CITY OF YORK
PENNSYLVANIA
Department of Economic and Community Development
(DECD) Bureau of Housing Services
101 South George Street, 2nd Floor | York, PA 17401
Phone: (717) 849-2264 | Fax: (717) 812-0557
Mayor Sandie Walker

ARPA Senior Housing Rehabilitation Program

Application Packet for Owner-Occupied Housing Rehabilitation Assistance

Application Tracking	
Application Number	_____
Date Received	_____
Received By	_____
Status	☐ Received ☐ Under Review ☐ Approved ☐ Denied

The ARPA Senior Housing Rehabilitation Program provides up to $10,000 in grant/forgivable loan assistance to eligible homeowners residing within the City of York — including seniors age 55 and older, residents with disabilities, and income-qualifying households — to address critical home repairs, health and safety hazards, accessibility modifications, and building code compliance. This program is funded through American Rescue Plan Act (ARPA) allocations and is administered by the City of York Department of Economic and Community Development (DECD), Bureau of Housing Services, in accordance with 24 CFR 570.202 and applicable federal, state, and local regulations. Applicants must qualify as members of Impacted or Disproportionately Impacted households as defined by Treasury's SLFRF Final Rule (31 CFR Part 35), verified through income thresholds based on the Federal Poverty Guidelines and/or enrollment in qualifying federal benefit programs.

SECTION 1: APPLICANT INFORMATION

Full Legal Name: _____
Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Eligibility Category

Check at least one:

☐ Senior (age 55 or older)

☐ Person with a Disability (documentation required — see Section 4)

☐ Income-Qualifying Household

All applicants must meet income requirements regardless of eligibility category. **Social Security Number (last 4 digits):** XXX-XX-_____

Current Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Property Address (if different from mailing): _____

City: _____ **State:** _____ **ZIP:** _____

Phone (Home): _____ **Phone (Cell):** _____

Email Address: _____

Preferred Language: _____ **Interpreter Needed?** ☐ Yes ☐ No

Emergency Contact Name: _____

Relationship: _____ **Phone:** _____

Have you received assistance or applied for the York City Owner-Occupied Rehabilitation Program? ☐ Yes ☐ No

Household Composition

Full Name	Relationship	Date of Birth	Age	SSN (Last 4)

Total Number of Household Members: _____

SECTION 1A: DEMOGRAPHIC DATA COLLECTION (HUD Reporting)

The following demographic information is collected voluntarily for HUD reporting purposes only (CAPER/IDIS) per HUD Form 27061 and applicable OMB requirements. This information will not be used to determine eligibility.

Race/Ethnicity (check all that apply):

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other (specify): _____

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Gender of Head of Household:

☐ Male ☐ Female ☐ Other/Prefer not to say

Disability Status

Does any household member have a disability as defined under Section 504 of the Rehabilitation Act?
☐ Yes ☐ No

If Yes — Type of Disability (check all that apply):
☐ Physical ☐ Sensory (vision/hearing) ☐ Cognitive/Developmental ☐ Mental Health ☐ Other: _____

Disability Documentation Provided:
☐ SSA Disability Award Letter ☐ VA Disability Rating ☐ Physician's Certification ☐ Other: _____

Veteran Status

Is the applicant or any household member a veteran of the U.S. Armed Forces?
☐ Yes ☐ No

SECTION 2: PROPERTY INFORMATION & VERIFICATION

Property Address: _____
Year Built: _____
Type of Structure: ☐ Single Family ☐ Duplex ☐ Row Home ☐ Other: _____
Number of Bedrooms: _____ **Number of Bathrooms:** _____
Is the property owner-occupied? ☐ Yes ☐ No
Length of residency at this property: _____ years
Property Tax Account Number (York County): _____
Are property taxes current? ☐ Yes ☐ No — If No, explain: _____
Are all municipal fees and liens current? ☐ Yes ☐ No — If No, explain:
_____

Is the property listed on or eligible for the National Register of Historic Places? ☐ Yes ☐ No ☐ Unknown
Homeowner's Insurance Carrier: _____
Policy Number: _____
Mortgage Holder (if applicable): _____
Account Number: _____
☐ **I certify that I hold legal title to the above property as recorded in the York County Recorder of Deeds office.**

SECTION 3: INCOME ELIGIBILITY & VERIFICATION

Household income must not exceed 80% of Area Median Income (AMI) for the York-Hanover-Gettysburg, PA MSA as published annually by HUD. Income will be calculated using the Part 5 (Section 8) definition of annual income per 24 CFR 5.609.

Household Income

Household Member Name	Source of Income	Monthly Amount	Annual Amount

Sources of Income — check all that apply:

☐ Social Security ☐ SSI/SSDI ☐ Pension/Retirement ☐ Employment Wages ☐ Self-Employment
☐ Alimony/Child Support ☐ Public Assistance (TANF, GA) ☐ Veterans Benefits
☐ Rental Income ☐ Interest/Dividends ☐ Other: _____

Total Annual Household Income: $_____

HUD Income Limit Reference

Household Size	1	2	3	4	5	6	7	8	8
30% AMI (Extremely Low)	$21,500	$24,600	$27,650	$32,150	$37,650	$43,150	$48,650	$54,150	
50% AMI (Very Low)	$35,850	$41,000	$46,100	$51,200	$55,300	$59,400	$63,500	$67,600	
80% AMI (Low)	$57,350	$65,550	$73,750	$81,900	$88,500	$95,050	$101,600	$108,150	

Asset Declaration

Asset Type	Financial Institution	Account # (Last 4)	Current Balance
Bank Accounts (checking/savings)			$
Real Estate (other than primary)			$
Stocks/Bonds/Mutual Funds			$
Life Insurance (cash value)			$
Retirement Accounts (IRA/401k)			$
Other: _____			$

Total Asset Value: $_____

I certify that the income and asset information provided above is true, complete, and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

SECTION 3A: ARPA IMPACT STATUS DETERMINATION

In accordance with the American Rescue Plan Act (ARPA) and U.S. Treasury SLFRF Final Rule (31 CFR Part 35), this program must verify that applicants qualify as members of Impacted or Disproportionately Impacted households. Applicants must meet the criteria in at least one category below. All income limits are based on the Federal Poverty Guidelines (FPG) as published annually by the U.S. Department of Health and Human Services.

CATEGORY A: IMPACTED HOUSEHOLDS

An applicant qualifies as an Impacted Household if they meet ANY of the following criteria (check all that apply):

☐ Moderate-income household at or below 300% of the Federal Poverty Guidelines (see table below)
☐ Household that experienced unemployment (documentation required)
☐ Household that experienced increased food or housing insecurity (documentation required)
☐ Household that qualifies for any of the following programs:
☐ Children's Health Insurance Program (CHIP)
☐ Childcare subsidies through the Child Care Development Fund (CCDF) Program
☐ Medicaid
☐ National Housing Trust Fund
☐ HOME Investment Partnerships Program

300% Federal Poverty Guidelines (FPG) — Impacted Household Income Limits:

Household Size	1	2	3	4	5	6	7	8
300% FPG	$45,180	$61,320	$77,460	$93,600	$109,740	$125,880	$142,020	$158,160

CATEGORY B: DISPROPORTIONATELY IMPACTED HOUSEHOLDS

An applicant qualifies as a Disproportionately Impacted Household if they meet ANY of the following criteria (check all that apply):

☐ Low-income household at or below 185% of the Federal Poverty Guidelines (see table below)
☐ Household located within a Qualified Census Tract (QCT)
☐ Household receiving services provided by Tribal governments
☐ Household that qualifies for any of the following federal benefit programs:
☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Free- and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) Programs
☐ Medicare Part D Low-Income Subsidies
☐ Supplemental Security Income (SSI)
☐ Head Start and/or Early Head Start
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ Section 8 Housing Choice Vouchers
☐ Low-Income Home Energy Assistance Program (LIHEAP)
☐ Pell Grants

185% Federal Poverty Guidelines (FPG) Disproportionately Impacted Household Income Limits:

Household Size	1	2	3	4	5	6	7	8
185% FPG	$27,861	$37,814	$47,767	$57,720	$67,673	$77,626	$87,579	$97,532

IMPACT VERIFICATION

The City of York must verify the applicant's impact status. Indicate the documentation you are providing to verify eligibility under the selected category:

☐ Current benefit award letter or enrollment verification for checked program(s) above

☐ Unemployment documentation (UI benefit statement, employer separation notice, or self-attestation with supporting documentation)

☐ Food insecurity documentation (food bank usage records, SNAP application/denial, self-attestation)

☐ Housing insecurity documentation (eviction notice, past-due rent/mortgage statements, homelessness services records, self-attestation)

☐ Income documentation verifying household income at or below applicable FPG threshold (pay stubs, tax return, benefit letters — see Section 3)

☐ Qualified Census Tract verification (address-based — staff will verify using HUD QCT mapping tool)

☐ Other: _____

I certify that the information provided above regarding my household's impact status is true and accurate. I understand that the City of York will verify this information and that false statements are subject to penalties under 18 U.S.C. § 1001.

Applicant Printed Name: _____

Signature: _____ **Date:** _____

SECTION 4: REQUIRED DOCUMENTATION CHECKLIST

Please submit copies of all required documents. Do not submit originals. Staff will verify documents during the intake review.

Identity and Eligibility:

☐ Government-issued photo ID for all adult household members
☐ Proof of age (55+ for senior category) birth certificate, passport, or valid ID showing DOB
☐ Proof of disability (if claiming disability eligibility) SSA Disability Award Letter, VA Disability Rating, or Physician's Certification
☐ Social Security cards for all household members
☐ Proof of U.S. citizenship or eligible immigration status

Property Documentation:

☐ Recorded deed showing applicants as owner
☐ Current property tax statement (York County)
☐ Current homeowner's insurance declaration page
☐ Current mortgage statement (if applicable)
☐ Utility bills (last 3 months — electric, gas, water)

Income Documentation (last 12 months or most recent):

☐ Social Security benefit verification letter (SSA-1099 or benefit letter)
☐ SSI/SSDI award letter
☐ Pension/retirement income statements
☐ Last 4 pay stubs (if employed)
☐ Most recent federal tax return (IRS Form 1040) with all schedules
☐ W-2 forms
☐ Bank statements (last 3 months for all accounts)
☐ Investment/dividend statements
☐ Rental income documentation
☐ Alimony/child support court orders
☐ Public assistance verification letter
☐ Veterans benefit verification
☐ Self-employment records (P&L, Schedule C)
☐ Zero income affidavit (if applicable)

ARPA Impact Verification:

☐ ARPA Impact Status Determination Form (Section 3A of this packet)
☐ Federal benefit program enrollment/award letter(s) if claiming eligibility through a qualifying program
☐ Unemployment documentation — if claiming unemployment impact
☐ Food or housing insecurity documentation — if claiming food/housing insecurity impact

Other Required Items:

☐ Signed and completed application (all sections)
☐ Authorization for Release of Information (Section 6)
☐ Fair Housing acknowledgment (Section 7B)
☐ Demographic Data Form (Section 1A)
☐ Privacy Act Acknowledgment (Section 9)

SECTION 5: SCOPE OF WORK

Applicant-Identified Repairs

List all known repairs or improvements needed at your property. The final scope of work will be determined by program staff following a professional property inspection. All repairs must fall within eligible categories under 24 CFR 570.202. Maximum program assistance: $10,000.

Eligible Expense Categories under 24 CFR 570.202

Weatherization and Energy Efficiency (WE):

Attic and basement insulation; hot water heater and pipe insulation; window and door weather stripping; caulking and broken glass replacement; improvements to increase the efficient use of energy in structures through such means as installation of storm windows and doors, siding, wall and attic insulation, and conversion, modification, or replacement of heating and cooling equipment, including the use of solar energy equipment; improvements to increase the efficient use of water through such means as water-saving faucets and shower heads and repair of water leaks.

Housing Code Violations (CV):

Replacement of roofing and heating systems; major electrical repairs; major plumbing repairs; sewer/water hookups; replacement of septic systems; Senior Safe/ADA modifications.

Deferred Maintenance (DM):

Replacement of principal fixtures and components of existing structures; installation of security devices, including smoke detectors and dead bolt locks; abatement of asbestos hazards and other contaminants; limited renovation through alterations, additions to, or enhancement of existing structures and improvements (limited to painting and select cosmetic items as approved by program staff).

Ineligible:

Luxury items, non-essential additions beyond approved scope, and work not related to health, safety, code compliance, energy efficiency, accessibility, or approved deferred maintenance.

SECTION 6: AUTHORIZATION & RELEASE OF INFORMATION

I hereby authorize the City of York Department of Economic and Community Development (DECD), Bureau of Housing Services, its agents, employees, and contractors, to obtain and verify any information necessary to determine my eligibility for the ARPA Senior Housing Rehabilitation Program, including but not limited to:

- Income and employment verification
- Bank and financial account verification
- Tax return information (IRS Form 4506-T authorization)
- Property ownership and title verification
- Credit and lien information
- Insurance information
- Federal benefit program enrollment status
- Any public records relevant to eligibility determination

I further authorize any employer, financial institution, government agency, or other entity to release such information to the City of York DECD, Bureau of Housing Services for the purposes stated above.
This authorization remains valid for the duration of my participation in the program plus five (5) years for record retention as required by federal regulations (2 CFR § 200.334).

Applicant Printed Name: _____
Applicant Signature: _____ **Date:** _____
Co-Applicant Printed Name (if applicable): _____
Co-Applicant Signature: _____ **Date:** _____

SECTION 7A: APPLICANT CERTIFICATION

By signing below, I certify that:

- All information provided in this application is true, complete, and accurate to the best of my knowledge
- I meet at least one of the following eligibility categories:
  - ☐ I am 55 years of age or older
  - ☐ I am a person with a disability as defined under Section 504 of the Rehabilitation Act
  - ☐ I meet the income requirements for this program
- The property identified in Section 2 is my owner-occupied principal residence
- My household income does not exceed 80% of the Area Median Income for the York-Hanover-Gettysburg MSA
- My household qualifies as an Impacted or Disproportionately Impacted household under ARPA and Treasury SLFRF guidelines, and I have provided accurate documentation to verify this status in Section 3A
- I have not been convicted of fraud related to any federal assistance program
- I understand the City of York assumes no responsibility or liability for any loss, damage, injury, or expense resulting from participation in this program.
- I agree to maintain the property as my principal residence for a minimum of five (5) years (affordability period)
- I understand that if the property is sold, transferred, or ceases to be my primary residence during the affordability period, I may be required to repay all or a portion of the assistance (up to $10,000) per the program's recapture provisions

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

SECTION 7B: FAIR HOUSING & NON-DISCRIMINATION ACKNOWLEDGMENT

The City of York ARPA Senior Housing Rehabilitation Program is administered in compliance with all applicable federal, state, and local civil rights laws, including but not limited to: Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Fair Housing Act; the Age Discrimination Act of 1975; and the Americans with Disabilities Act (ADA).

I acknowledge that the program does not discriminate on the basis of race, color, national origin, religion, sex, familial status, disability, or any other protected class.

Applicant Signature: _____ **Date:** _____

SECTION 8: FOR OFFICE USE ONLY

THIS SECTION IS FOR PROGRAM STAFF USE ONLY — DO NOT COMPLETE

Application Received Date: _____
Application Number Assigned: _____
Staff Reviewer Name: _____
DECD Reviewing Bureau: ☐ Housing Services ☐ Economic Development ☐ Other: _____
Eligibility Determination: ☐ Eligible ☐ Ineligible ☐ Pending Additional Documentation
Income Verification Completed: ☐ Yes **Date:** _____
ARPA Impact Status Verified: ☐ Impacted ☐ Disproportionately Impacted **Date:** _____
Property Inspection Completed: ☐ Yes **Date:** _____
Estimated Project Cost: $_____
Maximum Program Assistance: $10,000
Funding Source: ☐ ARPA ☐ HOME-ARP ☐ Other: _____
Affordability Period: ☐ 5 years ☐ 10 years ☐ 15 years
Approval Date: _____
Denial Date: _____ **Reason:** _____
Notes:
_____
_____
_____
Supervisor Printed Name: _____
Supervisor Signature: _____ **Date:** _____

SECTION 9: PRIVACY ACT NOTICE & DATA PROTECTION

PRIVACY ACT NOTICE

The City of York collects the information requested in this application to determine your eligibility for the ARPA Senior Housing Rehabilitation Program. Authority for this collection is derived from the American Rescue Plan Act of 2021 (P.L. 117-2), Title II of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 12701 et seq.), and 24 CFR Part 92.

This information is considered confidential and will be used solely for the purposes of eligibility determination, program administration, and federal reporting as required by HUD and the U.S. Department of the Treasury. Your information will not be disclosed to third parties except as required by law, for program administration purposes, or as authorized by your signed Release of Information (Section 6).

Providing the requested information is voluntary; however, failure to provide necessary information may result in a delay in processing or denial of your application.

You have the right to review, correct, and request deletion of your personal information maintained in program files, subject to federal record retention requirements under 2 CFR § 200.334.

I acknowledge that I have read and understand this Privacy Act Notice.

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

Applicant Acknowledgment

I acknowledge that I have read and understand the Privacy Act Notice above. I consent to the collection, use, and disclosure of my personal information as described herein and in the Authorization for Release of Information (Section 7).

Applicant Printed Name:

_____

Date:

_____

Applicant Signature:

_____

Program Overview

The ARPA Senior Housing Rehabilitation Program provides up to a **maximum of $10,000 per eligible household** in forgivable loans and/or grants to assist eligible senior homeowners with critical home repairs and improvements. The program is funded through American Rescue Plan Act (ARPA) and HOME-ARP allocations and administered by the City of York Department of Economic and Community Development (DECD), Bureau of Housing Services.

Eligible Applicants

- Must be **age 55 or older** at the time of application
- Must be the **owner and occupant** of the property to be rehabilitated
- Property must be located within the **corporate limits of the City of York, Pennsylvania**
- Total annual household income must not exceed **80% of Area Median Income (AMI)** as published by HUD for the York-Hanover-Gettysburg MSA
- Property taxes, municipal fees, and water/sewer charges must be **current** (or an approved payment plan must be in place)
- Property must be adequately **insured**

Eligible Improvements

- **Health and Safety Hazards:** Lead-based paint stabilization, asbestos abatement, smoke/CO detector installation, electrical hazard correction
- **Building Code Compliance:** Correction of code violations cited by the Bureau of Permits and Inspections
- **Accessibility Modifications:** Ramps, grab bars, widened doorways, accessible bathrooms (ADA/Section 504)
- **Energy Efficiency:** Insulation, window replacement, weather stripping, HVAC upgrades
- **Essential Systems:** Roof repair/replacement, plumbing, electrical, heating/cooling, structural repairs

Ineligible Improvements

- Luxury items or amenities (hot tubs, swimming pools, decorative landscaping)
- Room additions or new construction
- Non-essential cosmetic improvements (paint color changes, decorative upgrades not related to health/safety/code)
- Repairs to detached structures not integral to habitation (detached garages, sheds, fences)
- Appliance replacement (unless directly related to health/safety or code compliance)

Projects Exceeding $10,000

If the scope of needed repairs exceeds the **$10,000 maximum** program benefit, the homeowner must identify supplemental funding sources to cover the excess cost or agree to reduce the scope of work to an amount within the program maximum. The City may assist in identifying other available resources.

Affordability Period & Recapture Provisions

A lien and/or deed restriction will be recorded on the property for the applicable affordability period. If the property is sold, transferred, or ceases to be the applicant's primary residence during the affordability period, a prorated portion of the assistance may be subject to recapture in accordance with federal regulations and the terms of the written agreement.