



**Household Sewage Treatment System
Matching Forgivable Loan Program**

25 W. Jefferson St., Jefferson, OH 44047
440-576-1530

Have you been issued orders from the Health Department?

Yes No Please attach citation

Date Received Application _____

PART 1 – APPLIANT INFORMATION

Name: _____
(First) (Middle) (Last)

Address (include city and zip code) _____

Are you the owner of record for this property? Yes No

Name all persons listed on the deed to this property: _____

Daytime Phone #: _____ Evening Phone#: _____

Social Security # last 4 digits only: _____ Email: _____

List ALL sources of employment income for the year.

	Name, Address and Phone Number of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Currently		
2017		

Income (Continued)

List all other sources of income for the past year.

	Yes	No	Total Amount per Month	
			Currently	2017
Child Support				
Alimony				
Pension				
Social Security or SSI				
Disability Benefits				
Do you have any other income?			If yes, please attach a separate sheet listing other income	

Payroll stubs, and verification for all of the items that you listed above for the last three (3) months must be attached. Bank Statements for three (3) months must be attached. A copy of your signed and dated returns for the previous year must be attached.

Your application will not be processed unless you include these items.

PART 2 – CO-APPLICANT INFORMATION

Check here if there is no co-applicant & skip to Part 3.

Name:

(First)

(Middle)

(Last)

Address (include city and zip code)

Daytime Phone #:

Evening Phone#:

Social Security # last 4 digits only:

Email:

List ALL sources of employment income for the year.

	Name, Address and Phone Number of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Currently		
2017		

Income (Continued)

List all other sources of income for the past year.

	Yes	No	Total Amount per Month	
			Currently	2017
Child Support				
Alimony				
Pension				
Social Security or SSI				
Disability Benefits				
Do you have any other income?			If yes, please attach a separate sheet listing other income	

PART 3 – HOUSEHOLD COMPOSITION:

Not including yourself and/or the co-applicant list every person currently living in the house or at any time during the past two years.

Name	Relationship	Date of Birth	Last 4 digits Social Sec #

Income (Continued)

Please list additional household members with income.

NOTE: Additional Documentation for any adult household members with income and/or assets must be attached

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: _____

PART 4 –ASSETS

Excluding IRA Accounts

(List all current accounts and type of accounts, do not include account numbers)

Name of Financial Institution	Checking or Savings Account	Balance

Assets (Continued)**Stocks, Bonds, Certificates of Deposit, Securities, Etc.****(Withdraws from accounts will be counted as income to the applicant/co-applicant)**

Description (Name of stock, money market account, government bond, etc.)	Approximate Value

Other Real Estate Owned or Co-Owned**(Any rent Received will be counted as income for the applicant/co-applicant)**

Description (Rental Property, Vacation Home Etc.)	Address	Rent Received

PART 5 – DWELLINGAre you current on your mortgage? Yes NoAre you current on your property taxes? Yes NoDo you currently have homeowner's insurance? Yes No

Insurance Company Name: _____

Agent's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

You must attach a copy of your Property Insurance Declaration Page to verify Coverage.

Are there any judgment liens (including, but not limited to, a Mechanic’s Lien) against you currently and/or at any time during the past three years? Yes No

If yes: Name of Lien Holder(s) and amount(s): _____

Do you use your property for business purposes? Yes No

If yes, please describe business: _____

PART 6 – CERTIFICATIONS

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application. The Applicant(s) acknowledge(s) and agrees that he/she/they has/have no interest, right or claim with respect to said funds and that the County of Ashtabula will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understands/understand that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by the Housing Rehabilitation Specialist will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance and the property maintenance codes.
- He/she/they understands/understand that the main objective of the program is to correct safety and health issues and/or code violations.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats Ashtabula County Program staff, contractors or their employees shall result in the immediate termination of assistance and that any work performed will be at the Applicant’s expense.

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state and federal laws, including but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be a beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these

provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant Date

Signature of Co-Applicant Date

PART 7 – RIGHT TO PRIVACY

PRIVACY ACT NOTICE STATEMENT: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant’s eligibility to participate in the WPCLF, CDBG and HOME-funded Ashtabula County Housing Rehabilitation Program. This information will be used to establish the level of benefit from the WPCLF, CDBG and/or HOME program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990

INFORMATION COVERED: Inquires may be made about items listed below for the applicant, co-applicant and/or other members of the household age 18 and over.

- | | | |
|--------------------------------|-----------------------------|-------------------------------------|
| Alimony or Separation Payments | Full-Time Student Status | Pension and Annuities |
| Assets (all sources) | Handicap Assistance Expense | Social Security Benefits |
| Assets on Deposit | Income (all Sources) | Tax Returns (Federal, State, Local) |
| Bank Accounts | Income from Business | Unemployment Benefits |
| Child Care Expense | VA Benefits | Other (List Below) |
| Child Support Payments | Liens | <hr/> |
| Medical Expenses | Employment | |

I authorize and release the County of Ashtabula and/or HUD to obtain information about me and my household that is pertinent to my eligibility for participation in the Ashtabula County Household Sewage Treatment System Program, and to verify the information that I provided.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of the information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Signature of Applicant

Signature of Co-Applicant

Printed Name

Date

Printed Name

Date

Signature of Other Adult Member of the Household, Printed Name and Date

Signature of Other Adult Member of the Household, Printed Name and Date

