



**Employer Assisted Housing Grant Application**

**Name of Applicant:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Amount Requested (maximum amount is \$3,000): \_\_\_\_\_

I hereby certify that the information provided is correct, that I am an eligible applicant, and that the property listed on this application is my primary residence. The Riverfront Alliance of Delaware County and/or the City of Chester is authorized to independently validate the information provided. I understand that this grant may be considered taxable income. I also agree to allow my name to be used by the City of Chester, the Riverfront Alliance of Delaware County, or their authorized agents for marketing and promoting the Employer Assisted Housing program.

\_\_\_\_\_  
Signature of applicant Date

***For internal purposes:*** Date reviewed: \_\_\_\_\_

Application Status:

Approved     Partial approval     Denied

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Riverfront Alliance Executive Director Date