

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

**APPLICATION
PRIVATE REHABILITATION**
Grant No. A-C-07-160-2

Date: _____

Personal Data

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 _____

I. 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 \$ _____

Property Tax per year \$ _____ Included in Monthly Payment? _____

Age of Unit _____ years

Maintenance (No. of Bedrooms) _____

Utilities: (only what applicant provides)

Monthly Costs:

Gas _____

Electric _____

Water/Sewer _____

Oil _____

Home Insurance: Included in Monthly House Payment? _____

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 ___

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.

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 Housing Rehabilitation Deferred Loan 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