



## Elderly Cottage Housing Opportunity (ECHO)

### Applicant Information/Proposed Occupant

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### Co-Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Income**

Social Security (Monthly): \_\_\_\_\_

Pension (Monthly): \_\_\_\_\_

Retirement Distribution (Monthly): \_\_\_\_\_

Employment Income (Monthly): \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_

**Employment Information (If Currently Employed)**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Annual Income (Hourly/Salary): \$ \_\_\_\_\_

**Emergency Contact Information**

Name (Person Not Residing With You): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Medical Conditions**

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

**Other Information**

Are you currently working with any social service originations, such as the Area Agency on Aging?: Yes / No

If Yes, please name the organization and contact person: \_\_\_\_\_

\_\_\_\_\_

How do you get to appointments?: \_\_\_\_\_

\_\_\_\_\_

Please provide a brief description of how safety, health, and quality of life would be improved if entered in the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to pay affordable rent for the unit?: Yes / No

**Property Owner Information**

Property Owner Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage: \_\_\_\_\_

Utilities:

Water: Well / Public

Sewer: Public/ Septic

Property Taxes Current?: Yes / No

Utility Bills Current?: Yes / No

Number of people living in your home (include ages): \_\_\_\_\_

Are you willing to have utilities installed in the ECHO unit?: Yes / No

Are you willing to pay for the added utility costs of the unit?: Yes / No

Do you acknowledge once the unit is no longer needed that it will be removed within 90 days:  
Yes / No

Do you agree to provide general support and care to the ECHO tenant and be responsible in  
case of emergencies?: Yes / No

Do you agree if the ECHO unit gets damaged by fire or other causality, that you will repair it  
within a reasonable time and rent will continue unless the causality renders the unit unlivable?:  
Yes / No

I (applicant) authorize the verification of the information provided on this form as my credit and employment. I have received a copy of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm the completion of this application for Elderly Cottage Housing Opportunity (ECHO).

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

The **Applicant** should provide the following documentation along with this application. If you require assistance making copies please reach out to your local **Area Agency on Aging** and they will assist you:

Driver's License (Applicant and Co-Applicant)

Proof of income (Applicant and Co-Applicant)

**Please mail application and required documentation to:**

HBF Area Agency on Aging

Att: Lori Heaton

307 10<sup>th</sup> Street

Huntingdon, PA 16652

Any questions regarding this application can be directed to:

Lori Heaton, HBF Area Agency on Aging: 814-643-5115 X 207

Or

Diana Dick, Center for Community Action Phone: 814-623-9129 X 4120

## Terms and Conditions

### 1. Termination of Lease

- A. **Material Noncompliance:** Material noncompliance includes, but is not limited to:
- a) permitting unauthorized persons to live in the ECHO Unit.
  - b) serious or repeated damage to the ECHO Unit or Host Property.
  - c) serious or repeated violations of the Lease that disrupt the livability of the ECHO Unit, adversely affect the health or safety of Tenant or any other person, or have an adverse financial effect on the ECHO Unit, interfere with the management of the ECHO Unit or interfere with the rights and quiet enjoyment of others.

2. **Use:** Tenant agrees to use the ECHO Unit only as the principal residence of the individual(s) named as Tenant, and not to assign this Lease or sublet the ECHO Unit. Tenant agrees not to alter or make additions to the ECHO Unit, without Landlord's prior written consent. Tenant agrees not to do or to permit any act or practice injurious to the ECHO Unit or Host Property, which may affect the insurance on the ECHO Unit, or which is contrary to any law or government regulation.

3. **Regulations:** The Tenant, guests of Tenant, and other persons under Tenant's control shall not engage in unlawful activity, including drug-related criminal activity in the ECHO Unit or on the Host Property premises. The Tenant, guests of Tenant, and other persons under Tenant's control shall not smoke in the ECHO Unit. Such unlawful activity shall be cause for termination of tenancy.

By signing below, I agree that I have read and understand the terms and conditions associated with the Elderly Cottage Housing Opportunity (ECHO). I understand that these are not the only terms and conditions that will apply to the lease agreement(s) should I be chosen for the program.

\_\_\_\_\_  
Applicant (please print name)

\_\_\_\_\_  
Property Owner (please print name)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date