

CITY OF MEDINA
IN PARTNERSHIP WITH THE CITIES OF
BRUNSWICK AND WADSWORTH

PY 2014 CHIP

COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM
APPLICATION CHECKLIST
PLEASE RETURN THESE ITEMS WITH YOUR APPLICATION

Complete

Not Applicable

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All persons living in the household must be included in the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | All persons in the household receiving income must be indicated on the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can also submit a copy of your pay stubs for the past 6 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. To obtain your Social Security Monthly Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m. or request it on the internet at www.ssa.gov. |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed - provide complete copies of 3 most current Federal Tax Returns filed; |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving unemployment - provide copy of the current Unemployment Benefit Statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support - provide documentation of child support and/or sign the authorization to verify income. Indicate the County your child support payments are received from. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document showing status as full-time student.) Please indicate if student is employed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed. Please provide signed statement regarding same. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicants must furnish a copy of the property deed prior to receiving assistance. You can obtain a copy of your property deed from the County Recorder's office. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement. |

**PLEASE DROP YOUR APPLICATION DOCUMENTS AT THE CITY HALL FOR YOUR COMMUNITY
OR MAIL YOUR COMPLETED APPLICATION TO:**

CITIES OF MEDINA & BRUNSWICK
CT CONSULTANTS, INC.
ATTN: PHYLLIS DUNLAP
8150 Sterling Court
Mentor, Ohio 44060

CITY OF WADSWORTH
CT CONSULTANTS, INC.
ATTN: GEORGE ZOKLE
20 Federal Plaza West, Ste. 303
Youngstown, Ohio 44503



CITY OF MEDINA
IN PARTNERSHIP WITH
CITIES OF BRUNSWICK AND WADSWORTH
2014 CHIP
PROGRAM APPLICATION

- CITY OF MEDINA
- CITY OF BRUNSWICK
- CITY OF WADSWORTH

Programs you are applying for:

- OWNER HOME REPAIR
- RENTAL HOME REPAIR
- OWNER-OCCUPIED HOUSING REHAB
- DOWNPAYMENT ASSISTANCE

RECEIVED _____

Date: _____

I. Personal Data: (Include all persons living in the household.)

Applicant's Name: _____ Age: _____ Social Security No. _____

Spouse's Name: _____ Age: _____ Social Security No. _____
Is spouse deceased? Yes / No Divorced? Yes / No

Other Adult: _____ Age: _____ Social Security No. _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ e-mail _____

No. of Dependants: _____ Ages: _____

No. of Persons living in the home: _____ Any person living in Home with EBL? ___ Yes ___ No

Are any of the persons living in this household handicapped or disabled?:? Yes ___ No ___ Ages _____

Optional: Race or Ethnic Origin Code: _____

- | | | | | |
|---|----------------------------------|-----------------------------|---------|-----------------|
| 0-White | 1-Black African American | 2-Am Indian Alska Na | 3-Asian | 4-Asian & White |
| 5-Native Hawaiian Other Pacific Is. | 6-Amer Ind. Alska Native & White | 7-Blk. African Amer & White | | |
| 8-Amer Ind. Alska Native & Blk.Afr Amer | 9-Other Multi-Racial | | | |



II. Employment (All Household Members)

Applicant #1 Employer: _____

_____ (address) _____ (phone number)

Position: _____ No of years _____

Applicant #2 Employer: _____

_____ (address) _____ (phone number)

Position: _____ No of years _____

Other Employment (name of person employed): _____

Employer Name: _____ Address: _____ Phone: _____

Pension Provider or other income: _____

_____ (address) _____ (phone number)

(please put any additional income on the reverse):

III. Gross Income (INCLUDE ALL HOUSEHOLD MEMBERS)

		Applicant	Co-Applicant	Other	TOTAL ALL
Base Pay	Hourly				
Hourly Rate					
Pension					
	Amount				
Social Security	Monthly				
Rental Income	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Monthly				
Disability	Monthly				
Other					
Total Monthly Income					

Assets:

- Real Estate Owned other than your principal residence:
 Address _____ Value: _____
 Address _____ Value: _____
- Other Assets: _____ \$ _____

IV. **Indebtedness**** (OWNER-OCCUPIED REHAB & HOME REPAIR APPLICANTS ONLY)

Rehab Address: _____

Mortgager Name: _____ Mortgager Address: _____

Original Mortgage Amount: \$ _____

Pres. Mortgage Balance: \$ _____ (Please provide copy of current statement.)

Monthly P&I Payment: \$ _____

Property Tax (If not included): \$ _____

Utilities: (only what applicant provides)

Average Monthly costs:

Gas: \$ _____ Electric: \$ _____ Water/Sewer: \$ _____

IV. **Home to be Purchased***** (DOWNPAYMENT ASSISTANCE\REHAB APPLICANTS ONLY)

Address of Property: _____

Is the property currently a rental? Yes _____ No _____

Lender's Name: _____ Phone No. _____

Lenders Address: _____

Realtor's Name: _____ Phone No. _____

Title Company: _____ Phone No. _____

Purchase Price: \$ _____

Monthly P&I Payment: \$ _____ Property Tax: \$ _____

Current Housing Expenses:

Monthly Rent: \$ _____ Gas: \$ _____ Electric: \$ _____ Water/Sewer: \$ _____

IV. **Indebtedness**** (RENTAL HOME REPAIR APPLICANTS ONLY)

Rehab Address: _____

Landlord (Property Owner) Name: _____

Address: _____ Phone: _____

Tenant Monthly costs: (only what tenant provides)

Rent: \$ _____ Gas: \$ _____ Oil: \$ _____
Electric: \$ _____ Water/Sewer: \$ _____

V. **Homeowners Insurance - All Applicants**

Amount: \$ _____ Premium: \$ _____ Policy No. _____

Agent Name: _____

Agent Address: _____ Phone: _____



VI. Additional Information - All Applicants:

Age of Unit: _____ years

No. of Bedrooms: _____

Are all real property taxes paid and current? Yes _____ No _____

Are your mortgage payments current? Yes _____ No _____

Do you have any outstanding or delinquent accounts with the City? Yes _____ No _____

In the last seven years, have you declared bankruptcy? Yes _____ No _____

Have you had property foreclosed upon? Yes _____ No _____

Do you have any outstanding judgments? Yes _____ No _____

Are you obligated to pay ordinary child support? Yes _____ No _____

Are you purchasing your home under a land contract? Yes _____ No _____

Are you currently under citation for a building or zoning code violation? If yes, please explain.

In general what are the housing rehabilitation needs of the home?

Owner-Occupied applications are due 4:00 p.m., January 15, 2015 to be considered for the program. The order of receipt of applications will be considered as a final factor when all other factors are equal.

Downpayment Assistance Applicants will be considered on a first come first serve basis with an eligible purchase agreement.

The Home Repair Applications will be considered on a first come first serve basis.

Certification of Applicant(s)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE BELOW.

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I further certify that I am the owner(s) of the property identified in this application and that any and all funds provided me will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize the City, through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.



PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Sec. 1001, provides:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Address: _____

Signature of Applicant

Signature of Applicant

Date:

Date:

COMMUNITY HOUSING IMPROVEMENT PROGRAM
APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the City's Owner-Occupied Rehabilitation Program and/or Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the City concerning my income, assets, and expenses as reported herein by me.

Signature

Date

Signature

Date

**TERMS AND CONDITIONS FOR OWNERS ACCEPTING
HOUSING REHABILITATION ASSISTANCE**

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing rehabilitation assistance. These terms and conditions will become a part of your Agreement for a loan/grant which finances the improvements to your house.

As Applicant, I (we) agree to:

1. Inspection. I will allow inspection of the property by the City staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. Competitive Bidding. I will permit the City staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by the City staff and in accordance with federal, state and local laws.
3. Agreement with Contractor. I agree to enter into a Contract with the lowest and best bidder, normally to the low bidder. I understand that I may reject, in writing the low bidder in favor of the next highest bidder if in my opinion the low bidder does not possess the experience, skill or resources to satisfactorily complete the job, or the ability to proceed in a timely manner, or who has not visited my house, before preparing the bid. I also understand that I may have to pay the difference between the lowest bid and the bid I accept if the City staff does not approve the next highest or other than the low bidder.
4. Side Agreements. I will refrain from making side agreements with the contractor for work not included in my Agreement with the Contractor, or not included in any written Change Orders approved by the City staff until all work under the Contract is satisfactory and closing inspections are completed. The City of Medina staff assumes no responsibility for the cost or quality of work not covered by the Agreement or approved by Change Orders.
5. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or City employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. Maintenance of the Property. I will make every reasonable effort to keep my property in safe, sound and habitable condition following completion of the rehabilitation work.

8. Hazard Insurance. I will obtain hazard (fire, property and liability damage) insurance on the property rehabilitated in an amount based on its value after rehabilitation. Such insurance must be maintained throughout the term of the loan and shall carry an endorsement to the Grantee.
9. Loan Subordination. I agree that the property is not available as a source of collateral for future loans when such loans require subordination of the Grantee's loan. The Grantee may subordinate its loan if, in its judgment, it is in the best interests of both the Grantee and the Owner and approved in writing.
10. Loan Repayment. I agree to execute a Promissory Note, Declining Payment Agreement and Mortgage. The specific terms governing the loan are contained in the Promissory Note, Declining Payment Agreement and the Truth-in-Lending Statement.
11. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Program Administrator

Date

TERMS AND CONDITIONS FOR OWNERS ACCEPTING HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

As Applicant, I (we) agree to:

1. Inspection. I will allow inspection of the property by the City of Medina staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.

2. Competitive Estimates. I will permit the City staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by the City staff and in accordance with federal, state and local laws.
3. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or City employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Program Administrator

Date

FAIR HOUSING INFORMATION

This will acknowledge that I received fair housing information with my application.

Owner

Date

Owner

Date

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO MS. SANDY DAVIS, COMMUNITY DEVELOPMENT DIRECTOR, CITY OF MEDINA AT (330) 722-0397.

CONFLICT OF INTEREST DECLARATION
IN COMPLIANCE WITH
CDBG PROGRAMS - 24 CFR § 570.489(h)
HOME PROGRAMS - 24 CFR § 92.356

Pursuant to 24 CFR § 570.489(h) and 24 CFR § 92.356 I, _____, hereby declare that I, and anyone in my household, is:

- _____ 1) related to an employee of City of _____ or CT Consultants, Inc.
- a) Name of Relative _____
- b) Position Held _____
- _____ 2) NOT related to an employee of the City of _____ or CT Consultants, Inc.

I declare that the forgoing statement is true and correct to the best of my knowledge.

Dated: _____