



**CITY OF ELYRIA  
OFFICE OF COMMUNITY DEVELOPMENT  
COMMUNITY HOUSING IMPACT & PRESERVATION  
PROGRAM (CHIP) APPLICATION**

**COMPLETE APPLICATION MUST BE RETURNED TO COMMUNITY  
DEVELOPMENT BEFORE 4:30 P.M. ON MARCH 04, 2022**

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**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 months most recent pay stubs for each household member)

\_\_\_\_\_ **2022 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 2021 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 \_\_\_\_\_



**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**

Name \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth \_\_\_\_\_

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.

Name (First/Last)	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

**B. ANNUAL INCOME AND ASSETS**

ASSETS — Refer to page 7 for Asset Inclusion & Exclusions				
Family Member or Other Household Members	Asset Description	Current Cash Value of Assets	Actual Income from Assets	
3. Net Cash Value of Assets.....		3.		
4. Total Actual Income from Assets.....			4.	
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank			5.	
ANTICIPATED ANNUAL INCOME				
Family Members	a. Wages/ Salaries (Gross)	b. Benefits/ Pensions	c. Public Assistance	d. Other Income
6. Totals	a.	b.	c.	d.
Enter total of items from 6a. through 6d.				
\$ _____ This is the total Annual Income.				

Please provide the most recent last Four months of 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Please circle all appropriate answers.

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

**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 \_\_\_\_\_

Signature of Co-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**



## 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 \$64,000 for hard and soft costs.

**[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 2021 Income Limits**

<b>HOUSEHOLD SIZE</b>	<b>MAXIUM</b>
1	\$44,050
2	\$50,350
3	\$56,650
4	\$62,900
5	\$67,950
6	\$73,000
7	\$78,000
8	\$83,050

\*Income limits are subject to change.

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

**[A]** The applications will be taken for a period of 45 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 45-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".

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:

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

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 March 4, 2022. Only complete applications will be considered for funding.

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Signature

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Signature