Luminest Website</p> <p><input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Google Ads</p> <p><input type="checkbox"/> Radio Station _____</p> <p><input type="checkbox"/> Family/Friend</p> <p><input type="checkbox"/> Brochure/Flyer (from) _____</p> <p><input type="checkbox"/> Other: _____</p>
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- Please read and double check your application. Every question must be answered, including all yes/no boxes. Write N/A if not applicable to you.
- Use blue or black ink ONLY. NO WHITE OUT allowed.
- All information will be verified by Luminest staff.
- **Completed applications with the below documentation are to be submitted to 82 W. Queen St., Chambersburg. Application appointments are preferred. To schedule an appointment, please call 717-977-3900.**

The following documents are required with your application for every person in your household:

<u>Identity</u>	<u>Income Documentation</u>	<u>Asset Documentation</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Photo ID: (driver's license, passport, military ID)	<input type="checkbox"/> Paystubs: Past 2 months Biweekly (7), weekly (10)	<input type="checkbox"/> Bank statements: most recent statement, all pages	<input type="checkbox"/> Copy of property tax bill
<input type="checkbox"/> Birth Certificate for those under 18	<input type="checkbox"/> Current Social Security/SSI "Benefits Verification Letter"		<input type="checkbox"/> Most recent Mortgage statement
	<input type="checkbox"/> Any other Recurring Income		<input type="checkbox"/> Each adult sign consent form

****** Additional documentation will be required when formal processing begins**

Home Owner Rehab

Whole Home Repair

ALL QUESTIONS MUST BE ANSWERED.

HOUSEHOLD COMPOSITION

List each person who resides in the unit along with the all requested information. Do not include minors who will be present less than 50% of the time. If more than 6 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]**	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

**List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

Is or has anyone on this application ever been known by any other name? YES NO
If "YES" explain: _____

Are any household changes expected in the next 12 months? YES NO
If "YES" explain: _____

Are any household members currently absent from the home? YES NO
If "YES" explain: _____

Are any student changes expected in the next 12 months? YES NO
If "YES" explain: _____

Is this home in a floodplain?	
What year was the home built?	
Is the home a single family dwelling?	
How long have you resided in the home?	
Addresses of any other real estate of which you have an ownership interest:	
Aside from the mortgage, list any liens against the home:	
Name, address & phone number of mortgage holder	
Name & phone number of homeowner insurance agency:	
Do you currently reside at the property?	
Are your taxes current/paid?	
Did COVID-19 impact your health, income or expenses?	

HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- *List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For adults include both earned income from jobs and unearned income. Do not list income of Foster Adults.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.*
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older use a separate sheet of paper.)

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[] YES [] NO	\$	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$	[] YES [] NO	\$
8. Gig Income (Uber, Ebay, etc.)	[] YES [] NO	\$	[] YES [] NO	\$
9. Recurring Cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Child Support	[] YES [] NO	\$	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
13. Informal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$	[] YES [] NO	\$
17. TANF/AFDC/etc. <small>NOT food stamps</small>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment *	[] YES [] NO	\$	[] YES [] NO	\$
23. Annuity Account *	[] YES [] NO	\$	[] YES [] NO	\$
24. Trust Account *	[] YES [] NO	\$	[] YES [] NO	\$
25. Disability/Death Benefits *	[] YES [] NO	\$	[] YES [] NO	\$
26. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
27. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
28. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
29. Other:	[] YES [] NO	\$	[] YES [] NO	\$
30. Other:	[] YES [] NO	\$	[] YES [] NO	\$
YEARLY GROSS	TOTAL INCOME	\$	TOTAL INCOME	\$

*Receiving a regular periodic payment (weekly, monthly, quarterly, annually, etc.)



Are any income changes (this includes pay raises, seasonal work, day laborer) expected in the next 12 months? YES NO If 'YES', please explain: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? YES NO

Employment Information:

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

2nd Employer (if applicable):

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

(If more than 2 employers, please use a separate sheet of paper.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, annuities (non-retirement accounts), cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. *You must also include the value of any assets disposed of in the past 24 months for less than fair market value.*

ASSET INSTRUCTIONS: Check Yes or No for each asset.

- List assets for all household members including minors. Do not include assets of Foster Children/Adults.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

(Additional household members—use a separate sheet of paper. Do not complete for minors who do NOT have assets.)

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
2. 2 nd Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
3. Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
4. 2 nd Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
5. Debit Card Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
6. Direct Express (SS/SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. ACCESS Card (SSP/TANF) NOT FOOD STAMPS	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Money Network Card (Unemployment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$



9. EPPICARD (Child Support)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
10. Prepaid Debit Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
11. Cash (e.g. in a Safe Deposit Box, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
12. Certificate of Deposit(s) (CD's)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
13. Other Bank Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
14. Mutual Fund	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
15. Stocks	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
17. Savings Bonds	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
18. Treasury Bills	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
19. Annuity (non-retirement)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
20. Trust	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
21. Life Insurance	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
22. Real estate	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
23. Digital/Cash Apps (Venmo, Paypal, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
24. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

Has anyone received a **Federal Tax Refund in the past 12 months? [] YES, amount? _____ [] NO

Has anyone received any **lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [] YES [] NO

Has anyone **disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO

If you answered 'YES' to any of the questions above, please explain (include amounts):

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)



<p>Please list work being requested:</p>	
<p>Please list all other possible issues with the home:</p>	

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact sources for verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. **I/We understand that providing false statements or information is punishable under federal law.**

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

If the applicant knowingly and willfully makes any false statements in the application or other supporting documentation, the grantee may require the applicant to reimburse the grantee the full amount of any repair assistance provided.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

_____ has applied for a program through Luminest. As part of our processing and on-going compliance it is necessary to obtain various forms of documentation including income, rental history, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I/we, the undersigned, hereby authorize the release, without liability to any and all information that may be requested concerning my income, wages, salaries, credit report, references, etc. in connection with my application to determine whether I am eligible for the Home Owner Rehab program.

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Print Applicant/Tenant Name	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date





SELF CERTIFICATION AFFIDAVIT

This Affidavit is to be signed by the homeowner(s) applying for Home Repair programs.

Address of property:

I, _____, by my signature below, state that this Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the application and will subject me to immediate disqualification from the home repair programs.

1. Initial all, as applicable:

_____ (a) The mortgage on the property is current within 30 days.

_____ (b) There are no liens or outstanding judgements on the property.

_____ (c) All utilities of the property are paid up to date.

_____ (d) The property is not for sale and will not be for sale in the next 12 months.

Printed Name of Applicant/Homeowner

Signature of Applicant/Homeowner

Date

Printed Name of Applicant/Homeowner

Signature of Applicant/Homeowner

Date

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