



Aging in Place  
Application for Services  
Wayne County Whole Home Repair

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: \_\_\_\_\_

**What is the nature of your request for services (please circle all that apply):**

1. Accessibility Modification (ex: wheelchair ramp, grab bars, railings, etc).
2. Rehab and Repair (ex: roof repair/replacement; heating/cooling concerns; etc).
3. Small Home Repair/Volunteer services (ex: interior/exterior painting; grass cutting; snow removal, etc.)

**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 (NWNPEA) 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 NWNNEPA's CAPS professionals, Occupational Therapists and Housing Inspectors to identify the best modification and repair to assist you in maintaining your current living environment.

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 your application and copies of these documents to our office:

**NWNNEPA**

**815 Smith Street**

**Scranton, PA 18504**

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

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

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Applicant Printed Name

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Co- Applicant Printed Name

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Applicant Signature

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Co-Applicant Signature

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Date

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Date