

APPLICATION TO DETERMINE CHIP ELIGIBILITY (CONTINUED)

<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>ADDRESS</u>
ALIMONY, CHILD SUPPORT, REG. GIFTS	_____	_____
INTEREST, DIVIDENDS, ETC.	_____	_____
_____	_____	_____
(OTHER)		

12. INCOME-OTHER HOUSEHOLD RESIDENTS OVER 18 YRS. OF AGE AND UNEARNED INCOME OF RESIDENTS UNDER AGE 18 (i.e., AFDC, Social Security, etc.)

<u>NAME</u>	<u>MONTHLY AMOUNT</u>	<u>SOURCE/ADDRESS/PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____
 TIME PERIOD: FROM _____ THROUGH _____
 (LAST 12 MONTHS) DATE DATE

14. GROSS HOUSEHOLD INCOME REPORTED ON LAST YEAR'S FEDERAL TAX RETURNS: \$ _____ (BRING IN LAST YEAR'S RETURN(S) FOR VERIFICATION)

15. FINANCIAL PRIVACY NOTICE:

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the U.S. Department of Housing and Urban Development has a right of access to financial records held by the Community in connection with the consideration or administration of CHIP assistance for which you have applied. Financial records involving your transactions will be available to the Ohio Department of Development without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law.

16. I HEREBY REQUEST AN INSPECTION OF THE DWELLING UNIT LOCATED AT THE FOLLOWING ADDRESS:

_____ AND THAT A
 DEFICIENCY LIST BE PREPARED BY THE HOUSING INSPECTOR. AN APPOINTMENT
 MAY BE ARRANGED BY CONTACTING:

 (Name, Address and Phone Number)

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17. I CERTIFY THAT I AM ___/AM NOT ___ AN EMPLOYEE OR A FAMILY MEMBER (GRANDPARENT; PARENT; SPOUSE; CHILDREN - WHETHER DEPENDENT OR NOT; GRAND CHILDREN; BROTHER; SISTER; OR ANY PERSON RELATED BY BLOOD OR MARRIAGE AND RESIDING IN THE SAME HOUSEHOLD) OF AN EMPLOYEE OR AN ELECTED OFFICIAL OF (Check as applicable)
_____ KNOX COUNTY _____ CITY OF MOUNT VERNON

18. CERTIFICATION BY APPLICANT (To be signed at CHIP Office)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF THIS OR HAVE ANY QUESTION 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 this application 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 is the owner 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 Grantor or 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 this 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 181, Sec 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make 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."

I hereby acknowledge receipt of a copy of the pamphlet *Renovate Right* and the Fair Housing Brochure.

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WITNESS

HOMEOWNER-OCCUPANT

Signature

Signature

Date

Date

Signature

Date

**NOTE: APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS
ALONG WITH SUBMITTAL OF THIS APPLICATION**

HOME OWNERSHIP VERIFICATION

1. Copy of Title, Deed or Land Contract.
2. Home insurance policy and receipts of payment or cancelled checks.
3. Real Estate Tax receipts or cancelled checks.
4. Mortgage Statement or cancelled checks

INCOME VERIFICATION

1. Last year's Federal Income Tax Return.
2. Last year's W-2 Forms.
3. Verification of Social Security, Welfare, Retirement, Veterans Pension, Black Lung or other income - Bring signed statements from employers, agencies or other proof of current or anticipated monthly income.
4. Current Pay Stubs