

2024-2025
HOMEOWNER OCCUPIED IMPROVEMENT PROGRAM

SUPPORTING INFORMATION

CITY OF HARRISBURG
HOMEOWNER OCCUPIED IMPROVEMENT PROGRAM
APPLICATION

The City of Harrisburg is offering a Homeowner Occupied Improvement Program made available through the American Rescue Plan Act. The assistance provided is a non-repayable, income qualifying grant up to \$30,000.00 towards property improvements. Payments to be paid directly to the contractor towards pre-approved work to the home.

1. Property must be located in the City of Harrisburg.
2. Property must be Owner-Occupied and the primary residence of the applicant.
3. Property taxes must be current or be current with a certified repayment plan.
4. Homeowner must show proof of homeowner's insurance, declaration page showing dates of coverage.
5. Homeowner must have proof of flood insurance IF within the 100-year floodplain.
6. Total household income must not exceed the following income guidelines
7. Please note, missing requested documentation will not be considered a complete application and will not be considered for funding.

You may be eligible if your TOTAL HOUSEHOLD INCOME DOES NOT EXCEED the following limits:

Household Size	1	2	3	4	5	6	7	8+
80% of median	\$39,550	\$45,200	\$50,850	\$56,500	\$61,050	\$65,550	\$70,100	\$74,600

Application is required:

Please Print

Name	
Address	
Phone Number	
Email Address	
Total number of persons in household	
Do you own the home?	
Do you reside in the home?	
Total HOUSEHOLD income	\$
Are your City taxes paid to date/or do you have an active payment plan in place? <i>****(If you are involved in a payment plan, please provide a copy of the payment plan schedule or agreement)</i>	
Do you have homeowner's insurance?	
Do you have flood insurance? <i>(Applicable if you are within a 100-year floodplain)</i>	

Please complete the application in its entirety, as well as all applicable sections of the income sections. Send the application with all relevant backup documentation to below address or email all documentation to: DBHDHousing@harrisburgpa.gov.

Department of Building and Housing
Attention: Homeowner Improvement Program
10 N. 2nd Street, Suite
Harrisburg, PA 17101

INCOME
(Complete if Applicable)

Employment: List **ALL** employment (full & part time) of **ALL** household occupants.

IF RETIRED, LIST FORMER EMPLOYER.

ATTACH A COPY OF LAST YEAR'S IRS TAX RETURN (INCLUDING SCHEDULES & W-2's) AND COPIES OF PAY STUBS FOR THE PAST THIRTY (30) DAYS.

FAILURE TO DISCLOSE ALL INCOME, AS SPECIFIED HEREIN, MAY RESULT IN YOUR DISQUALIFICATION FROM PARTICIPATION IN THE PROGRAM. (Use separate sheet if necessary)

Employer's Name and Address	Household Member's Name	Current Earnings
		\$
		\$
		\$
		\$

OTHER INCOME
(Complete if Applicable)

OTHER INCOME: List all other income received by **ALL** household occupants. Other income includes, but is not limited to Social Security, SSI, SSD, Railroad Retirement, Black Lung, VA Benefits, Disability, Pensions, Annuities, Unemployment, Worker's Compensation, Public Assistance, Child Support/Alimony, Interest, Dividends, Rental Income, Etc.

FAILURE TO DISCLOSE ALL INCOME, AS SPECIFIED HEREIN, MAY RESULT IN YOUR DISQUALIFICATION FROM PARTICIPATION IN THE PROGRAM. (Use separate sheet if necessary)

Source	Claim Number	Recipient's Name	Monthly Amount
			\$
			\$
			\$
			\$
			\$

SELF-EMPLOYMENT INCOME
(Complete if Applicable)

SELF-EMPLOYMENT: All individuals who are self-employed must complete this section. SELF-EMPLOYED PERSONS MUST PROVIDE COPIES OF THEIR IRS TAX RETURNS (INCLUDING SCHEDULES) FOR THE PAST **TWO** YEARS. *(Use separate sheet if necessary)*

Name/Type of Business and Address	Household Member's Name	Annual Net Income

OCCUPANTS

OCCUPANCY/RESIDENCY: A person is defined as being an occupant or resident of a property if they sleep there most of the time and keep most of their clothing there. If these conditions have existed for a total of 100 days or more (regardless of whether consecutive) during the past year, then the individual is an occupant/resident of the property.

List the following information of **ALL** occupants of the household, including yourself.

FAILURE TO LIST ALL HOUSEHOLD OCCUPANTS, AS SPECIFIED HEREIN, WILL RESULT IN DISQUALIFICATION FROM PARTICIPATION IN THE PROGRAM.

Name and Relationship to Applicant	Date of Birth

List the following information for any occupant of the household over the age of 17 that is a fulltime student:

Name	Educational Institute and Address

ADDITIONAL DOCUMENTATION

Please Include the following documentation with your application:

Information needed to process your Homeowner Occupied Improvement Program Application with the City of Harrisburg:

1. Signed copy of the Homeowner Occupied Improvement Procedures
2. Copy of deed
3. Proof of income
 - Most recent paystubs covering the last 30 days from date on application
 - Unemployment Benefits- covering the last 30 days from date on application
 - Social Security annual award letter
 - VA Benefits letter
 - Pension, annual, monthly award letter, or any other proof of monthly amount
4. TWO most recent bank statements – For everyone in household over the age of 17 years old.
5. Proof of homeowner’s insurance, declaration page showing dates of coverage
6. Proof of Flood Insurance if within the 100-year flood plain
7. Are the property taxes current or on a current repayment plan

If your application is approved, you will be contacted by a city representative to for additional steps to finalize an agreement with an approved licensed contractor for the Homeowner Occupied Improvement Program.

***I, the undersigned, do hereby attest that I have thoroughly reviewed the Homeowner Occupied Improvement guidelines and procedures and hereby attest to abide by all terms and conditions contained therein. I further attest that all information I provided is accurate and correct.*

Name [Please Print]: _____

Signature: _____ Date: _____