



Lackawanna
County
Department of Human Services
AREA AGENCY ON AGING

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 (If you are not comfortable, this section may be discussed in person with NeighborWorks Northeastern Pennsylvania Staff, Mary Endrusick)

Medical Conditions: _____

Medications: _____

Other Information

Are you currently working with any social service originations, such as Lackawanna County Area Agency on Aging (LCAAA)?: 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 **NeighborWorks Northeastern Pennsylvania** and they will assist you:

Driver's License (Applicant and Co-Applicant)

Proof of income (Applicant and Co-Applicant)

Any questions regarding this application can be directed to
Mary Endrusick, Aging in Place Coordinator
NeighborWorks Northeastern Pennsylvania
815 Smith Street
Scranton, PA 18504
Phone: 570-558-2490
Email: MEndrusick@nwnepa.org

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