

APPLICATION FOR HOME REPAIR AND PRIVATE OWNER REHAB ASSISTANCE

I live in: _____ City of Mount Vernon _____ Knox County (check one)

100% of Grant funds for *Home Repairs* to low-to-moderate income homeowner-occupied households. These homeowners will receive 100% grant funds to make the home repairs. This program can do 2 items up to an average of \$8,000.

Deferred Loans for Private-Owner Rehabs for low-to-moderate income homeowners who want to make numerous health, safety and code improvements to their homes. No monthly payments are required and 100% of the loan amount is forgiven over a 5 year period. This is a recorded Mortgage for the amount of improvements. Mobile homes are eligible for home repairs if you 1. Own the land and 2. If it is on a permanent foundation.

Eligible Home Improvements

This program may be used to eliminate any potential housing safety violations and for general property improvements as follows:

- Roofs, gutters, and downspouts
- Furnaces and hot water heaters
- Upgrading of electrical systems
- Plumbing
- Handicap Accessible Ramps and/or other items

I am interested in a: _____ Home Repair _____ Private-Owner Rehab

All Applications will be reviewed in accordance with the Grantor's program policies and guidelines on a first-come first-serve basis. **Application must be complete in order to be accepted, which includes all information requested on Page 5.**

Occupant Name _____ Social Security # _____

Age _____ Race _____ Hispanic _____ Yes _____ No _____ Disabled

Telephone # _____ Alt # _____ (work, home, cell)

Email Address _____

Co-Occupant Name _____ Social Security # _____

Age _____ Race _____ Hispanic _____ Yes _____ No _____ Disabled

Telephone # _____ Alt # _____ (work, home, cell)

Address _____

City _____

Marital Status _____ Married _____ Separated _____ Single _____ Divorced _____ Widow

Owned and Occupied home since _____ Year House was Built _____

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Number of Bedrooms _____

Please list all household members/dependents living at the addressing on Page 1.

Full Name	DOB	Age	Social Security #	Relationship to Applicant	Disabled

Employment

Name	Employer Name	Employer Address	Phone #	Monthly Income

Other Income (Social Security, Pensions, IRA, Interest, Dividends, Unemployment, Self-Employment, etc)

Name	Source	Monthly Amount

Bank Accounts

Bank Name	Account Type (checking, savings) CD	Current Value \$

Total Annual Household Income: \$ _____

Time period: From _____ Through _____
 (Last 12 months) Date Date

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Do you have a Mortgage on the property: _____ Yes _____ No

Name of Mortgage Company: _____

Are payments Current? _____ Yes _____ No

Do you have any other loans or liens against property: _____ Yes _____ No (if yes explain below)

Are your Property Taxes Current? _____ Yes _____ No

Do you have Home Owners Insurance: _____ Yes _____ No

Company Name: _____

Flood Insurance: _____ Yes _____ No _____ Not in Flood Plain

Gross Household income reported on last year's Federal Tax Return: \$ _____

(Bring in last years return(s) for Verification and all attachment's)

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 Development Services Agency 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.

My Priority Housing Needs Are:

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 & Phone #)

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)

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_____ KNOX COUNTY

_____ CITY OF MOUNT VERNON

CERTIFICATION BY APPLICANT (To be signed at CHIP Office)

I UNDERSTAND THAT: THIS IS AN APPLICATION FOR ASSISTANCE IN UNDERTAKING HOME REPAIRS AND/ OR PRIVATE-OWNER REHABS.

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 Community Development (OCD) 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.

WITNESS

HOMEOWNER-OCCUPANT

Signature

Signature

Date

Date

Signature

Date

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NOTE: APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS ALONG WITH SUBMITTAL OF THIS APPLICATION. AN APPLICATION IS CONSIDERED INCOMPLETE IF THE FOLLOWING IS NOT PROVIDED.

HOME OWNERSHIP VERIFICATION

1. Copy of Title, Deed or Land Contract.
2. Home insurance declaration page.
3. Real Estate Tax receipts or cancelled checks (if applicable)
4. Mortgage Statement provide 2 most recent statements. If you have a coupon booklet, please contact your Mortgage company for a current print-out to submit with the Application.

INCOME VERIFICATION

1. Last year's Federal Income Tax Return and **all** attachments.
2. Social Security Benefit Statement, Verification of Welfare, Retirement, Veterans Pension, Black Lung or other income - Bring signed statements from employers, agencies or other proof of current or anticipated monthly income.
2. Current Pay Stubs – Previous 3 months and current Pay Stubs.
3. If you receive any pension/retirement benefits, please contact the company and have them provide you a Verification of Income letter.
4. If anyone in the household is self-employed, you will need to sign a 4506-T IRS Form for us to request 3 years of your filed Tax Returns for verification of Income.
5. Current and previous 3 months of checking and savings account statements.