



Highland Ridge Community Development Corporation

P.O. Box 4275, Washington, PA 15301
info@highlandridgecdc.org 724-614-7232

MENDING FENCES PROGRAM APPLICATION

Date: _____

APPLICANT INFORMATION:

Homeowner(s): _____

Address: _____, Washington, PA 15301

Home Phone: _____

Cell Phone (If Applicable): _____

What is the best number to reach you? ☐ Home ☐ Cell

Emergency Contact Person: _____

Emergency Contact Person Phone: _____

How did you hear about Highland Ridge CDC? _____

Name other agencies that have helped you with home repair services in the past two (2) years:

Is anyone in the home a Veteran? ☐ YES ☐ NO

Does anyone in the home have **documented** Physical Disabilities? ☐ YES ☐ NO

If Yes, please explain: _____

How long have you lived in your home? _____ Years

INFORMATION ABOUT THE HOUSE/ASSETS:

Are you the homeowner of record? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you current on your real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in danger of losing your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on a real estate tax payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No



Highland Ridge Community Development Corporation

P.O. Box 4275, Washington, PA 15301
info@highlandridgecdc.org 724-614-7232

Name of Gas Co.	Name of Electric Co.	
	<u>Description</u>	<u>Value</u>
Are you own any other real estate? ___ Yes ___ No		
Are you have any investments? ___ Yes ___ No		

INFORMATION ABOUT HOUSEHOLD RESIDENTS:

Please list ALL household residents, their date of birth (mm/dd/yyyy), relationship to homeowner, and monthly income, beginning with the homeowner

Name (First, MI, Last)	Date of Birth mm/dd/yyyy	Relationship	Monthly Income
	/ /	Homeowner/Applicant	\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Total Household Monthly Income: \$ _____

Total Number of Residents: _____



Highland Ridge Community Development Corporation

P.O. Box 4275, Washington, PA 15301
info@highlandridgecdc.org 724-614-7232

PLEASE DESCRIBE THE CONDITION OF YOUR HOME TO THE BEST OF YOUR ABILITY

	Good	Needs some Repairs	Bad	Remarks
Roof				
Gutters and downspouts				
Exterior doors, including storm doors (open, close, lock properly, broken glass)				
Lights outside each exterior door				
Doorbell				
Fences and/or gates				
Steps (inside or outside)				
Trees/plants/shrubs around the house				
Windows, including storm windows (open, close, lock properly, broken glass)				
Basement walls and floors (do you have water damage?)				
Furnace Age of ____ Mo./Years				
Water Heater Age of ____ Mo./Years				
Sinks, tubs, toilets				
Lights, outlets, switches				
Plaster/Drywall				
		YES	NO	
Is the house number readily visible from the street day and night?				



Highland Ridge Community
Development Corporation

Highland Ridge Community Development Corporation

P.O. Box 4275, Washington, PA 15301

info@highlandridgecdc.org 724-614-7232

Is there a working smoke detector on every level?			
Is there a working carbon monoxide detector?			
Is there a working fire extinguisher in the kitchen?			
Does your home have a circuit breaker (not old fuses) in the electrical panel box?			
Are all household residents physically able to use the toilet, shower, and tub?			
Do you need handrails or grab bars to be installed or repaired?			
Have you had any falls in the last six months due to tripping hazards?			
Are there any plumbing leaks?			
Does the sewer back up?			
Are there rodents in the house?			
Do you detect the odor of natural gas inside or out?			
LIST THE THREE REPAIRS YOU CONSIDER MOST IMPORTANT:			
1.			
2.			
3.			



Highland Ridge Community Development Corporation

P.O. Box 4275, Washington, PA 15301
info@highlandridgecdc.org 724-614-7232

PROOF OF INCOME

Please provide copies of the following supporting documents for each person living at this address, as applicable:

- Most recent federal tax return
- Latest paycheck stub
- Latest Social Security and/or pension benefit statement

Note: Due to the high volume of applications received, selection of participants is limited. Submission of an application does not guarantee participation or completion of all requests. Major structural and foundation problems will not be considered.

PROOF OF INCOME

Highland Ridge Community Development Corporation works in partnership with other housing assistance agencies to meet the needs of the homeowners. These other agencies may be able to provide you with additional housing assistance. May we share your information with other agencies for possible additional assistance for you?

Please check one of the following boxes: ☐ **YES, I do** ☐ **NO, I do not** give Highland Ridge Community Development Corporation permission to release my information to other housing assistance agencies.

APPLICANT CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I authorize Highland Ridge Community Development Corporation (and their partners) to verify income and assets as necessary to process this application. I realize that any repairs provided by Highland Ridge Community Development Corporation (and their partners) will be at no cost to me or to my family.

Homeowner signature

Date

PRINT NAME

Mail completed application and items listed in Proof of Income section to:

Highland Ridge Community Development Corporation
Mending Fences Program
P.O. Box 4275
Washington, PA 15301

If you have any additional questions, please call us at (724) 614-7232