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 OCTOBER 1, 2015

CHECKLIST: If not applicable indicate with N/A.
Incomplete applications will not be considered for home rehabilitation assistance.

Application completed. Signed & all questions answered.

Authorization of Information completed for each adult member who has income.

All persons living in the household must be included in application, including household members 18 years and older, students (over 18) earning income. Must provide documentation of full-time Student status.

Not employed? Please provide signed statement of circumstances indicating there is no income. If receiving unemployment, submit four most recent statements.

Copies of wage statements for all members working in household. (Four most recent pay stubs for each household member)

2015 Annual statements for Social Security, Disability and/or Pensions.

Provide all Bank Account information for all members of household over the age of 18 years old. Submit most recent four months statements (Savings and Checking).

Copy of 2014 Federal Tax Return and W-2 forms.

If Self-employed, provide complete copies of Federal Tax Returns for last 3 years filed.

All assets listed – refer to page 7 Asset Inclusions and Exclusions.

Copy of statement showing mortgage and property taxes are current.

Proof of Homeowners Insurance (Declaration page.)

Is home in foreclosure? Indicate yes or no.

Bankruptcy? Indicate yes or no, if yes please provide copy of release.

For Office Use Only: Date App. Received ____________________ Received by ____________________

The City of Elyria administers all programs without regard to race, color, religion, sex, national origin, familial status or disability.
REVISED 8/27/2015
PLEASE PRINT - Sign & answer all questions

A. Personal Information

Applicant - Head of the Household

Name ____________________________ (Last) (First) (MI)

Date of Birth _____________________ (Circle One) Male/Female

Home Address ___________________________________________________________, Elyria, OH 44035

Home Phone (440) __________________ Work Phone or Cell Phone (___) ___________

E-mail ________________________________

Employer ______________________________

Work Address ___________________________ Job Title __________________________

Co- Applicant - Spouse

Spouse ________________________________ (Last) (First) (MI)

Date of Birth ________________________

Spouse’s Employer __________________________

Work Address ___________________________ Job Title __________________________

Cell Phone (___) ___________________ 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.

<table>
<thead>
<tr>
<th>Name (first/last)</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you declared bankruptcy in the past seven (7) years? YES NO (please circle)
If yes, What Chapter and has it been released? YES NO (please circle)
If yes, Proof of discharge is required in order to be eligible for funding.

The City of Elyria administers all programs without regard to race, color, religion, sex, national origin, familial status or disability.
REVISED 8/27/2015
### B. ANNUAL INCOME AND ASSETS

<table>
<thead>
<tr>
<th>Family Member or Other Household Members</th>
<th>Asset Description</th>
<th>Current Cash Value of Assets</th>
<th>Actual Income from Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If line 3 is greater than $5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise, leave blank</td>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANTICIPATED ANNUAL INCOME

<table>
<thead>
<tr>
<th>Family Members</th>
<th>a. Wages/ Salaries (Gross)</th>
<th>b. Benefits/ Pensions</th>
<th>c. Public Assistance</th>
<th>d. Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Totals</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
</tbody>
</table>

Enter total of items from 6a. through 6d.

$ ____________________ This is the total Annual Income.

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 for all household members.
B. 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 monthly statements for each bank and/or securities account.

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

1. Do you own your own home?   YES  NO
   (Life estates and land contract are not permitted. Mobile homes are not eligible for funding.)
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 ________________________________
(Must submit a copy of Declaration Page)

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

5. Please identify the repairs you are requesting. (Ex. Electrical, Handicap Accessible Improvements)
   __________________________________________
   __________________________________________
   __________________________________________

4
D. **Racial Information:** (required information per HUD)

Please circle all appropriate answers.

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Spouse/Other Adult(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Racial Composition:</strong></td>
<td><strong>Racial Composition:</strong></td>
</tr>
<tr>
<td>Single or multiracial</td>
<td>Single or multiracial</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
<td><strong>Ethnicity:</strong></td>
</tr>
<tr>
<td>Hispanic or non-Hispanic</td>
<td>Hispanic or non-Hispanic</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td><strong>Race:</strong></td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>American Indian</td>
<td>American Indian</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>Multi-Racial</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE 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

HUD

The City of Elyria administers all programs without regard to race, color, religion, sex, national origin, familial status or disability.
REVISED 8/27/2015
ASSET INCLUSIONS AND EXCLUSIONS

INCLUSIONS: IF YOU OWN ANY OF THE FOLLOWING LIST THEM AS ASSETS ON PAGE 3 OF THE APPLICATION.

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.
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 and money market accounts.
5. Individual retirement 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, jewellery, 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.

EXCLUSIONS: THE FOLLOWING ARE NOT CONSIDERED ASSETS AND ARE EXCLUDED.

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.
CITY OF ELYRIA
OFFICE OF COMMUNITY DEVELOPMENT
CHIP INFORMATION SHEET

Name: Private Owner-Occupied Rehabilitation Program
Location: Within the municipal limits of Elyria.

Description/Purpose: This program is designed to bring affected owner occupied, single family structures into compliance with the City of Elyria Housing Code and Ohio Development Services Agency (ODSA), Office of Community Development (OCD) Residential Rehab Standards. This will be accomplished by a combination of making repairs to, altering or replacing the electrical, heating, plumbing and structural elements of the home.

QUESTIONS & ANSWERS ABOUT THE PROGRAM:

[Q] What is available?
[A] Partially Deferred Loans: The City of Elyria will offer 0% deferred interest loans with a declining balance of 16% per year for the first five (5) years. The remaining 20% balance beginning in year six (6) will not have to be repaid to the City until the property in question changes title, the homeowner moves out of the property, or an estate of the property is probated.

[Q] How much money can I get to fix up my home?
[A] The amount of the partially deferred loan depends upon the extent of work required to bring your property in conformance with the City of Elyria Housing Code and ODSA OCD Residential Rehab Standards. The maximum amount on a project is $42,000.

[Q] Does it cost me anything to submit an application or have my home inspected?
[A] No. There is no cost to submit an application or have your home inspected.

[Q] Who can obtain these loans?
[A] You are eligible for these loans only if:

1) You live within the City of Elyria and meet the other guidelines of the program.
2) If you are the owner and are living in the address of the single family dwelling to be rehabilitated.
3) Must be current with property taxes.
4) If your annual gross income **does not** exceed the following limits based upon your family size:

**FY 2015 Income Limits**

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$37,050</td>
</tr>
<tr>
<td>2</td>
<td>$42,350</td>
</tr>
<tr>
<td>3</td>
<td>$47,650</td>
</tr>
<tr>
<td>4</td>
<td>$52,900</td>
</tr>
<tr>
<td>5</td>
<td>$57,150</td>
</tr>
<tr>
<td>6</td>
<td>$61,400</td>
</tr>
<tr>
<td>7</td>
<td>$65,600</td>
</tr>
<tr>
<td>8</td>
<td>$69,850</td>
</tr>
</tbody>
</table>

[Q] **How does process work?**

[A] The applications will be taken for a period of 30 days. Incomplete applications will not be accepted. An application is considered accepted when all required documentation and signatures are on the application.

After the expiration of the 30 day application period, staff will first verify the income of the applicants and if it is determined that the applicant is income eligible, the file shall be forwarded to the Rehab Specialist to schedule a site inspection.

The Rehab Specialist shall utilize the Initial Eligibility Inspection / CHIP Inspection Report Form and the Priority Ranking Form during the inspection. All serious sub-standard conditions must be corrected with CHIP assistance. If all serious sub-standard conditions cannot be corrected within the financial limitation of the CHIP grant then the project will be classified as a “walk away”.

If the scope of work is initially estimated to be over $10,000, the project shall be eligible for CHIP funding. If the scope of work is initially estimated to be less than $10,000, the applicant shall be referred to the CDBG emergency home repair program. However, the CDBG emergency home repair program does have a lower maximum income threshold.

The Rehab Specialist shall complete the remainder of the Priority Ranking Sheet and forward the file to the Director. The Office of Community Development shall place the eligible applications in order of the score of the Priority Ranking Form from highest to lowest and proceed to assist applicants in that order subject to fund availability.
[Q] Are there any restrictions on how the money is used or the improvements that are to be made?
[A] YES! According to the program guidelines, the money must be spent to correct code violations ONLY, and to residential rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

<table>
<thead>
<tr>
<th>GENERALLY ELIGIBLE</th>
<th>GENERALLY INELIGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical</td>
<td>Room Additions</td>
</tr>
<tr>
<td>Heating &amp; Air Conditioning</td>
<td>Installations of items that were not previously there and are not health or safety</td>
</tr>
<tr>
<td>Plumbing</td>
<td>related, (i.e. the installation of a deck where only steps had existed would not</td>
</tr>
<tr>
<td>Roofing</td>
<td>be allowed</td>
</tr>
<tr>
<td>Gutters &amp; Downspouts</td>
<td>Cosmetic Items</td>
</tr>
<tr>
<td>Structure I Deficiencies (porches, stairs, windows,</td>
<td>Landscaping</td>
</tr>
<tr>
<td>doors, floors, etc.)</td>
<td>General Property Improvements</td>
</tr>
<tr>
<td>Structure II Deficiencies (masonry &amp; concrete repairs)</td>
<td>Construction or repair of auxiliary buildings</td>
</tr>
<tr>
<td>Insulation</td>
<td></td>
</tr>
<tr>
<td>Accessibility Improvements</td>
<td></td>
</tr>
</tbody>
</table>

Only work approved by this department may be performed, and must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.

[Q] Who should I contact if I want to get an application or learn more about the program?
[A] You can obtain an application form from the City of Elyria, Office of Community Development, 131 Court Street, Suite 302, OH, or you may call the Office Secretary at (440) 326-1541. Also available at http://www.cityofelyria.org

[Q] When is the deadline for signing up for the program?
[A] Applications will be accepted until 4:30 p.m. on October 1, 2015. Only complete applications will be considered for funding.

________________________________________
Signature

________________________________________
Signature
Community Housing Improvement Program

The City of Elyria will accept applications beginning September 1, 2015 through October 1, 2015.

The CHIP program is designed to bring affected 1-unit structures into compliance with the City of Elyria Housing Code and ODSA Residential Rehab Standards. This will be accomplished by a combination of making repairs to, altering or replacing the electrical, heating, plumbing and structural elements of the home.

Applications will be available beginning September 1, 2015 at the Office of Community Development, by mail or at www.cityofelyria.org

Homeowners must meet the following criteria:

The house must be a single family dwelling located within the City of Elyria, Ohio.

The applicant:

- Must be the owner of the house,
- Must live in the home as a primary permanent residence,
- Must be able to provide proof of home ownership,
- Must have active home insurance and paid property taxes.
- Total household income must be at or below 80% or area median income.

The CHIP Program offers a 0% deferred interest loan with a declining balance of 16% per year for the first five (5) years. The remaining 20% balance beginning in year six (6) will not have to be repaid to the City until the property changes title, homeowner moves out of the property, or an estate of the property is probated.

For more information, contact:

City of Elyria
Department of Community Development
440-326-1541

Funds provided by ODSA through the HOME Program.
Elyria is an Equal Opportunity Provider.