



Paint the Town – North Scranton Application/Nomination Form May 16-22, 2015

Paint the Town is a project being planned by NeighborWorks® Northeastern Pennsylvania (NWNPEA) and Habitat for Humanity of Lackawanna County (HFH) in partnership with Leadership Lackawanna for the week of May 16 – 22, 2015. This project will bring together volunteers from our area to do service work for those who could use a helping hand- *with all work done at no cost to the homeowner!* Applicants will be selected based on the need and availability of assistance- income guidelines are on the back of this application. If you have any additional questions, please call Ellen at 570-558-2490. Applicants must own their home and live in North Scranton in order to be eligible.

Projects that can be considered for *Paint the Town* include*:

△ Exterior and interior painting

△ General maintenance & clean-up

***Please note: No plumbing, construction, roofing or electrical work can be done as part of this project**

Both labor and materials are free to qualifying households. You may apply for yourself or nominate someone. To be eligible to receive program services, please complete this confidential application and provide a copy of your homeowners insurance and return to:

NeighborWorks® Northeastern Pennsylvania
709 East Market Street
Scranton, PA 18509
Phone#: (570) 558-2490 Fax #: (570) 558-2496

Name: _____ Daytime phone: _____

Nominator's name: _____ Nominators phone: _____

Address: _____ City, State, Zip: _____

***Please answer all questions:**

- | | | | |
|---|--|------------------------------------|--|
| Do you own and live in your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a physical disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your home within North Scranton? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you 62 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the home have multiple units? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have homeowners insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or have you served in the military? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
- Will you be able to be home (onsite) during the week of May 16-22 if your project is selected? Yes No

Briefly describe the work you would like to have done: _____

Signature: _____ Date: _____

Applications should be returned ASAP, but no later than February 28th



Please provide additional information in order for NWNEPA to successfully process the application.

Who lives in your home, full or part-time (including yourself)? Attach additional page if necessary:

Name	Age	Relationship	List any Disabilities
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

What is the total monthly household income before taxes? Include salary, all forms of public assistance, SSI, pensions, child support, unemployment and rental income, for all residents. Complete the attached "Income Worksheet" and include proof of income as indicated on that worksheet (if you need assistance with this process, please call our office):

Total Monthly Income for Household: \$ _____

To qualify for this event, homeowners must fall within 80% of the income limits according to U.S. Department of Housing and Urban Development.

Household size and income:

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$33,150	\$37,900	\$42,650	\$47,350	\$51,150	\$54,950	\$58,750	\$62,550

Household Member Name	Wages Salary Amount	Social Security Amount	Disability Amount	AFDC Amount	Other* (Pension, etc.) Amount	Gross Annual Income
* Explanation of Other Income: _____ Are there any special circumstances regarding the amount of expenses within your household that we need to be made aware of such as home health care, hospital costs, medication expenses, etc.? _____						Total:

Verification of Income

Please provide documentation to verify your income. This must include annual income of **all household members**.

The following documentation is acceptable:

- Copy of latest federal tax returns filed for each eligible household member **or all** of the following that apply to you:
 - Social Security/SSI benefit statements
 - Pension Benefits for Veterans or Retired
 - Single paystub for employment
 - Child support benefits or AFDC statement
 - Unemployment benefit statement
 - Indication of any rental income

Please provide photocopies of all documents with this application and black out all social security numbers. We can make copies of documents if needed.