



FY 2010
Community Housing Improvement Program (CHIP)

**General Instructions for Completing the
HOME REPAIR Application**

1. All information requested on the application must be completed. If an item is not applicable, please indicate with "N/A".
2. All persons living in the household must be listed in the application.
3. Gross income from all adults living in the households must be reported on the application. The exception to this requirement is that income earned by minor children and income from children 18 years old or older who live in the home but who are attending a trade school or university is excluded.
4. The completed application (Certification by Applicant) must be signed and dated by the applicant and co-applicant.
5. All persons reporting income, including those receiving social security, welfare, disability, alimony/child benefits or pension income, must complete and sign an "Authorization by Applicant" form. Two copies of this form are included with the application. Make additional copies as needed.
6. The completed application must include a signed **original** of the *Dispute Resolution & Conflict Management Policy*.
7. The following documents must also be included with the completed application:
 - a) A copy of the recorded deed showing the ownership of the property.
 - b) Copies of payroll stubs for past three months for all occupants with income.
 - For self-employed individuals, submit a notarized affidavit the amount of your average monthly income and federal income tax returns for the last three calendar years.
 - If reporting income from Social Security, disability, pensions, unemployment, OWF case, child support or alimony, provide a current copy of the appropriate gross benefit statement(s) from the agency/company providing the benefit. To obtain your Social Security Benefit Statement contact the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7 p.m. or go to www.ssa.gov.
 - If not employed or receiving unemployment benefits, please submit a hand-written (or typed) notarized statement to that effect.
 - If you are a full-time student, please submit proof of enrollment (copy of schedule or other document showing status as full-time student). Please indicate if you are also working.

Applications that are illegible or incomplete will be returned to the applicant

Any questions regarding the completion of this application form should be directed to Elizabeth Crites, CT Consultants, Inc. at 1-330-746-1200.

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

**CT CONSULTANTS, INC.
20 FEDERAL PLAZA WEST, SUITE 303
YOUNGSTOWN, OHIO 44503**

FY2010 CHIP

APPLICATION FOR HOME REPAIR

I. Applicant Information

| | | | |
|-----------------|---------------------|-------------|------|
| Applicant Name: | Address: | | Age: |
| Email Address: | Home/Cell Phone: | Work Phone: | |
| Marital Status: | Social Security No: | | |

| | | | |
|---------------------------|---------------|---------------------|------|
| Co-Applicant/Spouse Name: | Relationship: | Social Security No: | Age: |
| Email Address: | Cell Phone: | Work Phone: | |

Total Number of Persons Living in the Household including the above: _____

Personal Information of Other Household Members (attach additions sheet if necessary)

| Name | Age | Relationship | Disabled? (Y/N) |
|------|-----|--------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

II. Employment & Income

Employment and income from all sources must be reported by the applicant, spouse/co-applicant and any other adults 18 years or older currently living in the house and not enrolled in a school or university or listed above as disabled. Add additional pages as necessary.

A. Primary Employment History

| | Applicant | Co-Applicant/Spouse | Other Adult |
|---|-----------|---------------------|-------------|
| Current Employer's Name, Address & Phone No | | | |
| Position Held | | | |
| Dates of Employment | | | |
| Previous Employer's Name & Employment Dates | | | |

B. Secondary Employment History

Use this section for anyone currently working a second job; otherwise, enter "N/A". Attach additional sheets if more than two jobs are being held.

| | Applicant | Co-Applicant/Spouse | Other Adult |
|--|-----------|---------------------|-------------|
| Second Employer's Name, Address & Phone No | | | |
| Position Held | | | |
| Dates of Employment | | | |

C. Gross Household Income & Compensation

Attach additional sheets as needed for other adults in the household.

| Source of Income (Ave. Monthly Gross Income) | Applicant | Co-Applicant (Spouse) | Other Adult | Total |
|---|-----------|--------------------------|-------------|-------|
| Employer #1 | | | | |
| Employer #2 | | | | |
| Other Employment Income | | | | |
| Pension Income (List Provider Name) | | | | |
| Social Security | | | | |
| Alimony/Child Support (Received) | | | | |
| Rental Income | | | | |
| Welfare | | | | |
| Disability | | | | |
| Unemployment Benefits | | | | |
| Total Monthly Income | | | | |

III. Housing Costs & Information

Rehabilitation Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Original Loan Amount: Current Loan Balance:

Monthly Mortgage Loan Payment:

Does Loan Payment Include Property Taxes: Yes No

Property Taxes: Half-Year: Annually:

A. Utilities & Homeowner's Insurance Information

| Utility Costs | Monthly Average | Insurance Company Name: | Policy No: |
|-------------------|-----------------|--|----------------------------|
| Electric | \$ | Address: | Policy Amount/Value: \$ |
| Heating (Gas/Oil) | \$ | Annual Insurance Premium | \$ |
| Water & Sewer | \$ | How Are Premiums Paid (annually, semi-annually, monthly, other): | |
| | | Do monthly mortgage payments include insurance premiums? | |

B. Other Housing Information

Approximate Age of Dwelling: Number of Bedrooms:

Are you purchasing your home via land contract: Yes No

Are real estate taxes paid and current? Yes No

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

Please explain:

Are you currently under citation for a zoning or building code violation? Yes No

Please explain:

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



Medina County Fair Housing Office

144 N. Broadway, Medina, Ohio 44256

FAIR HOUSING OFFICE

Wadsworth

330-336-6657 x9217

The Fair Housing Act

The Fair Housing Act (the Act) specifically prohibits discrimination because of race, color, religion, sex, national origin, disability, and familial status in:

- Sale or rental of dwellings;
- Residential Real Estate – related transactions; and
- Provision of services and facilities in connection with such activities.

It is unlawful to:

- Refuse to sell, rent, finance, or insure housing or property;
- Tell any person that housing is not available for inspection, sale, rent or lease;
- Refuse to lend money for the purchase, construction, rehabilitation, repair or maintenance of housing or property;
- Discriminate against any person in the terms and conditions of fire, extended coverage or homeowner's insurance;
- Refuse to consider income of both husband and wife;
- Print, publish, or circulate any statement or advertisement which would indicate a preference or limitations; or
- Deny any person membership in any multiple listing or real estate service.

If you feel you have experienced discrimination in renting or buying a residence, please call your local Fair Housing Office: 330-336-6657 x9217



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CERTIFICATION BY 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 someone at the Agency to help you. Both applicants must sign in ink below.

I certify that all the information in the application for a Housing Rehabilitation Deferred Loan is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she/they are the owner(s) of the property identified in this application and that any and all funds provided to the Applicant(s) 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 of Wadsworth, through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) and the US 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 State 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."

Signature of Applicant

Date

Signature of Co-Applicant

Date

I further acknowledge that I have received a copy of the Fair Housing Notification and Community Development Bulletin #1

Signature of Applicant

Date

Signature of Co- Applicant

Date





FY 2010 CHIP

AUTHORIZATION BY APPLICANT

I hereby authorize the City of Wadsworth to obtain verification of employment and financial information.

Date

Signature

Please print:

Name: _____

S.S. No. _____

If applicable:

Name of Employer: _____

Address of Employer: _____

City _____, Ohio Zip _____

Phone No. of Employer: _____

Other income received from (list names, addresses & phone numbers):



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I hereby authorize the City of Wadsworth to obtain verification of employment and financial information.

Date

Signature

Please print:

Name: _____

S.S. No. _____

If applicable:

Name of Employer: _____

Address of Employer: _____

City _____, Ohio Zip _____

Phone No. of Employer: _____

Other income received from (list names, addresses & phone numbers):

