

# HOUSING ASSISTANCE APPLICATION

INSTRUCTIONS: PLEASE FILL OUT ALL SECTIONS COMPLETELY AND SIGN.

Type of Assistance		Type of Ownership		Housing Type	
Owner Rehabilitation		Owner Occupied		Single	
Homebuyer Assistance		Rental Property		duplex	
Home Repair/ Emergency Repair		Land Contract		Triplex	
Emergency Monthly Housing Payments				Quad	

APPLICANT NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ , OH ZIP \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

IS ANY HOUSEHOLD MEMBER HANDICAPPED? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

HAS ANYONE IN THE HOUSEHOLD BEEN TESTED FOR LEAD POISONING? YES NO WHEN? WHO?

MARITAL STATUS? SINGLE MARRIED SEPARATED

HOUSEHOLD MEMBERS (For all those living in the home.) Note: Must include spouse if married.

Name	Social Security #	Relationship to Applicant	For Reporting purposes only			
			Sex	Race/Ethnic Group		Age
				See * Below	Hispanic?	
		Applicant			Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

\* (1) White (2) Black African Amer. (3) Am. Ind. Alaska Nat. (4) Asian (5) Asian & White (6) Native Hawaiian/Pac. Is.  
(7) Amer. Ind. Alaska Native & White (8) Blk. African Amer. & White (9) Amer. Indian Alaska Native & Black Afr. American (10) Other Multi-Racial

## INCOME SOURCES (All those 18 years of age or older)

Proof of income must be provided for entire household for the present and preceding month: copies of pay stubs or checks, or signed statements from employer.

Employer: _____		Address: _____	
Phone: _____		Monthly Gross Income: _____	
Employer: _____		Address: _____	
Phone: _____		Monthly Gross Income: _____	
OTHER INCOME	amount/mo.	DO NOT WRITE IN THIS BOX-OFFICE USE ONLY	
ADC		Household members- _____	# of Bedrooms- _____ Target Area: Y / N
Unemployment		HoH: 1-Single 2-Elderly 3-SingleParent 4-TwoParent 5-other Female HoH?	
Social Security		Income: annually- _____	Income Level E V M L
SSI/SSD (provide proof)		monthly- _____	Handicapped Status Y / N
Pension		FHA Insured? Y / N	
Interest Income			
Child Support			
Alimony			
Rental Properties		Application accepted by- _____	
OTHER INCOME		Date & Time: _____	

## MORTGAGE INFORMATION

First Mortgage		Second Mortgage	
Mortgage Lender		Mortgage Lender	
Original Amount		Original Amount	
Balance Owed		Balance Owed	
Monthly Payments		Monthly Payments	

Please attach a copy of your deed with this application.

Amount of Insurance on Home		Insurance Agent	
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Please attach a copy of your Insurance Declaration of policy with this application.

Please answer yes or no

Applicant

Co-Applicant

Do you have any outstanding judgments?

In the last 7 years have you declared bankruptcy?

Have you had property foreclosed upon?

Are you a co-maker or endorser on a note?

Are you obligated to pay alimony, child support, or separate maintenance?

PLEASE COMPLETE ONLY THE **ASSETS** SECTION IF APPLYING FOR HOME REPAIR GRANT

## MONTHLY HOUSEHOLD EXPENSES

## ASSETS

Mortgage/Rent/Land Contract		Checking Account	
Property Taxes		Saving Account	
Home Insurance		Certificates	
Gas		Bonds	
Electric		Other (explain)	
Water/Sewer			
Other (explain)			
<b>TOTAL</b>		<b>TOTAL</b>	

Please provide proof of the above household expenses with this application.

*I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I give permission to the Federal, State and Local Governments to verify any information contained in this application for evaluation only. 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 rehabilitaion 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, Sec1001, provides: "Whoever, in any matter within the jurisdiction of any Department of 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."**

\_\_\_\_\_ **Fair Housing** - I have received the HUD published booklet, Fair Housing - *Equal Opportunity for all*, and Home Sales Discrimination, along with other fair housing information included in my application packet.



I understand that the local public agency can reject my application if it is not complete, or I have not provided the necessary documents required.

Applicant	Date	Co- Applicant	Date
Landlord/Land Contract Holder	Date	Address	Phone