

Elder Cottage Housing Opportunity (ECHO)

How did you hear about ECHO? _____

ECHO Intake:

Date: _____

► Host Family/Property Owner:

Name: _____
(first) _____ (last) _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Municipality/Township: _____

Phone: _____ email: _____

► Host Property:

Water & Sewer: Public Private Acreage: _____

Cottage Location: _____

► Older Adult/Participant:

Name: _____
(first) _____ (last) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Age: _____ Annual Gross Income: _____
(may not exceed \$59,050 or 80% of AMI)

► References & Criminal History:

This program requires extensive criminal background, employment, and personal reference checks.

Does older adult have a criminal history?

Yes

No

If Yes, please explain: _____

► Additional Older Adult Information:

► Does older adult have pets? Yes No Type: _____

► Does older adult smoke? Yes No

► Does older adult need assistance with personal needs or medical care? Yes No

Resources: _____

► Has older adult served or is currently serving in the US Armed Forces? Yes No

► Is older adult currently disabled? Yes No

► Older adult ethnicity: Hispanic / Latino

Non-Hispanic / Non-Latino

► Older adult race: American Indian / Alaska Native

Asian

Black / African American

Native Hawaiian / Pacific Islander

White



Return Application to:

Cumberland County Aging & Community Services

1100 Claremont Road Carlisle, PA 17015 . aging@cumberlandcountypa.gov

717.240.6110 . www.cumberlandcountypa.gov/echo

