

ASHTABULA COUNTY COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM
In partnership with the Cities of Ashtabula, Geneva and Conneaut
2019 CHIP

APPLICATION CHECKLIST

Please read the following statements regarding the 2019 CHIP application. **The items in bold print (5-14) are required to be returned with your application.** Failure to include all necessary items or submitting the wrong items will delay your application, and may cause it to be rejected. Any questions concerning the application can be directed to Dawn Gates at 440-576-1530.

- All** persons living in the residence must be included on the application.
- All** persons living in the residence that receive income from any source (employment, Social Security, Disability, Unemployment, etc.) must list that income on the application.
- All** residents receiving income must list the employers/providers name and address on the application. Use additional sheets of paper, if necessary.
- Any children over eighteen (18) who are not full-time students and are employed must be included in income.

REQUIRED documentation to be included with application:

- Include copies of your last twelve (12) week's pay stubs reflecting year-to-date total (either 12 pay stubs if paid weekly or 6 if paid bi-weekly.)
- Persons receiving Social Security, Disability or VA Income must include a copy of the current year benefit statement. If you do not have this statement, contact Social Security at 1-800-772-1213, the local office (4815 State Rd, Ashtabula, OH 44004), or on-line at www.ssa.gov and request it. For VA, call 440-964-8324, local office (1212 Lake Ave, Ashtabula OH 44004) or on-line at www.va.gov
- Persons receiving Unemployment Income must provide a copy of their current unemployment Benefit Statement.
- Child Support must be included in income. Please include documentation of child support.
- Copy of your recent three months bank account statement (savings, checking, CD's, stocks, etc.). Statements MUST come from bank – print outs WILL NOT be accepted.
- Copy of the most current year federal income tax return or W-2's/1099 statements.
- Include a copy of the deed to your home. If you do not have a copy, you can obtain a copy of your deed at the Ashtabula County Courthouse, Recorder's Office.
- Copy of your homeowner's insurance coverage-declaration page only. If not insured, provide an explanation letter.
- Copies of two utility bills for proof of residence.
- The applicant (property owner) and all persons in the household receiving income must sign the Applicant Release form. This form allows the Program Administrator to contact all employers, banks, social service agencies, or any other appropriate person or company to verify information supplied.

These forms will be used to determine basic eligibility for participation in the *Ashtabula County Community Housing Impact & Preservation (CHIP) Program*. Your name will be placed on a list based on the availability of funding. Funding is on a first come first serve basis with a completed application.

COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM (CHIP)

Return Completed Application to:

Ashtabula City Amy Coursen 4717 Main Ave. Ashtabula, OH 44004	Conneaut City Antoinette Green 294 Main St. Conneaut, OH 44030	Geneva City Tammy Shuttleworth 44 N. Forest St. Geneva, OH 44041	All Other Areas Community Services 25 W. Jefferson St. Jefferson, OH 44047
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I am most interested in the following (See CHIP handout for program descriptions):

_____ Owner-Occupied Private Rehabilitation _____ Owner-Occupied Home Repair

APPLICANT'S INFORMATION

Applicant's Name: _____ Age: _____
First Middle Last

Co-Applicant's Name: _____ Age: _____
First Middle Last

Address: _____ Phone: _____
Street City Zip

Race: _____ Ethnicity: _____
 (Optional) (Optional)

NUMBER OF OCCUPANTS: _____ List all Household Members

Names	Age	Sex	Race (Optional)	Hispanic Non-Hispanic (Optional)	Last 4 digits of Social Security #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT AND CO-APPLICANT EMPLOYMENT DATA:

(If employed less than two (2) years, also give name of previous employer).

Applicant

Employers Name: _____ How Long: _____
 Address: _____ Phone# _____
 Occupation: _____ Monthly Salary: _____
 Previous Employer: _____ How Long: _____
 Address: _____ Salary: _____

Co-Applicant

Employers Name: _____ How Long: _____
 Address: _____ Phone# _____
 Occupation: _____ Monthly Salary: _____
 Previous Employer: _____ How Long: _____
 Address: _____ Salary: _____

Please list additional household members with income.

Household Member 1

Employers Name: _____ How Long: _____
 Address: _____ Phone# _____
 Occupation: _____ Monthly Salary: _____
 Previous Employer: _____ How Long: _____
 Address: _____ Salary: _____

Household Member 2

Employers Name: _____ How Long: _____
 Address: _____ Phone# _____
 Occupation: _____ Monthly Salary: _____
 Previous Employer: _____ How Long: _____
 Address: _____ Salary: _____

Other Household Income and Source:

Social Security: _____ Amount: _____
Retirement or Veteran: _____ Amount: _____
Welfare, Case No.: _____ Amount: _____
Rental Property Income: _____ Amount: _____
Child Support/Alimony: _____ Amount: _____
Other: _____ Amount: _____

Savings Account: Yes () No () Current Balance: \$ _____
Name of Bank: _____

Copies for EACH household member over 18 (3 months recent)

Checking Account: Yes () No () Current Balance: \$ _____
Name of Bank: _____

Copies for EACH household member over 18 (3 months recent)

Is this your primary residence: Yes () No ()

Other Real Estate Owned: _____ Value: \$ _____
(A property search will be conducted to verify)

Investment Accounts (Bonds, Stocks, Mutual Funds, Retirement, Whole Life Insurance): Yes () No ()
Name/Source: _____
Current Value: \$ _____

If no income is documented – How is household supported? _____

If no income is documented - Signed self-certification affidavit is required.

NOTE: Gross Household Income (total income *before* taxes/adjustments) and includes every person living in the home, including unearned income of minors. All income is counted (Employment, overtime, unemployment, child support, alimony, social security, SSI, disability, Pension, other cash assistance/welfare, etc.).

EMPLOYMENT AND ASSET CERTIFICATION

EMPLOYMENT CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

- I hereby certify that the following adult household members are **not** presently employed and do not intend to resume employment in the foreseeable future:

- I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify immediately when they become reemployed:

- I hereby certify that the following adult household members are currently employed. I agree to notify should their employment status change:

Household Member _____

Date _____

Household Member _____

Date _____

Household Member _____

Date _____

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILL- FULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

ASSET CERTIFICATION

I hereby certify that all nonretirement assets of all household members (adults and children) are listed below. Nonretirement assets include, but are not limited to, savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, and cash value of life insurance policies.

The nonretirement asset levels are as follows:

Household Member	Nonretirement asset(s) - Total \$

I also hereby certify that within the past two years, I have ___ or have not ___ disposed of assets for less than the fair market value through a sale or a gift. If "have" is marked, provide the following pertinent information.

Asset	Disposition Date	Value of Asset	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Member

Date

Household Member

Date

Household Member

Date

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILL- FULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

MORTGAGES

First Mortgage Holder:

Second Mortgage Holder:

Address: _____

Address: _____

State: _____ Zip: _____

State: _____ Zip: _____

Monthly Payment: \$ _____

Monthly Payment: \$ _____

Amount of Principal & Interest

Amount of Principal & Interest

\$ _____

\$ _____

1. Are you current on your mortgage payments? Yes _____ No _____
2. Have you owned your home over a year? Yes _____ No _____
3. What year was your home constructed? _____
4. Do you currently have hazard (fire) insurance coverage? Yes _____ No _____
5. Name of Insurance Company: _____
6. Are your real estate taxes current? Yes _____ No _____
7. Have you applied to the CHIP Program for assistance before? Yes _____ No _____
If yes, when did you apply? _____ Did you receive Assistance? Yes _____ No _____
8. Did you file federal income tax for the last year? Yes _____ No _____
If yes, you must include a copy of this return with your application.
9. Is your house located in a flood zone? Yes _____ No _____
10. Were you referred to the CHIP Program? Yes _____ No _____
If yes, who or what agency?

Other Pertinent Information:

1. Is the applicant handicapped? Yes _____ No _____
2. If Yes, explain the Condition: _____

3. Is there an expectant mother in the household? Yes _____ No _____
4. Has any child in the household had a blood test which indicates that the child has an elevated lead blood level? Yes _____ No _____

If yes, explain

HOUSING REPAIR INVENTORY

Please indicate the repairs you feel are needed to your home. (Check all that apply) The Housing Rehab Specialist will make the final determination.

- | | | |
|--|--|---|
| <input type="checkbox"/> Heating | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing/ Water Tank |
| <input type="checkbox"/> Roofing/Gutters | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Lead Paint |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Private Well | <input type="checkbox"/> Utility/Water/Sewer Line |

Any Other Housing Issues: _____

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 BLACK 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 this agency or its representatives and designees of Ohio Development Services Agency's Office of Community Development (ODSA/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 18, Sec 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or 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."

Signature of Applicant (Required)

Date _____

Signature of Co-Applicant (Required)

Date _____

OFFICE USE ONLY

ANNUAL GROSS INCOME	\$	# OF HOUSEHOLD MEMBERS		BEFORE REHAB VALUE	\$
MONTHLY GROSS INCOME	\$	HEAD OF HOUSEHOLD TYPE			
AGE OF HOUSE		ETHNICITY/HISPANIC		# OF BEDROOMS	
INCOME CATEGORY	E-0-30%	V - 31-50%	M - 51-60%	L - 61-80%	

NOTES:

ASHTABULA COUNTY 2019 COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM

Applicant Release to Obtain Verification of Information

As an applicant for Ashtabula County’s Community Housing Impact & Preservation Program, I do hereby give my permission to the Program Administrator of Ashtabula County, to contact my employer(s), bank(s), Social Service Agencies, or any other appropriate person(s) or companies to verify information that I have supplied concerning my employment, income, assets, and/or any other applicable information as reported by me herein.

Each person listed on the application as receiving income must sign below, and returned with your application.

_____	_____
Printed Name	Printed Name

_____	_____
Signature	Signature

_____	_____
Date	Date

_____	_____
Printed Name	Printed Name

_____	_____
Signature	Signature

_____	_____
Date	Date

Verification of Receipt of Fair Housing Booklet and Renovate Right Booklet

My signature below acknowledges that I have received the Ashtabula County Fair Housing Booklet and the Lead-Based Paint Renovate Right Booklet. This form must be returned with your application.

Applicant's Signature

Co-Applicant's Signature

Date

Date



Ashtabula County
Terms and Conditions for Owners Accepting
Housing Rehabilitation/Repair Assistance

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing rehabilitation/repair assistance. These terms and conditions will become a part of your Agreement for a loan/grant which finances the improvements to your house.

As Applicant, I (We) agree to:

1. **Inspection.** I will allow inspection of the property by the County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on the proposed rehabilitation work. I additionally agree to have the property inspected by a lead based paint risk assessor to ascertain lead based paint hazards. Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. **Competitive Bidding.** I will permit the County to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to procedures established by the County and in accordance with applicable Federal, state and local laws.
3. **Agreement with Contractor.** I agree to enter into a Contract with the lowest and best bidder, normally to the low bidder. I understand that I may reject, in writing the low bidder in favor of the next highest bidder if in my opinion the low bidder does not possess the experience, skill or resources to satisfactorily complete the job, or the ability to proceed in a timely manner, or who has not visited my house, before preparing the bid. I also understand that I may have to pay the difference between the lowest bid and the bid I accept if the County does not approve the next highest or other than low bidder.
4. **I WILL REFRAIN from making side agreements with the contractor for work not included in my Agreement with the Contractor, or not included in any written Change Orders approved by the County until all work under the Contract is satisfactorily completed. The County assumes no responsibility for the cost or quality of work not covered by the Agreement or approved change orders.**
5. **Conflict of Interest.** I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or LPA employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. **Non-Discrimination.** I will not discriminate in the sale, lease, rental use or occupancy of my property as required by Title VI of the Civil Rights Act of 1964.
7. **Maintenance of the Property.** I will make every reasonable effort to keep my property in safe, sound and habitable condition following completion of the rehabilitation work.
8. **Hazard Insurance.** I will obtain hazard (fire, property and liability damage) insurance on the property to be rehabilitated in an amount based on its value after rehabilitation. Such insurance must be maintained throughout the term of the loan and shall carry an endorsement to the Grantee.

- 9. **Homeowner Modifications.** Owner agrees **NOT** to make any changes to the home that will affect the estimate of repairs i.e. removing kitchen cabinets, removing carpeting, removing walls, etc. Doing so may result in denial of assistance.
- 10. **Right to Financial Privacy.** The Federal Financial Privacy Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Development Services Agency (ODSA) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODSA and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.
- 11. **Any Fraudulent Information Discovered Will Result in an Automatic Denial.** Applicant Initial _____ Co-applicant Initial _____

(ITEMS 10 THROUGH 12 APPLY ONLY TO OWNER REHABILITATION GRANTS)

- 12. **Loan Subordination.** I agree that the property is not available as a source of collateral for future loans when such loans require subordination of the Grantee’s loan. The County may subordinate its loan if, in its judgment, it is in the best interests of both the County and the Owner and approved in writing. Subordinations shall be based upon the County Subordination Policy.
- 13. **Loan Repayment.** I agree to a mortgage and promissory note, and further agree to all the payment schedules, if any, which are detailed in the Promissory Note and Truth-in-Lending Statement.
I agree that the total amount of the mortgage and note shall include all rehabilitation costs, lead based paint reduction costs and lead based paint risk assessment and clearance costs.
- 14. **Change Orders:** I agree to execute a supplemental mortgage and note to cover and secure the cost of rehabilitation change orders of should such change orders exceed \$1,000.00 of the original rehabilitation contract.

Applicant

Date

Co-applicant

Date

LPA Representative/Title

Date

Have you included the following?

- 1) Proof of monthly income include copies of pay stubs (12 pay stubs if paid weekly, or 6 if paid bi-weekly), benefit letter for Social Security, any other retirement income statements, all other household income including rental property, child support, welfare, SSI, investments, etc. _____
- 2) Copy of recent savings and checking account statements (3 months' worth) for **ALL** Accounts _____
- 3) Copy of recent tax return or W-2's/1099 statement (Social Security). _____
- 4) Copy of deed to home or other proof of home ownership _____
- 5) Copy of insurance coverage-declaration page only. _____
- 6) Copies of two utility bills for proof of residence. _____
- 7) Employment Certification – SIGNED _____
- 8) Asset Certification – SIGNED _____
- 9) Applicant Release to Obtain Verification of Information – Signed by all household members. _____
- 10) Verification of Receipt of Fair Housing Booklet and Renovate Right Booklet – SIGNED _____
- 11) Terms and Conditions for Owners Accepting Housing Rehabilitation/Repair Assistance – SIGNED _____
- 12) Have you reviewed the application and everything is signed/dated and necessary paperwork included? _____

*****Please refer to the application checklist to be sure you have included everything needed to return with your application. Any questions on this application that are not answered, or necessary information not supplied, will result in the application being delayed or returned to you. Be sure to sign the Certification by Applicant. *****