

# HOUSING ASSISTANCE APPLICATION

INSTRUCTIONS: PLEASE FILL OUT ALL SECTIONS COMPLETELY AND SIGN.

Type of Assistance		Type of Ownership		Housing Type	
Owner Rehabilitation		Owner Occupied		Single	
Homebuyer Assistance		Rental Property		duplex	
Home Repair/ Emergency Repair		Land Contract		Triplex	
Emergency Monthly Housing Payments				Quad	

APPLICANT NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ,OH ZIP \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

IS ANY HOUSEHOLD MEMBER HANDICAPPED? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

HAS ANYONE IN THE HOUSEHOLD BEEN TESTED FOR LEAD POISONING? YES NO WHEN? WHO?

MARITAL STATUS? SINGLE MARRIED SEPARATED

HOUSEHOLD MEMBERS (For all those living in the home.) Note: Must include spouse if married.

Name	Social Security #	Relationship to Applicant	For Reporting purposes only			
			Sex	Race/Ethnic Group		Age
				See * Below	Hispanic?	
		Applicant			Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

\* (1) White (2) Black African Amer. (3) Am. Ind. Alska Nat. (4) Asian (5) Asian & White (6) Native Hawaiian/Pac. Is. (7) Amer. Ind. Alska Native & White (8) Blk. African Amer. & White (9) Amer. Indian Alska Native & Black Afr. American (10) Other Multi-Racial

### INCOME SOURCES (All those 18 years of age or older)

Proof of income must be provided for entire household for the present and preceding month: copies of pay stubs or checks, or signed statements from employer.

Employer: _____	Address: _____	
Phone: _____	Monthly Gross Income: _____	
Employer: _____	Address: _____	
Phone: _____	Monthly Gross Income: _____	
OTHER INCOME	amount/mo.	DO NOT WRITE IN THIS BOX-OFFICE USE ONLY
ADC		Household members-     # of Bedrooms-     Target Area: Y / N
Unemployment		HoH: 1-Single 2-Elderly 3-SingleParent 4-TwoParent 5-other     Female HoH?
Social Security		Income: annually-     Income Level E V M L
SSI/SSD (provide proof)		monthly-     Handicapped Status Y / N
Pension		FHA Insured? Y / N
Interest Income		
Child Support		
Alimony		
Rental Properties		Application accepted by- _____

**MORTGAGE INFORMATION**

First Mortgage	Second Mortgage
Mortgage Lender	Mortgage Lender
Original Amount	Original Amount
Balance Owed	Balance Owed
Monthly Payments	Monthly Payments

Please attach a copy of your deed with this application.

Amount of Insurance on Home	Insurance Agent
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Please attach a copy of your Insurance Declaration of policy with this application.

Please answer yes or no

Applicant

Co-Applicant

Do you have any outstanding judgments?

In the last 7 years have you declared bankruptcy?

Have you had property foreclosed upon?

Are you a co-maker or endorser on a note?

Are you obligated to pay alimony, child support, or separate maintenance?

MONTHLY HOUSEHOLD EXPENSES (Complete only if applying for Homebuyer Assist)		ASSETS (MUST BE COMPLETED BY EVERYONE)	
Mortgage/Rent/and Contract		Checking Account	
Property Taxes		Saving Account	
Home Insurance		Certificates	
Gas		Bonds	
Electric		Other (explain)	
Water/Sewer			
Other (explain)			
TOTAL		TOTAL	

Please provide proof of the above household expenses with this application.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I give permission to the Federal, State and Local Governments to verify any information contained in this application for evaluation only. 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(101), provides: "Whoever, in any matter within the jurisdiction of any Department of 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 or imprisoned not more than five years, or both."

# Confirmation of Receipt of Information as part of CHIP Application

**Lead Pamphlet-** I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, information me of the potential risk of the lead hazard exposure form renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

**Fair Housing -** I have received the HUD published booklet, *Fair Housing - It's Your Right* along with other fair housing information included in my application packet.

**Dispute Resolution-** I hereby acknowledge receipt of this copy of the *Community Housing Improvement Program (CHIP) Dispute Resolution and Conflict Management Policy*. We understand and accept the outlined process for any and all disputes that may result from our involvement with the CHIP.

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Printed Name of Recipient #1

Printed Name of Recipient #2

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Signature of Recipient #1

Signature of Recipient #2

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Date