



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 and Occupational Therapists 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 and Occupational Therapists 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