



**Other Household Income and Source:**

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 ( ) Current Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

Name of Bank: \_\_\_\_\_

Is this your primary residence: Yes ( ) No ( )

Other Real Estate Owned: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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

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

**MORTGAGES**

First Mortgage Holder:

Second Mortgage Holder:

\_\_\_\_\_

\_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Amount of Principal & Interest

Amount of Principal & Interest

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- ▶ Are you current on your mortgage payments? Yes \_\_\_\_\_ No \_\_\_\_\_
- ▶ Have you owned your home over a year? Yes \_\_\_\_\_ No \_\_\_\_\_
- ▶ In what year was your home constructed? \_\_\_\_\_
- ▶ Does you currently have hazard (fire) insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_
- ▶ Name of Insurance Company: \_\_\_\_\_
- ▶ Are your real estate taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Pertinent Information:**

- ▶ Is the applicant handicapped: Yes \_\_\_\_\_ No \_\_\_\_\_
- ▶ If Yes, 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 \_\_\_\_\_

Attachment Items that must be provided with this application include:

- 1) Copy of deed to home or other proof of home ownership
- 2) Copy of recent savings and checking account statements - 2 months worth
- 3) Proof of two months income include copies of pay stubs, benefit letter for Social Security, any other retirement income statements, all other household income including rental property, child support, welfare, SSI, investments, etc.
- 4) Copy of previous year tax return or W-2's/1099 statement.
- 5) Copies of two utility bill's for proof of residence
- 6) Copy of Insurance coverage - Declaration page only

**WORK REQUEST**

Please list below the repair that you are requesting to be addressed in your home. Please keep in mind that the ***COMPREHENSIVE HOUSING IMPROVEMENT PROGRAM (CHIP)*** is **NOT** a **REMODELING PROGRAM**, it is a program that addresses the health and safety for the occupants. Items that will **not** be addressed are - Siding, Windows, Porches/Decks, driveways or other cosmetic items.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

COMMENTS: For Staff Comments 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 certify that he is the owner 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 Local Government Services (OLGS) 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.”

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Signature of Applicant Date

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Signature of Co-Applicant Date