

**City of Oberlin, Planning Dept.
69 South Main Street
Oberlin, Ohio 44074
FY2007**

**APPLICATION
HOME REPAIR**

Date: _____ Grant No. A-C-07-160-1

I. Personal Data Email Address: _____
Applicant #1 Name _____ Age _____
Applicant #2 Name _____ Age _____
Present Address _____
City _____ Zip _____
Phone No. _____ Number of Dependents _____ **Full names and ages** of other persons
living in household: _____
Are any of the persons living in this household handicapped or disabled? Yes _____ No _____ Ages _____

II. Employment
Applicant #1 Employer: _____
Employer Address _____
Position _____ No. of Years _____
Previous Employment * _____ No. of Years _____
Applicant #2 Employer: _____
Employer Address _____
Position _____ No. of years _____
Previous Employment * _____ No. of years _____
Other Employment ** (name of person employed) _____
Employer Name _____
Employer Address _____

III. Gross Income

	Applicant #1	Applicant #2	Other
Hourly	_____	_____	_____
Base Pay Weekly	_____	_____	_____
Monthly	_____	_____	_____
Pension From Whom	_____		
Amount	_____	_____	_____
Social Security Number: #1	_____	#2	_____
Social Security Received: #1	_____	#2	_____
Total Monthly Income	_____		

IV. Indebtedness ***
Rehab Address _____
Mortgagor Name _____
Mortgagor Address _____
Original Mortgage Amount \$ _____
Present Mortgage Balance \$ _____
Monthly P&I Payment \$ _____ (principal and interest)
Property Tax per year \$ _____ Included in Monthly Payment? _____
Age of Unit _____ years
Maintenance (No. of Bedrooms) _____

APPLICATION CONTINUED

Utilities: (only what applicant provides)
Monthly Costs:

Gas _____
Electric _____
Water/Sewer _____
Oil _____

Home Insurance:

Agent _____ Address _____

Policy Number _____ Coverage Amount \$ _____ Yearly Premium \$ _____

Is insurance included in house payment? Yes _____ No _____

Are you purchasing under a land contract? Yes _____ No _____

List Items of concern and any Additional Information

- * "Previous" Items to be used only when "Present" information is less than two years.
- ** If more persons in the household are employed submit a separate sheet of paper with the appropriate information.
- *** Applicant must complete all items regarding indebtedness and monthly costs to qualify for the program.

V. CERTIFICATION BY APPLICANT(S)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN INK BELOW.

I certify that all the information in the application for a Home/Building Repair Grant is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she/they are the owner(s) of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize City of Oberlin, Planning Dept., through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec 1001, provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature of Applicant

Date

Signature of Applicant

Date

Authorization by Applicant

I hereby authorize City of Oberlin, Planning Dept., to obtain verification of employment and financial information, if necessary.

Signature of Applicant

Date

Signature of Applicant

Date