

Date _____

Dear _____:

Thank you for your request for a Community Housing Improvement Program - CHIP application. We will try to process your application within a timely manner. Please include the following information.

- Proof of income for last 60 days (pay stubs, last three year's income tax return for self employed, letter of income, social security award letter, child support, alimony, etc.)
INCLUDE TOTAL HOUSEHOLD INCOME.
- Bank Statements (checking, savings, balances)
- Proof of Homeowners Insurance (Declaration page)
- Copy of Deed or Land Contract

If you need assistance in completing your application, please contact this office to schedule a time to come in; or if you intend to drop off your completed application, please schedule a time with our office to do this also. As soon as we receive this information, we will contact you to coordinate when and if your home is eligible for home repair.

If you have any questions, please contact our office:

Adams County CHIP Program
215 North Cross Street Suite 101
West Union, OH 45693
937.544.5151

Sincerely,
Amanda Fraley
CHIP, Intake Specialist

**ADAMS COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM
HOME REPAIR APPLICATION**

Eligible Category (for office use only)

GROSS ANNUAL INCOME _____

% OF MEDIAN INCOME _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Township: _____

1. Nature of home (emergency) repair: _____

2. Year home was constructed _____

3. Type of Structure: _____ (Single Family, Trailer, Duplex)

4. Type of Construction _____ (Frame, Block, Other)

5. Number of Rooms: _____ including bathroom(s)

5. Number of Bedrooms: _____ Is there a complete bath? _____

6. How many people live in this unit? _____
Are any of the current occupants disabled or handicapped? _____

Have you received public funding or a commitment for home repair or rehabilitation on this property in the past? If so, explain both the type of commitment and why additional funding is necessary.

Have you received weatherization through a Weatherization or any other weatherization program _____ If so, what year? _____

If home repair is warranted and conditions require you to vacate the property while certain work is completed, would you agree to relocate for the required period of time and would you have a place where you would be safe? Yes _____ No _____ Where: _____
Cost to you, if any _____ (per day)

Applicant (head of household)

Co-Applicant

Full Name _____

Full Name _____

Social Security # _____

Social Security # _____

Age _____ Birthdate _____

Age _____ Birthdate _____

Sex _____ Race _____

Sex _____ Race _____

Marital Status:

Marital Status:

Married _____ Single _____

Married _____ Single _____

Divorced _____ Widow/widower _____

Divorced _____ Widow/widower _____

Employed? _____

Employed? _____

Part-time _____ Full-time _____

Part-time _____ Full-time _____

Employer _____

Employer _____

Address: _____

Address: _____

Business Phone _____

Business Phone _____

Residents

NOTES:

of people living in home _____

of handicapped residents _____

<i>Name:</i>	<i>Relationship to applicant:</i>	<i>Age:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GROSS MONTHLY INCOME

Applicant
 Base Employment _____
 Dividends _____
 Social Security _____
 Net Rent _____
 Retirement, pension _____
 Other _____
 Child Support _____
 Alimony, etc. _____
MONTHLY TOTAL _____
YEARLY TOTAL _____

Co-Applicant

PLEASE READ AND SIGN:

I understand that the county may receive federal assistance and that I may be offered assistance in the form of a grant. I have had these terms explained to me and I understand them. I understand that the county is not obligated to offer me any assistance whatsoever.

I understand that Adams County is constrained by its agreement with the State of Ohio to offer only certain types of assistance, and to conform to rehabilitation standards. I have had these types of assistance and rehabilitation standards explained to me and I fully understand them.

Under the Right to Financial Privacy Act of 1978, the U.S. Department of Housing and Urban Development has a right to financial records held by grantees and sub grantees in connection with the consideration or the administration of assistance to the undersigned. The undersigned hereby authorizes access to and disclosure of all information contained herein and elsewhere in support of this application to the Ohio Department of Development. Financial records involving the undersigned's transactions will be available to HUD and ODOD without further notice to or authorization by the undersigned but will not be disclosed or released to another agency or department without the undersigned's consent except as required or permitted by law.

The undersigned fully understands that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18. U.S. Code, Section 1001.

Signature:

Date

Signature:

Date

Witness:

Date

HOUSING ASSISTANCE AGENCY

I FOR HOUSING ASSISTANCE

Adams CHIP Other

Check the program you wish to apply for:

Home Buyers Assistance Housing Rehabilitation Emergency Home Repair Rental Assistance Other

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM ON THE LAST PAGE CERTIFYING THE INFORMATION PERTAINING TO THEM IS TRUE AND CORRECT. **PLEASE PRINT IN INK!!**

APPLICANT: _____ DATE _____

ADDRESS: _____ APARTMENT NUMBER: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE:() _____ WORK PHONE:() _____ FAX:() _____

Give name, addresses, and telephone numbers of two friends or relatives that may be contacted if you are not available at the numbers listed above.

Name of friend or relative	Relationship	Address	Phone number
1.			
2.			

I. HOUSEHOLD COMPOSITION

List all persons who will be living in your home, listing the HEAD OF HOUSEHOLD first.

ADULTS ONLY

Adults (legal name with middle initial) use the following number for reference throughout this application.	Date of birth	Age	Sex	Social Security Number	Relationship to head of household	Birthplace
1.					HEAD	
2.						
3.						
4.						

CHILDREN UNDER 18 ONLY

Children (legal name with middle initial)	Date of Birth	Age	Sex	Social Security Number	Relationship to head of household	School
5.						
6.						
7.						
8.						
9.						

Yes No Do you have legal custody of the minors previously listed?

Yes No Does anyone in the household receive child support or alimony? If YES, be sure to list the income under the section called total household income.

If separated or divorced, (please circle one) list name and address of the X-spouse or the separated party as follows:

Name	Address	City/State/zip	Social security number.
1.			
2.			

PREFERENCES

___ 1. The head household, or spouse, who is currently serving in active military of the United States or is a Veteran who was discharged for reasons other than dishonorable. (If you mark this statement please complete the following):

- a. Name of person who is the Veteran or in the Service: _____
- b. What relationship to the head of household is this person? _____
- c. If a Veteran, when was the person discharged? _____
- d. If now in the Service, where is the person stationed? _____

___ 2. Our household currently has lived in Adams County for _____ years.

___ 3. We do live in Adams County and member of our household currently works for Adams County. (If you check this statement, complete the following):

Person's Name: _____
 Name and Address of Employer: _____

___ 4. Is the family head or spouse disabled? ___ Yes ___ No

Is head of household ___ white ___ black ___ American Indian/Alaskan ___ Asian ___ Hispanic

II. TOTAL HOUSEHOLD INCOME

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Workmans Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Name or number	Employer	Total weekly wage	OWF/DA	Monthly child support	Social security benefits	Unemployment benefits	Other income
1.							
2.							
3.							
4.							

___ Yes ___ No Have applications been made, but monies not yet received, for any of the benefits listed above?

___ Yes ___ No Did any household member file a tax form with the IRS for previous year?

III. RENTAL/MORTGAGE INFORMATION

Rent \$ _____ Mortgage \$ _____ Landlord or Lender _____ #of Bedrooms: _____

What is the estimated monthly cost of all the utilities that you pay (An average of summer and winter bills)? \$ _____

Check all the following utilities paid by you: ___ Gas ___ Electric ___ Trash ___ Water ___ Sewer ___ Other (Do not include cable or telephone)

IV. UNUSUAL EXPENSES

Yes No Do you pay for babysitting or for care of a disabled family member? If YES, complete the following:

Name of provider	Address	City	State	Zip	Phone
1.					
2.					

Yes No Is this care necessary to enable a family member to work?

Yes No Does the welfare department help you pay this bill?

V. MEDICAL EXPENSES

Complete the following ONLY if the head of household or spouse is 62 or over or has a mental or physical disability.

N/A This section does not apply to me. If you check N/A go to Section VII.

Yes No Do you receive a medical card through the Human Services Department?

Yes No Do you have a spenddown costs? Do you meet this cost?

Yes No Do you have Medicare premium costs?

Yes No Does anyone in your household pay for supplemental medical coverage?

Yes No Are you or anyone in your household making regular monthly payments on outstanding medical bills?

Yes No Does anyone in your household owe or anticipate medical expenses this year?

Yes No Do you purchase prescription medication regularly?

Yes No Does anyone in your household anticipate the expense of new dentures, hearing aids, or glasses this year?

Yes No Does anyone in your household have transportation costs for medical purposes?

Yes No Is any member of your household in a nursing home or private care facility?

Yes No Does anyone in your household pay for services of an attendant, caregiver or nurse?

If you answered YES to any of the questions above, please fill out the following tables:

MEDICARE/INSURANCE PREMIUM/SPENDDOWN COSTS

Name or number of family member (Medicare/Spenddown/Insurance Premium)	Policy number (for insurance)	Name and address of company	Premium (per mo/quarter/year)
1.			
2.			
3.			

DOCTOR/DRUG COMPANY

Name or number of family member	Name of doctor/pharmacy	Address
1.		
2.		
3.		

OUTSTANDING BILLS/UPCOMING EXPENSES/TRANSPORTATION COSTS

Name or number of family member	Address	Amount
1.		
2.		
3.		

INSTITUTIONALIZED/PRIVATE CARE

Name or number of family member receiving care	Name of caregiver or institution	Address of caregiver or institution
1.		
2.		

VI. EDUCATION

Yes No Will anyone in the household receive educational assistance this year.

Yes No Will anyone in the household receive an educational grant this year? If YES, complete the following:

PERSON RECEIVING GRANT:

NAME OF GRANT(S):

PERIOD TIME IT COVERS: _____ AMOUNT:

NAME OF SCHOOL/ADDRESS:

PERSON TO CONTACT AT THE SCHOOL: _____ PHONE: ()

VII. ASSETS

If you answer yes to any of the following questions, please fill in information on proper tables below:

- Yes No Do you have savings or checking accounts or a member of a credit union?
- Yes No Does anyone in your household have any life insurance policies?
- Yes No Do you own a car, boat, camper or mobile home?
- Yes No Do you or any household member own or have an interest in any real estate, building, boat, or mobile home?
- Yes No Do you own stocks, bonds, money market account, IRA, Keogh Plan, saving certificate, trust fund or an estate, etc?
- Yes No Do you have a large amount of cash on hand?
- Yes No Do you own any jewelry or antiques of value?
- Yes No Has anyone in your household sold, given, traded or transferred any asset or resource (for example cars, money, house, land) within the year?
- Yes No Has anyone in your household received a lump-sum payment (for example, social security, insurance settlement, etc.) within the year?

BANK/CREDIT UNION ACCOUNTS

Type of account	Name of bank	Address	Account no.	Amount
1.				
2.				
3.				

LIFE INSURANCE

Type of insurance	Name of insurance co.	Address	Account no.	Amount
1.				
2.				
3.				

AUTOMOBILES/BOAT/CAMPER/MOBILE HOME

Make	Model	Year	Value/amount owed
1.			
2.			

OTHER ASSETS

(Cash, IRA/Keogh Plan, Stocks/Bonds, Savings Certificate, Trust Fund/Estate, Jewelry)

Asset	Name of owner	Location of asset	Value of asset
1.			
2.			
3.			

REAL ESTATE

Name or number	Address of property	County	Estimated value	Amount received
1.				
2.				

ITEMS SOLD, GIVEN OR TRANSFERRED

Item sold/transferred	To whom	Date of sale or transfer	Actual value	Amount received
1.				
2.				

LUMP SUM PAYMENTS

Received lump sum	Source	Date of payment	Amount
1.			
2.			

VIII. OTHER

- Yes No Has anyone in your household been tested for the level of lead in their blood?
- Yes No Did the test show an elevated level of lead in their blood?
- Yes No Does anyone outside of your household pay for any of your bills or give you money? If yes, explain below:
- Yes No Have you or any other adult member ever used any other name or Social Security number other than the one you are currently using? If yes, explain below:
- Yes No Have you or any household member ever lived in any assisted housing? If yes, list where and when below:
- Yes No Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, explain below:
- Yes No Have you or any household member filed bankruptcy in the last 3 years?

Please read and sign the next page

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hot Line at 1-800-424-8590.

WARNING: SECTION 1101 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

I, _____ (print your name), do hereby authorize the Adams County Community Housing Improvement Program and the CHIP staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete my application for participation in its housing assistance programs. I authorize these agencies, offices, groups, or organizations to provide at any time during the period of my applying for and participating in the housing assistance program any information that may be necessary to the CHIP to determine my eligibility for housing assistance. I also authorize the CHIP to give to other social agencies any information that may be required concerning my participation in the housing assistance program.

I do hereby swear and attest that all information* above about my household is true and correct. I also understand that *any and all changes* of income and household members must be reported to the Housing Assistance Agency in **WRITING IMMEDIATELY**.

Head of Household

Date

Other Adult

Date

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

(OFFICE USE ONLY)

(Check each statement when completed)

___ Pre-application has been thoroughly reviewed.

___ All questions on this application have been properly filled out and reviewed.

Adams County CHIP Representative

Date

Comments:

