



**CITY OF ELYRIA
OFFICE OF COMMUNITY DEVELOPMENT**

**COMMUNITY HOUSING IMPROVEMENT PROGRAM
(CHIP) APPLICATION**

**COMPLETE APPLICATION MUST BE RETURNED TO COMMUNITY
DEVELOPMENT BEFORE 4:30 P.M. ON MARCH 16, 2012.**

CHECKLIST: *If not applicable indicate with N/A.*

Incomplete applications will not be considered for home rehabilitation assistance.

_____ Application completed. ***Sign & answer all questions***

_____ Release of information completed for each adult member who has income.

_____ Proof of Homeowners Insurance (Declaration page).

_____ All persons living in the household must be included in application.

_____ All household income listed for family members 18 years and older.

_____ Copies of wage statements. Four most recent pay stubs.

_____ Not employed? Please provide signed statement of circumstances.

_____ Annual statements for Social Security, Disability and/or Pensions.

_____ Bank Account information provided. Most recent prior four months.

_____ Self-employed – provide complete copies of Federal Tax Returns for last 3 tax years filed.

_____ Current on mortgage payment and property taxes.

_____ Is home in foreclosure?

_____ Bankruptcy? Provide copy of release.

For Office Use Only

Date Application Received _____

Application # _____

Application Received By _____



PLEASE PRINT - Sign & answer all questions

A. Personal Information

Applicant - Head of the Household

Name _____ Age _____ Male/Female
 (Last) (First) (MI) (Circle One)

Home Address _____, Elyria, OH 44035

Home Phone (440) _____ Work Phone or Cell Phone (____) _____

E-mail _____

Social Security # _____ Are you disabled? Yes No (Circle One)

Employer _____

Work Address _____ Job Title _____

Co- Applicant - Spouse

Spouse _____ Age _____ Male/Female
 (Last) (First) (MI) (Circle One)

Social Security# _____ Is spouse disabled? Yes No (Circle One)

Spouse's Employer _____

Work Address _____ Job Title _____

Work Phone (____) _____ Note: Roommates are also considered household members. Other household members' employment information (including children 18 or older who are not full-time students) may be listed on back if applicable.

Name (first/last)	Age	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you declared bankruptcy in the past seven (7) years? YES NO (please circle)
 If yes, has it been released? YES NO (please circle)

If yes, please provide proof of release.
Proof of release is required in order to be eligible for funding.



B. Annual Income & Assets

YEARLY INCOME

Family or Other Household Members	a)Wages/Salaries (Gross)	b)Benefits /Pensions	c)Public Assistance	d)Other Income
1)Totals			

2) Enter total of items 1 a) through 1d). \$ _____

Please provide the most recent last 4 pay stubs or statements for all income listed above. Current Disability Statements and/or SSI Benefit Statements are also acceptable as are yearly pension statements. Household Income will be evaluated and calculated based upon Section 8 regulations and definitions for annual (gross) income. All sources of income will be verified with documentation from the income source. This documentation will be made a permanent part of the case file. Include most recent income tax filing and most recent W2 forms.

C. Banking Information

List the following information regarding accounts you may have at banks, savings and loans, or credit unions. If you need additional space, please complete on the back of this form.

Bank Name _____ Bank Name _____

Address _____ Address _____

Type of account: (circle appropriate one) CHECKING SAVINGS CD OTHER _____

Also, please indicate the following concerning any stocks, bonds, or securities you may have.

Type of security _____ # of shares _____ and/or certificates _____

Value per share \$ _____ or bond account \$ _____

Name and address of company issuing security _____

Provide us with copies of the last 4 official statements for each bank and/or securities account.



D. Housing Information (Please circle the appropriate answer below)

1. Do you own your own home or have a life estate? YES NO
2. Are your property taxes current? YES NO
3. Do you have homeowner's insurance? YES NO

Please list name, address and policy number of insurance company.

Insurance Co. _____ Policy # _____
 Address _____

4. Do you have any liens against your property? YES NO

Please explain.

5. Please identify the repairs you are requesting.

E. Racial Information: (required information per HUD)

Please circle all appropriate answers.

Head of Household	Spouse/Other Adult(s)
Racial Composition: Single or multiracial Ethnicity: Hispanic or non-Hispanic Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander Multi-Racial Other	Racial Composition: Single or multiracial Ethnicity: Hispanic of non-Hispanic Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander Multi-Racial Other

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION AND TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY.

Signature of Applicant _____

Date _____

Please return your completed application to the: **City of Elyria**
Office of Community Development
 131 Court Street, Suite 302
 Elyria, OH 44035



AUTHORIZATION FOR RELEASE OF INFORMATION

Complete a release for each adult member who has income.

This document is for authorization to release information regarding your City of Elyria CHIP Application for the purpose of verifying information supplied in your application and for reports to the Department of Housing and Urban Development (HUD)

I _____ (your name) hereby grant permission to the City of Elyria to verify information provided in this application and to release to its authorized representatives and to HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

The information provided is for confidential use in determining your eligibility for the Community Housing Improvement Program.

Applicant Signature

Date

If this form is not signed and returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a release of information form for each adult household member who has income.

**City of Elyria
Office of Community Development
131 Court Street, Suite 302
Elyria, OH 44035**

Phone: 440-326-1541 Fax: 440-326-1544

