

CHIP APPLICATION CHECKLIST

INCOME GUIDELINES

1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
29,900	34,150	38,450	42,700	46,100	49,550	52,950	56,350

PLEASE MAKE SURE YOU HAVE SIGNED AND INCLUDED EVERY ITEM ON THIS LIST BEFORE RETURNING APPLICATION TO KNOX METROPOLITAN HOUSING AUTHORITY, 201 WEST HIGH STREET, MOUNT VERNON, OH 43050.

CHECK INCOME GUIDELINES TO MAKE SURE YOU QUALIFY. REPAIR GRANT – (Up to two items not exceeding \$8,000) – THESE SHOULD BE REPAIRS THAT CAUSE A HEALTH AND/OR SAFETY PROBLEM such as electrical, plumbing, heating, roofs, gutters, downspouts, structural issues, etc. SIDING AND WINDOWS ARE NORMALLY NOT INCLUDED. The assistance you receive does not have to be paid back – this is a 100% grant.

1. Provide bank names and account numbers under income.
2. Every person on deed must sign on application page B-4, and terms and conditions page D-3.
3. Head of household must sign Lead Based Paint notice page C-1.
4. **Every adult in the household must sign a separate Verification Request Form F-1**

The following items are needed.

1. A copy of your Deed.
2. If there is a mortgage a mortgage statement, receipt or cancelled check showing payments current.
3. Insurance declarations page showing amounts of coverage, and a receipt or cancelled check showing premiums current.
4. Receipt or cancelled check showing property taxes paid. **(If taxes and insurance are included in mortgage payment will have to have mortgage statement)**
5. Income verification should include Federal Tax Return, W-2's, Pay stubs, Social Security Award Letters, Retirement Statements, etc. for all adults in the family. If self-employed need three years of certified income tax returns. Contact CHIP office for more information.
6. On a separate sheet list the items you think need repaired – CHIP Inspector will make final determination.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE CHIP OFFICE AT KNOX METROPOLITAN HOUSING AUTHORITY (740) 397-8787.

Thank you

APPLICATION FOR HOME REPAIR AND PRIVATE REHAB ASSISTANCE

I UNDERSTAND THAT:

THIS IS AN APPLICATION FOR ASSISTANCE IN UNDERTAKING HOME REPAIRS AND REHABS THROUGH THE FOLLOWING PROGRAMS:

100% GRANTS FOR EMERGENCY HOME REPAIR for low- to moderate-income homeowner-occupied households. These homeowners will receive a 100% grant to make urgently needed home repairs.

DEFERRED LOANS FOR PRIVATE-OWNER REHABS for low- to moderate-income homeowners who want to make numerous improvements to their homes that will bring the home up to the State's Residential Rehabilitation Standards. No monthly payments are required and 80% of the loan amount is forgiven over 10 years.

All applications will be reviewed in accordance with the Grantor's program policies and guidelines.

Applicants will be notified of their eligibility for assistance.

1. OWNER-OCCUPANT PROPERTY _____
2. NUMBER OF BEDROOMS _____
3. YEAR HOUSE WAS BUILT _____
4. OCCUPANT NAME _____
AGE _____ RACE _____ (For Federal Reporting Only) HISPANIC ___ Yes ___ No
5. HOME TELEPHONE _____ WORK TELEPHONE _____
ADDRESS _____
SOCIAL SECURITY NUMBER _____

IF MARRIED, SPOUSE'S NAME _____
ADDRESS _____
SOCIAL SECURITY NUMBER _____
AGE _____ RACE _____ (For Federal Reporting Only) HISPANIC ___ Yes ___ No
6. OCCUPANT MARITAL STATUS:
____ MARRIED ____ SEPARATED ____ UNMARRIED ____ DIVORCED

7. DEPENDENTS OR OTHER HOUSEHOLDS RESIDENTS

<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>SOCIAL SECURITY NO.</u>
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

8. OWNED AND OCCUPIED HOME SINCE _____

9. ARE PAYMENTS UP-TO-DATE ON:

MORTGAGE ___ YES ___ NO
 TAXES ___ YES ___ NO
 FIRE & HAZARD INSURANCE ___ YES ___ NO

BY: _____

ADDRESS: _____

FLOOD INSURANCE ___ YES ___ NO ___ NOT IN FLOOD PLAIN

BY: _____

ADDRESS: _____

10. INCOME - HEAD OF HOUSEHOLD, NAME _____

<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>ADDRESS</u>
EMPLOYER	_____	_____
SOCIAL SECURITY	_____	_____
WELFARE ASSISTANCE	_____	_____
RETIREMENT	_____	_____
VETERANS PENSION	_____	_____
BLACK LUNG	_____	_____
ALIMONY, CHILD SUPPORT, REG. GIFTS	_____	_____
INTEREST, DIVIDENDS, ETC.	_____	_____
_____	_____	_____
(OTHER)		

11. INCOME - SPOUSE, NAME _____

<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>ADDRESS</u>
EMPLOYER	_____	_____
SOCIAL SECURITY	_____	_____
WELFARE ASSISTANCE	_____	_____
RETIREMENT	_____	_____
VETERANS PENSION	_____	_____
BLACK LUNG	_____	_____
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 County 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)

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 THE 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 *Protect Your Family From Lead In Your Home* and the Fair Housing Brochure.

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