



**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 APRIL 29, 2024

**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 for Release of Information completed for each adult member who has income. (Attached)
- \_\_\_\_\_ All persons living in the household must be included in application, including household members 18 years and older.
- \_\_\_\_\_ All household income listed for family members 18 years and older must be included. **Students- 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 **six (6)** most recent statements.
- \_\_\_\_\_ Copies of wage statements for all members working in household. (Six (6) months most recent pay stubs for each household member)
- \_\_\_\_\_ **2024 Annual** statements for Social Security, Disability and/or Pensions/Form 1099-R.
- \_\_\_\_\_ Provide all Bank Account information for **all** members of household over the age of 18 years old. Submit most recent **six (6) months** statements (Savings and Checking).
- \_\_\_\_\_ Copy of 2022 and/or 2023 Federal Tax Return and W-2 forms.
- \_\_\_\_\_ If Self-employed, provide **complete** copies of Federal Tax Returns for last 3 years filed.
- \_\_\_\_\_ Must list all assets – refer to page 7 *Asset Inclusions and Exclusions*.
- \_\_\_\_\_ Copy of statement showing mortgage and property taxes are current.
- \_\_\_\_\_ Proof of Homeowners Insurance (Submit the Declaration page.)
- \_\_\_\_\_ Is home in foreclosure? Indicate yes or no.
- \_\_\_\_\_ Bankruptcy? Indicate yes or no, if yes please provide copy of release.
- \_\_\_\_\_ Child Support Court Order (if applicable); any and all Public Assistance forms (i.e. Food Stamps, Mortgage Payment Assistance, etc)
- \_\_\_\_\_ Divorce Decree and/or Death Certificate to verify ownership.
- \_\_\_\_\_ CHIP Information Sheet

**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) may be listed on back if applicable.

<b>Name (First/Last)</b>	<b>Date of Birth</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Six (6) 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.**

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

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**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 of 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**



## 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.



**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.**

City of Elyria  
Office of Community Development  
131 Court Street, Suite 302  
Elyria, OH 44035  
Phone: 440-326-1541 Fax: 440-326-1544



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