

# The County of Summit, HOUSING ASSISTANCE PROGRAM HOME REPAIR APPLICATION

INSTRUCTIONS: ALL areas on this application must be completely filled out. Failure to do so will delay the processing of this application.

**PART I: APPLICANT INFORMATION**

Applicant(s)	Address, City, Zip	Date of Birth	Social Security Number
Home Phone Number	Work Phone Number	Name & Phone of Friend or Relative	

**FOR STATISTICAL PURPOSES ONLY: Indicate below for the head of household**

Male	Female	Native American	Hispanic	Asian	Black	White

**PROPERTY OWNER INFORMATION: List each person having ownership of property (named on deed)**

Name	Address	Relationship	Phone

**HOUSEHOLD COMPOSITION: Including yourself, list every person living in the house**

Name	Relationship	Date of Birth	Social Security Number

Name	Relationship	Date of Birth	Social Security Number

**PART II INCOME INFORMATION:**

**You MUST attach COPIES of income, i.e., Payroll stubs, Social Security, Pension, Child Support, Tips.**

**List gross (before tax) household income from all sources for each household occupant**

Name of Employer or Source of Income (i.e., Payroll, Social Security, Child Support, etc.)	Who Receives This Income	Gross Monthly Amount (Before Taxes)

Who is your employer? \_\_\_\_\_

What is your employers' complete mailing address? \_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_ What is the title of your position? \_\_\_\_\_

Previous employer if current position is less than three (3) years? \_\_\_\_\_

What is their location? \_\_\_\_\_ How long were you employed? \_\_\_\_\_

Who is Spouse's Employer? \_\_\_\_\_

What is Spouse's Employer's complete mailing address? \_\_\_\_\_

How long has Spouse been employed? \_\_\_\_\_ What is the title of Spouse's position? \_\_\_\_\_

Spouse's previous employer if current position is less than three (3) years? \_\_\_\_\_

What is their location? \_\_\_\_\_ How long was Spouse employed? \_\_\_\_\_

What repairs do you feel are needed to your home? Please be specific. \_\_\_\_\_

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**PART III ASSETS:**

**Excluding IRA accounts.**

SAVINGS List name of savings institution	BALANCE	CHECKING Name of Bank or financial institution	BALANCE

**Stocks, Bonds, Securities, etc.**

DESCRIPTION (Money Market Accounts, Government Bonds, etc.)	VALUE (Approximate)

**Other Real Estate Owned**

DESCRIPTION	ADDRESS	VALUE

**PART IV LIABILITIES:**

Answer all sections. If this does not apply to you, mark as N/A.

Is your home paid in full? \_\_\_\_\_ What is the remaining balance on the mortgage? \$ \_\_\_\_\_

What lending institution is carrying your mortgage? \_\_\_\_\_

What is their address? \_\_\_\_\_

What is the Original Loan Amount? \$ \_\_\_\_\_ Type of loan: FHA \_\_\_ VA \_\_\_ Conventional \_\_\_ Land Contract

What is the monthly mortgage payment? \$ \_\_\_\_\_ Does this include property taxes and insurance? \_\_\_\_\_

Homeowners insurance is necessary to maintain through the life of the loan from Summit County Department of Development's, Housing Assistance Program Do you have homeowner's insurance and expect to maintain it? \_\_\_\_\_

Is there a Second Mortgage such as a Home Equity Loan? \_\_\_\_\_ If yes, what was the loan was for? \_\_\_\_\_

What lending institution is carrying this mortgage? \_\_\_\_\_

What is their address? \_\_\_\_\_

What is the Original Loan Amount? \$ \_\_\_\_\_ What is the remaining balance on the mortgage? \_\_\_\_\_

What is the monthly mortgage payment? \$ \_\_\_\_\_

Is there a tax lien, mechanics lien or judgment against the property? \_\_\_\_\_

If yes, please explain as you feel necessary: \_\_\_\_\_

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**PART V HOMEOWNERS INSURANCE:**

Fill out your insurance information completely.

Insurance Company Name \_\_\_\_\_ Agent's Company Name \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's Phone Number \_\_\_\_\_

Agent's Complete Address \_\_\_\_\_

**PART VI CERTIFICATION/AUTHORIZATION:**

**CERTIFICATION BY APPLICANT(S)**

The Applicant(s) further certifies that he/she is the owner of the property described in this application, and that the rehabilitation loan/grant will be used only for the work, materials, and closing fees necessary to meet the rehabilitation or code standards, as applicable, which are recommended for the property in this application. If the Approving Officer determines that the rehabilitation loan/grant will not or cannot be used for the purpose described herein, the Applicant(s) agrees that the funds earmarked for the project shall remain with Summit County's Department of Development, Housing Assistant. The Applicant(s) acknowledge with respect to such funds so remained, he/she shall have no further interest, right, or claim

The Applicant(s) covenants and agrees that he/she will comply with all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, sex, national origin. The United States shall be a beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

**WARNING:**

Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**PERMISSION TO CHECK CREDIT AND ORDER A LIEN SEARCH:**

The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

The applicant(s) gives permission to Summit County's department of development, housing assistance program to check their credit and order a lien search as part of the application process. He/she understands this helps determine if he/she qualifies for housing assistance under the county program

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

Please Mail Application to:  
Summit County  
Housing Assistance Application  
175 S. Main St, Rm 207  
Akron, OH 44308  
(330) 643-2569

**FOR AGENCY USE ONLY:**

**DATE RECEIVED**

1<sup>st</sup> Monthly Income Amount \$ \_\_\_\_\_

2<sup>nd</sup> Monthly Income Amount +\$ \_\_\_\_\_

3<sup>rd</sup> Monthly Income Amount +\$ \_\_\_\_\_

4<sup>th</sup> Monthly Income Amount +\$ \_\_\_\_\_

5<sup>th</sup> Monthly Income Amount =\$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

Total Monthly X 12 mos. X 12

Total Yearly Income \$ \_\_\_\_\_

**INCOME CATEGORY (Based on Area Median Income):**

0% - 30% \_\_\_\_\_ 51% - 60% \_\_\_\_\_

31% - 50% \_\_\_\_\_ 61% - 80% \_\_\_\_\_

**LOAN APPLICATION STATUS – Circle One:** Approved Denied

If Approved - \_\_\_\_\_ % \_\_\_\_\_ Term Yrs/# Payments \$ \_\_\_\_\_ Minimum Payment

If Denied, what is the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date