



Highland Ridge Community
Development Corporation

Highland Ridge Community Development Corporation

PO Box 4275, Washington, PA 15301
info@highlandridgecdc.org

MENDING FENCES PROGRAM APPLICATION

Date: _____

APPLICANT INFORMATION:

Homeowner:

Address:

Home Phone: _____

Cell Phone: _____

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 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?

Yes No

Are you current on your real estate taxes?

Yes No

Are you in danger of losing your home?

Yes No

Are you on a real estate tax payment plan?

Yes No

Name of Gas Company _____

Name of Electric Company _____

Do you own any other real estate? Yes No

Do you have any investments? Yes No

If you answered Yes to either of the last 2 questions, please describe:

INFORMATION ABOUT HOUSEHOLD RESIDENTS:

Please list ALL household residents, their date of birth, relationship to homeowner, and monthly income, beginning with the homeowner

Homeowner Name

Total Household Monthly Income: \$ _____

Total Number of Residents: _____

Name (First, MI, Last)

Date of Birth mm/dd/yyyy

Relationship

Monthly Income

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

Roof	Good	Needs Some Repairs	Bad
Gutters and downspouts	Good	Needs Some Repairs	Bad
Exterior doors	Good	Needs Some Repairs	Bad
Lights outside each exterior door	Good	Needs Some Repairs	Bad
Doorbell	Good	Needs Some Repairs	Bad
Fences and/or gates	Good	Needs Some Repairs	Bad
Steps (inside or outside)	Good	Needs Some Repairs	Bad
Trees/plants/shrubs around the house	Good	Needs Some Repairs	Bad
Windows, including storm windows	Good	Needs Some Repairs	Bad
Lights, outlets, switches	Good	Needs Some Repairs	Bad
Sinks, tubs, toilets	Good	Needs Some Repairs	Bad
Basement walls and floors	Good	Needs Some Repairs	Bad
Plaster/Drywall	Good	Needs Some Repairs	Bad

Age of furnace _____ Years/Months

Age of water heater _____ Years/Months

Is the house number readily visible from the street day and night?

Yes No

Is there a working smoke detector on every level?

Yes No

Is there a working carbon monoxide detector?

Yes No

Is there a working fire extinguisher in the kitchen?

Yes No

Does your home have a circuit breaker (not old fuses) in the electrical panel box?

Yes No

Are all household residents physically able to use the toilet, shower, and tub?

Yes No

Do you need handrails or grab bars to be installed or repaired?

Yes No

Have you had any falls in the last six months due to tripping hazards?

Yes No

Are there any plumbing leaks or does the sewer back up?

Yes No

Are there rodents in the house?

Yes No

Do you detect the odor of natural gas inside or out?

Yes No

LIST THE THREE REPAIRS YOU CONSIDER MOST IMPORTANT:

- 1.
- 2.
- 3.

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.

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 CDC
P.O. Box 4275
Washington, PA 15301**

If you have any additional questions, please email us at info@highlandridgecdc.org