

Dear Allegheny County Rehabilitation Program Applicant,

ACTION-Housing, Inc., in cooperation with the Pennsylvania Department of Community and Economic Development, will be providing whole home repair services to residents of Allegheny County. Repairs can include, but are not limited to, accessible modifications, roofs, foundations, code related issues, and healthy home / resident health measures. ACTION-Housing, Inc. will provide you with a pre and post inspection, and assign a qualified contractor to complete the work at no cost to you.

The income thresholds for the program are as follows:

Family Size	12 Month Income	Family Size	12 Month Income
1	\$53,100	5	\$81,950
2	\$60,700	6	\$88,000
3	\$68,300	7	\$94,100
4	\$75,850	8	\$100,150

Enclosed is an application to describe your household composition, as well as a checklist of documents we will need with your application. If you have any questions, feel free to contact Jarrett Crowell at 412-639-9416. Once complete, please mail your application to:

**ACTION Housing, Inc.**

**ATTN: Allegheny County Rehabilitation Program**

**611 William Penn Place, Suite 800**

**Pittsburgh PA, 15219**

**Applications can also be faxed to ACTION Housing at 412-224-4032 or emailed to**

**[jcrowell@actionhousing.org](mailto:jcrowell@actionhousing.org)**

Sincerely,

ACTION-Housing, Inc.

# APPLICATION

Applicant Name: \_\_\_\_\_ Do you? Own \_\_\_\_\_ Rent \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Number \_\_\_\_\_  
Email: \_\_\_\_\_

Briefly describe the home repairs you need:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\*\*\*

## APPLICATION

Date of Birth: \_\_\_\_\_

Marital Status:

Single

Married

Divorced

Widowed

I prefer not to answer

Gender: \_\_\_\_\_

Ethnicity:

Hispanic/Latino

Non-Hispanic/Non-Latino

I prefer not to answer

Other: \_\_\_\_\_

Race:

American Indian/Alaska Native

Black/African Descent

East Asian/Far Eastern

Native Hawaiian or Other Pacific Islander

South Asian/Indian (Subcontinent)

Southeast Asian

Western Asian/Middle-Eastern

White/European Descent

I prefer not to answer

Other: \_\_\_\_\_

Who referred you to this program?

Women for a Healthy Environment

Rebuilding Together Pittsburgh

ACTION-Housing

Other

## APPLICATION

Emergency Contact (Name): \_\_\_\_\_

Emergency Contact (Relation to Applicant): \_\_\_\_\_

Emergency Contact (Phone Number): \_\_\_\_\_

Emergency Contact (Email Address): \_\_\_\_\_

How many permanent residents live in your household? \_\_\_\_\_

A permanent resident is someone who resides in the home a majority of the time and views it as their primary residence).

What is your household's gross monthly income?

(what is the sum of the income of every member of your house)? \_\_\_\_\_

Are there any children under the age of 18 living in your home who have been diagnosed with asthma?

Yes / No (Circle One)

If you are **renting**, please provide us with your **landlord's** contact information (if you are renting, the owner of your property will need to consent to any work done):

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Number \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*

**Applicant Print Name** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Application Checklist:**

**Please attach the following documentation to your application:**

#### **Proof of Income for all household members over the age of 18**

Please provide documentation for your source of income from all that apply:

- Income verification in the form of IRS 1040 2021 **OR** 2-months' worth of income statements (Pay stubs, award letter, pension/retirement statement)
- Profit and Loss Statements (for Self-Employment including gig employment)

If you are unable to provide proof of income or if you are unsure of what to send, please contact Jarrett Crowell at 412-639-9416 or [jarrett@actionhousing.org](mailto:jarrett@actionhousing.org).