

Madison County CHIP Program
P.O. Box 437
London, Ohio 43140
937-728-8978

Dear Homeowner,

Enclosed is the application for assistance for the CHIP Program. You have two weeks from the date below to complete the enclosed application and make an appointment with the CHIP Office.

Return the completed application to:

Emma Hall
Madison County CHIP Program
P.O. Box 437
London, Ohio 43140

The CHIP Office is located at:

Madison County Airport
1281 US 40 SW
London, Ohio 43140

Office Hours are Friday, 10:00 am to 3:00 pm

APPLICATION TO DETERMINE CHIP ELIGIBILITY

I UNDERSTAND THAT:

THIS IS AN APPLICATION TO DETERMINE ELIGIBILITY FOR COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP) ASSISTANCE

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 _____

HAVE YOU RECEIVED CHIP ASSISTANCE IN THE PAST?

NO			
YES – CIRCLE COMMUNITY	MADISON COUNTY	CITY OF LONDON	
TYPE OF ASSISTANCE	HOME REPAIR (GRANT)	REHABILITATION (MORTGAGE FILED)	DOWN PAYMENT/ REHAB (MORTGAGE FILED)
YEAR RECEIVED			

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

APPLICATION TO DETERMINE CHIP ELIGIBILITY (CONTINUED)

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)	_____	_____

APPLICATION TO DETERMINE CHIP ELIGIBILITY (CONTINUED)

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 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.

APPLICATION TO DETERMINE CHIP ELIGIBILITY (CONTINUED)

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 GRANTOR.

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 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

APPLICATION TO DETERMINE CHIP ELIGIBILITY (CONTINUED)

statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I UNDERSTAND THAT I AM NOT AN APPLICANT FOR CHIP PROGRAM ASSISTANCE UNTIL:

- I complete and provide the application and submit all the required documents listed below.
- I have completed my intake appointment with the Case Worker.
- I have two weeks from my intake appointment to complete the application process.

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

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