



Restoring Hope of Berks County Criteria

This program is for residents of Berks County only

REQUIREMENTS:

- Minimum of three years of being a homeowner of an owner-occupied property on a permanent foundation (no mobile homes).
- Property must be deeded and all mortgages / loans in applicant's name.
- Applicant must agree to the signing of required release forms.
- Applicant must agree to have their credit report pulled and analyzed.
- Applicant must agree to obtain and have their criminal history (National & PA) analyzed with a full background check.
- Applicant must have current homeowner's insurance.
- Applicant must be current on their mortgage.
- Applicant must be current on their property taxes.
- Applicant must be current on their municipal utilities.

If the applicant previously received other repair assistance within the last five years, they are not eligible.

www.RESTORINGHOPEBERKS.org



Restoring Hope of Berks County

Date_____

Applicant Name_____

Please tell us who you are (Only complete if you ARE NOT the applicant):

Nominating Name_____

Email Address_____ Phone () _____

All of the following information pertains to the applicant's household only:

Physical Address_____

Do You Own your Home? (Circle one): yes no How long have you lived there? _____

County _____ Municipality _____

Marital Status (circle one): Married Divorced Separated Single Widowed

Home Phone () _____ Cell (Mobile) () _____

Secondary Contact Name_____

Email Address_____ Phone () _____

Are you a Veteran? (Circle one): yes no

If "yes" are you on active Duty? (Circle one): yes no

Were you honorably discharged? (Circle one): yes no

Do you have any Disabilities? (Circle one): yes no

If "yes", please explain (use back if necessary) _____

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Please list the names, and ages of each member of your household, including children, and their incomes, if any. (Include all income sources. Gross Income is earnings before taxes and deductions.):

Name	_____	Age	_____	Gross Income	_____
Name	_____	Age	_____	Gross Income	_____
Name	_____	Age	_____	Gross Income	_____
Name	_____	Age	_____	Gross Income	_____
Name	_____	Age	_____	Gross Income	_____

If employed, tell us where (including all household members):

Name	_____	Employer	_____	How Long	_____
Name	_____	Employer	_____	How Long	_____
Name	_____	Employer	_____	How Long	_____
Name	_____	Employer	_____	How Long	_____
Name	_____	Employer	_____	How Long	_____

What are the current balances in your Bank Accounts?

Checking:	\$	_____
Savings:	\$	_____
Other:	\$	_____

Bank & Address of 1st Mortgage_____

Are Payments Current? (Circle one): yes no

Monthly Mortgage Payment \$_____ Current Mortgage Balance \$_____

Bank & Address of 2nd Mortgage_____

Are Payments Current? (Circle one): yes no

Monthly Mortgage Payment \$_____ Current Mortgage Balance \$_____

Annual Property Taxes \$_____ Annual Homeowners Insurance \$_____

Home Value \$_____

Do you have any other debts?

Credit Card Total: \$ _____

Personal Loans Total: \$ _____

Auto Loans Total: \$ _____

Have you ever declared bankruptcy? (Circle one): yes no

If yes, when and please add a brief summary:

Tell us about what you would like done (Add additional sheets or write on back, if necessary):

Project Description (tell us what work needs to be done)

Why do you deserve the assistance of Restoring Hope of Berks County?

How are you involved in the Community? (Please list the organizations you actively support)

How did you hear about Restoring Hope of Berks County? (Please be specific)

If selected, are you or family members willing to help with the Project (move furniture, raise money, recruit / manage volunteers) for future recipients? (Circle one): yes no

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Client Release: I declare that, to the best of my knowledge, all information that I have made available and documented above is true and factual and will be shared with the board of directors. If I am selected for further consideration I understand that I will be required to provide two (2) years of tax returns, national criminal background checks, credit reports, and possibly other documentation.

Applicant Signature_____Date_____

Printed Name of Applicant _____

Applicant Signature_____Date_____

Printed Name of Applicant _____

Applications should be mailed to:

Restoring Hope of Berks County
PO Box 6175
Wyomissing, PA 19610

Please use extra paper for longer answers if necessary.



Restoring Hope of Berks County
BACKGROUND CHECK AUTHORIZATION
CONFIDENTIAL

Print Name: _____

Former Name(s) and Dates Used: _____

Current Address Since: _____

Previous Address From: _____

Previous Address From: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number / State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Restoring Hope of Berks County** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for application purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Restoring Hope of Berks County** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Restoring Hope of Berks County**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____