



Greetings,

NeighborWorks Northeastern Pennsylvania (NWNPEA) is reaching out as we are aware that you might be interested in having your home repaired or modified to better accommodate your current aging related needs.

In order to determine eligibility for any of our grant programs we require:

- ~ *Completed application (included)*
- ~ *Copy of your homeowner's insurance declaration page*
- ~ *Copy of your household income (examples: Social Security benefit statement, recent tax return, employee pay statement, etc.)*
- ~ *Power of Attorney documentation (if applicable)*

You can send copies of these documents to our office at:

**NWNEPA
815 Smith Street
Scranton, PA 18504**

Or **FAX** the documents to: **(570)-558-2496**.

Once your documents are received NWNPEA staff will reach out to you to review services you may be eligible for. However, receipt of documentation does not guarantee IMMEDIATE service.

If you have any questions or concerns please call (570)-558-2490.

Sincerely,
Mary Endrusick | Aging in Place Manager



Aging in Place
Application for Services

Date: _____

Applicant Name: _____

Co-Applicant Name: _____

County of Residence: _____

Address: _____

Do you own the home: Yes No

If you do not own the home, who does and what is their relationship to you?

Name	Relationship

Contact Number: _____ Cell Phone: _____

Contact Number: _____ Cell Phone: _____

Email Address: _____

Email Address: _____

Applicant Date of Birth: _____ Current Age: _____

Co-Applicant Date of Birth: _____ Current Age: _____



Income Source and Gross Amount for Everyone in the Household

Source	Monthly Amount

Please list other occupants of the home and their dates of birth, if there are any:

Name	Date of Birth

Are you behind on any of the following:

1. Property Taxes: Yes No
2. Utility Bills (water, gas, electricity, etc): Yes No
3. Mortgage: Yes No



Personal Data – this information is for data collection purposes only

Race of applicant (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Refused

Race of Co- Applicant (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Refused

Is the applicant a Veteran: Yes No

Is the co-applicant a Veteran: Yes No



NeighborWorks Northeastern Pennsylvania (NWNEPA) works with Certified Aging in Place Specialist (CAPS) professionals, Occupational Therapists and Housing Inspectors to determine the level of modification or repair that may be needed in your home. The program also works closely with your local Area Agency on Aging to assist in providing you with the most valid and helpful referrals to allow you to continue living safely and with dignity in your home and community.

By signing below you are acknowledging that the information provided in your application is true and accurate and that you are willing to work with NWNEPA's CAPS professionals, Occupational Therapists and Housing Inspectors to identify the best modification and repair to assist you in maintaining your current living environment.

Applicant Printed Name

Co- Applicant Printed Name

Applicant Signature

Co-Applicant Signature

Date

Date