BEST Aging in Place Home Modification Application

The Bayfront East Side Taskforce (BEST) was recently approved for a one-year Special Priorities Project through the Neighborhood Assistance Program offered by the Commonwealth of Pennsylvania. Sponsored by UPMC Health Plan, KnoxLaw, Marquette Bank, and Northwest Savings Bank, this grant will be used to assist residents aged 50 and above in the Historic East Bayfront with minor home improvements so that they are able to remain safe in their homes. Please read the following list for the necessary guidelines and information regarding the program to determine if it is a good fit for you. Applications may be prioritized based upon need.

- ★ The grant must be used for residential units.
- ★ At least one individual residing in the unit **must** be aged 50 or above to qualify for the home improvement modification program.
- ★ The residential unit must be located within the parameters of State Street to the west side of the Bayfront Parkway, between Front Street and the north side of 6th Street.
- ★ Qualifying residents may receive up to $1500 worth of home modifications to increase safety and accessibility within their homes. All materials will be purchased by BEST prior to their installation. This work will be completed by BEST staff, volunteers, and sub-contractors. No monies will be distributed directly to grantees.
- ★ Please be aware that additional application paperwork may be necessary after the initial intake, and that assistance is not guaranteed.
- ★ Applications will be accepted until **Feb 1, 2027**, or until grant funds are exhausted, whichever occurs first.

Please complete the form below and attach all relevant documentation. If you have any questions while completing this form, please contact BEST at **814-456-7062**. Once completed, please return the entire application to:

Bayfront East Side Taskforce
231 Parade Street
Erie, PA 16507

APPLICATION DEADLINE: Feb. 1, 2027

Applicant Information (please print legibly)

Name: _____

Address: _____

Phone #: _____

Email: _____

Please circle the type of property this is: Owner-occupied Rental

If you are a renter, please ask the property owner for a letter to BEST indicating their approval for any HomeFit modifications to the housing unit. You *must* attach this signed letter to this application.

How many people live at this unit: _____

How many people currently living at this unit are aged 50 or above? _____
(Please provide a copy of the aged 50+ resident's birth certificate or driver's license for verification.)

Current Household Income: _____

Please list below any minor home modification concerns that may need improvement that will increase safety and accessibility within your home. (ex. stair or uneven pavement repairs, shower grab bars, Ring or Blink Security Lights and, etc.) :

Please indicate your agreement to allow a BEST staff member to assess your HomeFit needs:_____Yes _____NO

Please note that the assessment will include both an assessment of the home and a conversation to determine what modifications are most appropriate for your home and your needs.
PLEASE READ AND SIGN BELOW: To implement the home modifications project according to the requirements of the BEST SPP Aging in Place project as presented by the Bayfront East Side Taskforce, the following conditions must be met:

The resident and property owner agrees to:

- Allow BEST staff and/or contractors to access the unit to complete the work.
- Agree to hold the Bayfront East Side Taskforce and its partners harmless from any potential litigation or disputes involving materials used on this project. The Bayfront East Side Taskforce is in no way responsible for warranties regardless of the source of funds used on this project.

The resident and property owner understand that:

- The Bayfront East Side Taskforce is under no obligation to provide services to the residents if the resident fails to comply with program regulations.
- BEST reserves the right to prioritize units based on various factors, including the level of need.
- BEST will take before & after photos of the unit once application is approved, and those photos will be used to promote the program and satisfy Pennsylvania DCED Neighborhood Assistance Program reporting requirements.

As the legal resident of the above property, I hereby certify that all information provided is true to the best of my knowledge and grant authorization to complete minor home modification improvements indicated on this application. I understand and agree to the application agreement terms.

Resident's printed name: _____

Resident's Signature: _____

Property Owner's Printed Name: _____

Property Owner's Signature: _____

Date: _____

APPLICANT DEMOGRAPHIC PROFILE (Optional)

Purpose: To help BEST better understand the residents being served, identify community housing needs, measure program impact, and strengthen future funding and grant reporting efforts.
Please note: Providing this information is voluntary and will not affect eligibility for assistance.

Date of Birth: _____ (mm/dd/yyyy)

How do you describe your race? (Select all that apply.)
[ ] Black or African American
[ ] White
[ ] Asian
[ ] American Indian or Alaska Native
[ ] Native Hawaiian or Pacific Islander
[ ] Multiracial
[ ] Other: _____
[ ] Prefer not to answer

Are you Hispanic or Latino?
[ ] Yes
[ ] No
[ ] Prefer not to answer

What is your annual household income?
[ ] Under $15,000
[ ] $15,000–$24,999
[ ] $25,000–$34,999
[ ] $35,000–$49,999
[ ] $50,000 or above
[ ] Prefer not to answer

Do you identify as having a disability?
[ ] Yes
[ ] No
[ ] Prefer not to answer