

COMMUNITY HOUSING IMPACT and PRESERVATION PROGRAM (CHIP) HOME REPAIR/ REHABILITATION APPLICATION

(Please be sure to answer ALL questions and provide dollar amounts.)

PRIMARY APPLICANT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

ADDRESS FOR ASSISTANCE: _____

Would you like to be contacted by E-mail: YES NO E-mail Address _____

HOUSEHOLD MEMBERS (All persons currently living in the home including children under age 18.)

	Primary Applicant	Household Member # 1	Household Member # 2	Household Member # 3	Household Member # 4	Household Member #5
Social Sec. Number						
Last Name						
First Name						
Relationship to Applicant						
Date of Birth						
Male or Female						
Disabled (yes or no)						
Race (Black/African, Asian, Nat.Hawaiian/Pacific Islander, Amer.Indian/Alaska, White, Other)						
Ethnicity Hispanic/Latin or not						
Level of Education						
Veteran (yes or no)						
Health Insurance (yes or no)						
Type(s) of income						

INCOME SOURCES – (Proof of income must be provided with copies of last 2 months pay stubs. Include all benefit letters from SS, child support, pension, unemployment, alimony, etc. for all household members age 18 and over).

Primary Applicant		Household Member #1	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$
Household Member #2		Household Member #3	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$
Household Member #4		Household Member #5	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$

OTHER INCOME SOURCES- Be sure to answer **ALL** questions and dollar amounts:

Do you receive ADC, OWF, TANF or other public/cash assistance? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Unemployment Benefits? YES ___ NO ___
 If yes, what is your weekly amount \$ _____ Annual Amount \$ _____

Do you receive Social Security? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive a Pension? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Child Support? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Alimony? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Rental Income? YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive any other income not listed above? YES ___ NO ___
 (*Interest income is to be listed on the last page of the application.*)
 If yes, Please explain the type of income along with the monthly and annual amounts:

Do you own real estate/property(s) other than your primary residence? YES ___ NO ___
 If yes, provide the total dollar equity amount of all property(s) \$ _____

Do you live in a single family dwelling, mobile home, or multifamily dwelling? _____
Do you own, rent or have a land contract? _____

MONTHLY HOUSEHOLD EXPENSES (*Attach a copy of one month's utility bills*)

TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO	TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO
Mortgage/Rent					Gas				
Second Mortgage					Electric				
Property Tax					Water/Sewer				
Home Insurance					Trash Removal				
									<i>WSOS Office Use Only:</i> Total Monthly Expenses \$ _____

INSURANCE INFORMATION (*attach a copy of your declaration page*)

Amount of Insurance on Home	\$ _____	Insurance Agent	_____
Insurance Agent's Phone No.	_____	Address	_____

MORTGAGE INFORMATION (*Primary Residence*)

FIRST MORTGAGE		SECOND MORTGAGE	
Mortgage Lender	_____	Mortgage Lender	_____
Original Amount	\$ _____	Original Amount	\$ _____
Balance Owed	\$ _____	Balance Owed	\$ _____
Monthly Payment	\$ _____	Monthly Payment	\$ _____

AREAS IN NEED OF REPAIR

	YES	NO		YES	NO
Electric			Walls/Foundation		
Heating			Windows/Doors		
Plumbing			Floors		
Roof			Other		

ASSETS/INTEREST INCOME (List ALL Accounts/Assets for all household members age 18 and over)

Type of Account	Bank/ Institution	Amount	Household member
Checking 1			
Checking 2			
Checking 3			
Savings 1			
Savings 2			
Savings 3			
Certificate of Deposit			
Cash Value of a Life Insurance (amt you may withdraw)			
IRA			
Money Market			
Retirement			
Other			

Have you disposed of more than \$1000 in Assets in the past 2- years (24 months)?
 (For a list of inclusions and exclusions see the back of this page) YES_____ NO_____

Are you or any other household member(s) related to an employee, agent, consultant, officer, elected official, or an appointed official of the city/ county in which you are applying for assistance? YES_____ NO_____

If yes, please give their name, title, and employer _____
 Pursuant to 24 CFR 570.489 (h)

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I hereby give WSOS permission to verify all information contained in this application.

 Date

 Applicant

 Date

 Co-Applicant

Return application to:

WSOS CAC, INC.
PO Box 277
Green Springs, OH 44836

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.