

MUNICIPALITY: _____

PHONE NUMBER: _____

REDEVELOPMENT AUTHORITY OF THE COUNTY OF BERKS
MAJOR SYSTEMS PROGRAM APPLICATION

Date of Interview: _____

Interviewer: _____

Applicant's Name (s): _____ Age: ____ / ____ Phone #: _____

Address: _____

S.S.#: _____ (1)

S.S.#: _____ (2)

Is the property in one name or both names: _____

Is this your principal residence? Yes No

Names and ages of all persons living in the household: _____

Have you previously applied for the Program? Yes No

Did you receive assistance: Yes No

At what banks do you have accounts? _____

Checking Account Balance: _____ Savings Balance: _____

Adjusted Gross Income from IRS Form 1040 Individual Income Tax Return: _____

What home repairs or replacements are needed? _____

I (we) certify that the above information is true and correct to the best of my (our) knowledge and belief. I (we) hereby authorize the Redevelopment Authority to obtain verification of any and all information contained on this form.

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

Any false, fictitious or fraudulent statements or representations made knowingly or willfully may subject the signer to penalties under Section of 1001 of Title 18 of the United States Code.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____