



Child Support/Alimony: \_\_\_\_\_ Amount: \_\_\_\_\_  
Other: \_\_\_\_\_ Amount: \_\_\_\_\_

Do you have a Savings Account?: Yes ( ) No ( ) Account Number \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_

Do you have a Checking Account: Yes ( ) No ( ) Account Number \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_

Address of other Real Estate Owned: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Investment Accounts: Yes ( ) No ( ) Name/Source: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

LIST YOUR ASSETS: (automobile, including make and year, furniture, etc.) Value

_____	_____
_____	_____
_____	_____
_____	_____

**CREDIT SUMMARY:**

Loans	Monthly Payment	Account Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Cards	Monthly Payment	Account Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER HOUSEHOLD EXPENSES:**

Child Support payments (per month): \_\_\_\_\_

Alimony payments (per month): \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL MONTHLY PAYMENTS: \_\_\_\_\_ (including credit cards, loans, etc.)

TOTAL LIABILITIES: \_\_\_\_\_ (total owed on loans, credit cards, etc.)

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**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 \_\_\_\_\_
- ▼ Have you or a member of your household been convicted of any crime other than a traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, explain: \_\_\_\_\_

- ▼ Have you had any credit judgements made against you in the past 7 years? \_\_\_\_\_ Date: \_\_\_\_\_
- ▼ Have you filed bankruptcy in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**RENTAL HISTORY**

Verification will be required for qualifying applicants (i.e. rent receipt, copy of lease, letter from parents)

Are you paying rent? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, monthly amount \_\_\_\_\_

Landlord/Rental Agency: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**CERTIFICATION OF APPLICANT(S)** Please read the following statement.

If you do not understand any part of it or have any questions about what you are asked to sign lease 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 rehabilitation 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 (OHCP) 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 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 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 Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

COMMENTS: For staff only

**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 \_\_\_\_\_

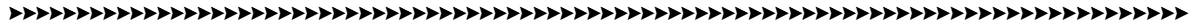
Applicant Address \_\_\_\_\_

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 \_\_\_\_\_

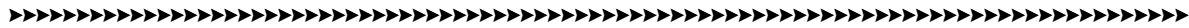
H. Gross pay Year to Date \_\_\_\_\_

I. Monthly Gross Pay \$ \_\_\_\_\_

J. Average Monthly Withheld for Income Taxes \_\_\_\_\_  
Retirement \_\_\_\_\_

K. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date



Return Completed Form to: Geauga County Community & Economic Development  
470 Center Place, Building #1-A  
Chardon, Ohio 44024

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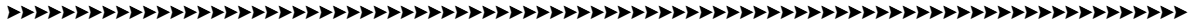
Applicant Address \_\_\_\_\_

B. Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date



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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



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Chardon, Ohio 44024

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\_\_\_Checking Account  
\_\_\_Child Support \_\_\_Other  
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\_ADDRESS OF BANK or PROVIDER or AGENCY\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_  
Date Signature Title



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