

**PITTSBURGH PARTY WALL PROGRAM (PPWP)  
Owner Occupied Property**

The Urban Redevelopment Authority of Pittsburgh has a program to rehabilitate exposed party walls. This is a grant program and qualified homeowners may receive up to \$10,000.00 to repair the exterior wall.

In order to determine your eligibility for the program, we must verify the annual gross household income for the year 2009. The following documentation is required to process all applications for the Pittsburgh Party Wall Program:

- **Two (2) most recent pay stubs and/or copies of your Social Security and pension verification for all members of the household.**
- **A copy of your 2008 Federal Income Tax Return or 2008 Property Tax/Rent Rebate Form. If you do not file a tax return or rebate form, please call 1-800-829-1040 and request a “Form 1722” letter.**
- **A full copy of your deed.**

I have enclosed an application, which must be completed and returned, along with the above-mentioned documents to:

**URA of Pittsburgh  
200 Ross Street  
Pittsburgh, PA 15219  
Attn: Sharon Taylor**

If you have a contractor that you would like to bid on your party wall, please include his or her name, address and telephone number. We will send them a copy of the specifications for bid, otherwise the URA will publicly bid the specifications.

Should you have any questions regarding the Pittsburgh Party Wall Program, please contact Sharon Taylor at 412-255-6677.

Date: \_\_\_\_\_

**URBAN REDEVELOPMENT AUTHORITY  
OF PITTSBURGH**  
200 Ross Street  
Pittsburgh, PA 15219



*Attn: Sharon Taylor*

**PITTSBURGH PARTY WALL PROGRAM**  
Application for Owner Occupied

**IMPORTANT: Read these directions before completing this application**  
You must own at least 50% of your property to qualify for the grant funds.

**APPLICANT**

**PERSONAL INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Married ( ) Unmarried ( ) Separated: ( ) #Dependants: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Years There: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
*Nearest Relative Not Living With You:* \_\_\_\_\_  
*Home Address::* \_\_\_\_\_  
*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zipcode:* \_\_\_\_\_  
*Home Telephone:* \_\_\_\_\_

**SECTION A – BUSINESS INFORMATION**

Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Years There/Position: \_\_\_\_\_

**SECTION B – INCOME INFORMATION**

MONTHLY GROSS PAY: \$ \_\_\_\_\_  
Other Income Sources & Amounts: \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

SIGNATURE: \_\_\_\_\_

**CO-APPLICANT**

**PERSONAL INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Married ( ) Unmarried ( ) Separated: ( ) #Dependants: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Years There: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
*Nearest Relative Not Living With You:* \_\_\_\_\_  
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