

COMMUNITY HOUSING IMACT 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 # 2	Household Member # 3	Household Member # 4	Household Member # 5	Household Member #6
Social Sec. Number						
Last Name						
First Name						
Relationship to Applicant	-Self-					
Date of Birth						
Gender						
Disabled (yes or no)						
Race: Amer.Indian/Alaska Asian, Black/African Amer., Multi, Nat.Hawaiian/Pacific Islander, Other, White						
Ethnicity Hispanic/Latin or not						
Level of Education						
Veteran (yes or no)						
Health Insurance (yes or no)						
Income Source(s)						

INCOME SOURCES – *(Proof of income must be provided with copies of last 4 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 #2	
Employer:		Employer	
Address:		Address	
Occupation:		Occupation	
Employment Start Date:	Monthly Salary: \$	Employment Start Date:	Monthly Salary: \$
Household Member #3		Household Member #4	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date:	Monthly Salary: \$	Employment Start Date:	Monthly Salary: \$
Household Member #5		Household Member #6	
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 ___

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, mobile home, or multifamily home? SINGLE ___ MH ___ MULTI ___

Do you own, rent or have a land contract? RENT ___ OWN ___ LANDCONTRACT ___

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

Type	YES	NO	Monthly \$	Company	Type	YES	NO	Monthly \$	Company
Mortgage/Rent					Gas				
2 nd Mortgage					Electric				
Property Tax					Water/Sewer				
Home Insurance					Trash				

GLCAP Office Use Only: Total Monthly income \$ _____ Total Monthly Expenses \$ _____ Housing Cost % _____

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	\$ _____

ASSETS/INTEREST INCOME: List ALL Accounts/assets for all household members age 18 & over; See pg. 4

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			
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 GLCAP permission to verify all information contained in this application.

Date

Applicant

Date

Co-Applicant

Return application to:
Great Lakes Community Action Partnership
PO BOX 590
Fremont, OH 43420

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.

Exhibit 3.8 – Part 5 Annual Income Net Family Asset Inclusions and Exclusions

Inclusions	Exclusions
<ol style="list-style-type: none"> 1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets. 2. Cash value of revocable trusts available to the applicant. 3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects. 4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts. 5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty). 6. Retirement and pension funds. 7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy). 8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. 9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. 10. Mortgages or deeds of trust held by an applicant. 	<ol style="list-style-type: none"> 1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars, and vehicles specially equipped for persons with disabilities. 2. Interest in Indian trust lands. 3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset. 4. Equity in cooperatives in which the family lives. 5. Assets not accessible to and that provide no income for the applicant. 6. Term life insurance policies (i.e., where there is no cash value). 7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

Last Modified: January 2005



Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above –named organization to obtain information from a third party relative to your eligibility and continued participation in the: HOME Homebuyer Program, Home Rental Rehabilitation Program, HOME Homeowner Rehabilitation Program, and the CDBG Home Building Repair Program.

Privacy Act Notice Statement: Great Lakes Community Action Commission, Inc. in conjunction with the Department of Housing and Urban Development (HUD) are requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR A COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquires may be made about the following items: Income (All Sources), Assets (All Sources), Child Care Expenses, Handicap Assistance Expense (If Applicable), and Medical Expense (If Applicable)

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that: (1) A Photocopy of this form is as valid as the original. (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me. (3) I have the right to copy information from this file and to request correction of information I believe inaccurate. (4) All adult household members will sign this form and cooperate with the owner in this process.

EVERYONE 18 YEARS OR OLDER, IN THE HOUSEHOLD, MUST SIGN AND DATE THIS FORM	PRINTED NAME, SIGNATURE, & DATE
Head of Household – Signature, Printed Name, and Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	

FINANCIAL PRIVACY STATEMENT

This is notice to you as required by the Right to Privacy Act of 1978 that the Department of Housing and Urban Development has the right of access to financial records held by any financial institution in connection with the consideration or administration of the program assistance for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice of authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

DATE

APPLICANT

DATE

CO-APPLICANT

FINANCIAL PRIVACY STATEMENT

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.