

**GEAUGA COUNTY HOUSING
HOME REPAIR PROGRAM
PRELIMINARY APPLICATION**

Return completed application to: Geauga County Dept. of Community & Economic Development
470 Center Place, Building #1-A
Chardon, Ohio 44024
Phone: (440) 285-2222, (440) 834-1856 or 564-7131, Ext. 6344

Please Note: Additional Verification of information provided as part of this application will be required.

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

Co-Applicant: _____ Age: _____
First Middle Last

Address: _____ Phone _____

NUMBER OF DEPENDENTS: _____ **List all Household Members**

Name	Age	Sex	Social Security Number

APPLICANT AND CO-APPLICANT EMPLOYMENT DATA:
(If less than two (2) years, also list name of previous employer and their telephone number).

APPLICANT:

Employer Name: _____ How long: _____
Address: _____
Occupation _____ Monthly
Salary: _____
Previous Employer: _____ How long: _____
Address: _____ Salary: _____

CO-APPLICANT:

Employer Name: _____ How long: _____
Address: _____
Occupation _____ Monthly
Salary: _____
Previous Employer: _____ How long: _____
Address: _____ Salary: _____

OTHER HOUSEHOLD INCOME AND SOURCE:

Social Security: _____ Amount: _____

Retirement or Veteran: _____ Amount: _____

Address where check originates _____

Account Number _____

Welfare, Case No.: _____ Amount: _____

Address where check originates _____

Account Number _____

Child Support/Alimony: _____ Amount: _____

Address where check originates _____

Account Number _____

Other: _____ Amount: _____

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

Name of Bank: _____

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

Name of Bank: _____

Other Real Estate Owned: _____ Value: \$ _____

Investment Accounts: Yes () No () Name/Source: _____

Current Value: \$ _____

MORTGAGE

First Mortgage Holder:

Second Mortgage Holder:

Address: _____

Address: _____

Monthly Payment: \$ _____

Monthly Payment \$ _____

Amount of Principal & Interest

Amount of Principal & Interest

\$ _____

\$ _____

OTHER PERTINENT INFORMATION:

- ▼ Is the applicant handicapped? Yes _____ No _____
- ▼ If Yes, please explain the condition: _____
- ▼ Is there an expectant mother in the household? Yes _____ No _____
- ▼ Has any child in the household had a blood test which indicates that the child has an elevated lead blood level? Yes _____ No _____
- ▼ In what year was your home constructed? _____
- ▼ Do you currently have hazard (fire) insurance coverage? Yes _____ No _____

Please attach a copy of your insurance limits of liability page.

- ▼ Have you or a member of your household been convicted of any crime other than a traffic violation? Yes _____ No _____

If Yes, explain: _____

YOU MUST PROVIDE WITH THIS APPLICATION THE FOLLOWING FOR THE APPLICANT AND CO-APPLICANT:

- 1. COPIES OF YOUR LAST 2 YEARS 1040 FORMS AND**
- 2. COPIES OF YOUR LAST 3 PAYSTUBS (OR COPY OF LAST 3 PAYCHECKS).**

Please give a brief description of your need: _____

DATE RECEIVED: _____ APPLICATION NUMBER: _____

COMMENTS: For staff Comments Only

CERTIFICATION OF APPLICANTS (S)

Please read the following statements. 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 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 certifies that he is the owner and occupant 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 home repair work which will be described in the construction contract.

I authorize this agency or its representatives and designees of the Office of Housing and Community Partnerships (HCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate the 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 personal financial information contained in this application is necessary for evaluation of my application for home repair 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 home repair assistance will be subject to public disclosure since public funds are being utilized to repair my property.

Penalty for false or fraudulent statement: U.S.C. Title 18, Section 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

Date

Signature of Co-Applicant

Date

Verification of Other Income (Child Support, SSI, Retirement, Etc.)

TO WHOM IT MAY CONCERN:

The Applicant identified below has applied for funding under the Community Development Block Grant (CDBG) Housing Program. We are required to verify the income of all applicants for our housing program. The applicant listed below has stated that he/she is receiving income from your agency. Please furnish the information required below and return this form to Geauga County Community Development as soon as possible. This Information is confidential and solely for use by the CDBG Housing Program.

SECTION "A" TO BE COMPLETED BY APPLICANT:

A. Applicant Name _____ Social Security Number _____

Applicant Address _____

Agency Name _____

Agency Address _____

Your ACCOUNT NUMBER with this agency _____

I hereby give my permission to release the information requested herein to Geauga County Community & Economic Development.

Applicant Signature

Date

SECTION "B" TO BE COMPLETED BY AGENCY REPRESENTATIVE:

B. Agency Representative Completing Form _____

Type of Assistance _____

Date Assistance Began _____

Monthly Amount of Assistance Received _____

Do you expect assistance to stop or change? _____

If yes, when and how? _____

Authorized Signature

Date

Please return completed form to :

Geauga County Community & Economic Development
470 Center Place, Bldg. 1-A
Chardon, Ohio 44024

Permission to Provide Verification

SECTION "A" TO BE COMPLETED BY APPLICANT

- A. REQUEST FOR VERIFICATION OF Pension Social Security Benefits
SSI Savings Account
Checking Account
Child Support Other

(MUST attach copy of benefits statement for Pension)

NAME OF BANK or PROVIDER or AGENCY:

ADDRESS OF BANK or PROVIDER or AGENCY

ACCOUNT NUMBER:

PERMISSION TO PROVIDE VERIFICATIONS:

The above information is furnished by the undersigned in strict confidence and is solely for use in the Geauga County Housing Program. You and/or your agency may verify and comment on this information.

Date

Applicant Signature

SECTION "B" TO BE COMPLETED BY PROVIDER

B. This is to inform you that of has applied for a housing loan/grant from the Geauga County CDBG Housing Program. The applicant has indicated in a confidential Personal Information statement the following:

- G Receives monthly benefits in the amount of \$ (Attached Verification)
G Has on deposit in savings account funds in the amount of \$
G Has on deposit in checking account funds in the amount of \$
G Receives other income in the amount of \$ from
on a Monthly basis Quarterly basis Annual basis

Your verification of this information is necessary to determine the eligibility of the applicant for a housing grant/loan and will be used only for this purpose. Please indicate if the above information provided is accurate.

VERIFICATION:

Yes, above information is accurate.
No, above information is not accurate.

If NO, please explain or provide accurate information:

SIGNATURE OF VERIFIER:

Date

Signature

Title

PLEASE RETURN FORM TO:

Gauga County Community & Economic Development
470 Center Place, Building #1A
Chardon, Ohio 44024

Permission to Provide Verification

SECTION "A" TO BE COMPLETED BY APPLICANT

- A. REQUEST FOR VERIFICATION OF Pension, Social Security Benefits, SSI, Savings Account, Checking Account, Child Support, Other

(MUST attach copy of benefits statement for Pension)

NAME OF BANK or PROVIDER or AGENCY: ADDRESS OF BANK or PROVIDER or AGENCY

ACCOUNT NUMBER:

PERMISSION TO PROVIDE VERIFICATIONS:

The above information is furnished by the undersigned in strict confidence and is solely for use in the Geauga County Housing Program. You and/or your agency may verify and comment on this information.

Date

Applicant Signature

SECTION "B" TO BE COMPLETED BY PROVIDER

B. This is to inform you that of has applied for a housing loan/grant from the Geauga County CDBG Housing Program. The applicant has indicated in a confidential Personal Information statement the following:

- G Receives monthly benefits in the amount of \$ (Attached Verification)
G Has on deposit in savings account funds in the amount of \$
G Has on deposit in checking account funds in the amount of \$
G Receives other income in the amount of \$ from
on a Monthly basis Quarterly basis Annual basis

Your verification of this information is necessary to determine the eligibility of the applicant for a housing grant/loan and will be used only for this purpose. Please indicate if the above information provided is accurate.

VERIFICATION:

Yes, above information is accurate.
No, above information is not accurate.
If NO, please explain or provide accurate information:

SIGNATURE OF VERIFIER:

Date

Signature

Title

PLEASE RETURN FORM TO:

Gauga County Community & Economic Development
470 Center Place, Building #1A
Chardon, Ohio 44024

Verification of Employment

The applicant identified below has applied for housing rehabilitation assistance. You have been named in the application as a source of income. Your verification of employment is for the confidential use of the CDBG Housing Program and has been authorized by the applicant. Please furnish the information requested and return this form to the address listed below.

APPLICANT: Fill in Sections A & B, and sign below

A. Applicant Name _____

Applicant Address _____

B. Employer Name _____

Employer Address _____

I hereby give permission for the information requested to be provided to Geauga County Community Development.

Applicant Signature

Date



EMPLOYER: Fill out Sections C thru K, and sign below

C. Date of Employment: From _____ To _____

D. Position Held _____

E. Probability of Continued Employment _____

F. Number of hours worked per week _____

G. Rate of pay per hour _____

H. Gross pay Year to Date _____

I. Monthly Gross Pay \$ _____

J. Average Monthly Withheld for Income Taxes _____
Retirement _____

K. Comments: _____

Authorized Signature

Date



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