

**WASHINGTON COUNTY ACCESS PROGRAM
PRE-APPLICATION**

Please complete this form and return BY MAIL along with a copy of the deed to your home (if applicable), your most recent tax return, and a letter from your doctor stating your disability and recommendation of modification needs to your home, to the following address:

Redevelopment Authority of the County of Washington
100 West Beau Street, Suite 603
Washington, PA 15301
724-228-6875

1. Applicant(s): _____
Name

Name

2. Address: _____
Street

City State Zip Code

3. Telephone #s: Home _____ Day _____ Cell _____
Email Address: _____

4. Current Housing Status: Owner _____ Tenant _____ Years at this residence: _____

If tenant, please complete the following information:

Name of Property Owner: _____

Address of Property Owner: _____

Telephone No. of Property Owner: _____

5. Household Composition and Income: List all persons in your household including yourself. List additional members on the back of the pre-application form, if necessary:

| Name | Relationship | Age | Physically Disabled Yes/No | Source of Income | Income/ Month |
|------|--------------|-----|-------------------------------|---------------------|------------------|
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6. Total Number of Persons in Household: _____

Please list the person(s) name(s) who are permanently, physically disabled; his/her disability; and whether he/she receives medicare or medicaid:

| Name of Disabled Persons(s) | Disability | Medicare or Medicaid | Medicare or Medicaid Number |
|-----------------------------|------------|----------------------|-----------------------------|
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7. Are you a US Citizen or Resident Alien? Yes___No___. You may be required to submit a copy of your Social Security Card, Birth Certificate, and/or Green Card

8. Applicant Certification:

I HEREBY CERTIFY THAT the foregoing information is true and correct to the best of my knowledge and that I have listed the total income received by every member of my household. Inquiries may be made to verify all statements. I further agree that false or misleading information will result in my payment for all Washington County Accessibility Program modifications. This certification is made with full knowledge of the limitations prescribed by the Washington County Accessibility Program.

In accordance with the Fair Housing Act of 1988, the American Disabilities Act of 1990, the Equal Credit Opportunity Act, and Section 504 of the Rehabilitation Act of 1973, as amended, the Redevelopment Authority of the County of Washington does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, or age.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____