



**OTHER HOUSEHOLD INCOME AND SOURCE**

List Name and Address of Provider below:

Social Security: \_\_\_\_\_ Amount: \_\_\_\_\_  
Retirement or Veteran: \_\_\_\_\_ Amount: \_\_\_\_\_  
Welfare, Case No.: \_\_\_\_\_ Amount: \_\_\_\_\_  
Rental Property Income: \_\_\_\_\_ Amount: \_\_\_\_\_  
Child Support/Alimony: \_\_\_\_\_ Amount: \_\_\_\_\_  
Other: \_\_\_\_\_ Amount: \_\_\_\_\_

Savings Account: Yes ( ) No ( ) Account Number \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Name and Address of Bank: \_\_\_\_\_  
Checking Account: Yes ( ) No ( ) Account Number \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Name and Address of Bank: \_\_\_\_\_  
Other Real Estate Owned: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Investment Accounts: Yes ( ) No ( ) Name/Source: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**MORTGAGES**

First Mortgage Holder: \_\_\_\_\_ Second Mortgage Holder: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Principal balance \$ \_\_\_\_\_ Principal balance \$ \_\_\_\_\_

**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 \_\_\_\_\_
- ▼ Are the Real Estate Taxes paid in full on this property? Yes \_\_\_\_\_ No \_\_\_\_\_
- ▼ In what year was your home constructed? \_\_\_\_\_
- ▼ Do you currently have hazard (fire) insurance coverage? 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:**

1. **Proof that you currently carry hazard (homeowners) insurance.**
2. **Copy of last 2 years 1040 forms.**
3. **Copy of last 3 paystubs for each applicant.**
4. **Written estimate/explanation from contractor for repairs/replacement**

\*\*\*\*\*

DATE RECEIVED: \_\_\_\_\_ APPLICATION NUMBER: \_\_\_\_\_

COMMENTS: For staff only

**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, 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 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 Applicant

Date

---

Signature of Co-Applicant

Date

**Permission to Provide Verification**







**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:

Gauga County Community & Economic Development  
470 Center Place, Building #1-A  
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 \_\_\_\_\_

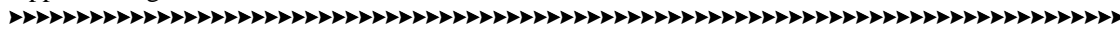
Applicant Address \_\_\_\_\_

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 \_\_\_\_\_

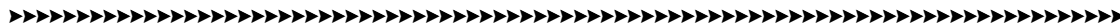
I. Monthly Gross Pay \$ \_\_\_\_\_

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

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

\_\_\_\_\_

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



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