

MUNICIPALITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REDEVELOPMENT AUTHORITY OF THE COUNTY OF BERKS  
MAJOR SYSTEMS PROGRAM APPLICATION

Date of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_ / \_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

S.S.#: \_\_\_\_\_

\_\_\_\_\_

S.S.#: \_\_\_\_\_

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: \_\_\_\_\_ Stocks/Bonds: \_\_\_\_\_

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: \_\_\_\_\_