



City of Fairborn
44 W. Hebble Avenue
Fairborn, OH 45324
p: 937.754.3060
f: 937.754.3051

Development Services Department
Missy Frost
Development Services Assistant Director

Fiscal Year 2020 CHIP and CDBG

Dear Applicant:

Thank you for your interest in the City of Fairborn's Housing Rehabilitation Loan Program. Attached you will find the materials necessary for your application.

The City provides financial assistance to low- and - moderate income homeowners to correct property maintenance issues, lead based paint hazards as well as needed home repairs and improvements. Several factors are reviewed prior to approval; those include the urgency of repair needed, overall condition of the property, and the financial need of the applicant.

There are two forms of assistance available, depending on the condition of the home. 1). If the home needs complete rehabilitation, assistance will be in the form of a 5 year zero (0%) interest deferred/forgivable loan reducing 15% each year with 25% remaining due upon transfer of the property. This will be secured by a mortgage and promissory note with a declining repayment agreement. 2). In the event the home needs minor repairs, assistance will be in the form of a 2 year zero (0%) interest deferred/forgivable loan which reduces 50% each year but due and payable upon transfer of the property during those two years (same as above). This will be secured by a mortgage and promissory note.

Some generally accepted types of rehabilitation/repairs include:

Roofs	Electrical	Water/Sewer line repair
Gutters	Walk stairs	Hot Water Tanks
Windows	Plumbing	Structural Deficiencies
Furnaces	Doors	Handicap Accessibility

Upon the submission of all required documents, your application will be reviewed for compliance. At that time, the City's Rehabilitation Specialist will contact you to evaluate your home as part of the application process. Once these items have been completed you will be notified of your eligibility in the program.

Only complete applications will be processed. Appointments are available with staff to review your application and assist in ensuring all documentation is included by calling 937-754-3060.

Sincerely

Missy Frost
Development Services Assistant Director

Documentation Required for a Housing Rehabilitation Loan

All items must be included to ensure a complete application is submitted.

Please contact us to schedule an appointment to review the completed application.

- 1 Photo identification of all loan applicants (driver's license or State ID)
- 2 Written verifications of **all** household income listed that applies (all persons over the age of 18)
 - Last 2 months pay stubs
 - Verification form signed by employer(s)
 - Recent Bank statements (at least 6 months)
 - Verification form signed by bank(s)
 - Recent statements from savings accounts, investments, or other assets (at least 6 months)
 - Social Security Award letter(s), if applicable
 - Proof of Child Support or Alimony, if applicable
 - Proof of Retirement income (VA, OPERS, IRA, Annuities, Civil Service), if applicable
 - Last 3 year's tax returns (1040 form with W-2's, if self-employed)
 - IRS Form 4506 (if self-employed)
- 3 Proof of Ownership; Property Deed
- 4 Homeowner's Insurance Declaration Page from Insurance Policy
- 5 Proof Property Taxes are current
- 6 Proof City Income Taxes are current
- 7 Mortgage Statement (payment information)
- 8 Home Equity Statement (payment information), if applicable
- 9 Current monthly utility obligations
 - Water
 - Gas
 - Electric
- 10 Owner Occupancy Statement
- 11 Receipt for Lead Based Paint Booklet and Fair Housing Information
- 12 Walk Away Provision Statement
- 13 Not employed, please provide signed statement regarding same
- 14 The application has been signed by all property owners listed on the deed



Housing Rehabilitation Loan Application

In order for this application to be complete, all items listed on the "Documents Required" checklist must be included.

1. Applicant (Head of Household)

Name SSN#
Birthdate Gender: Male Female
Marital Status: Married Separated
 Unmarried (includes single, divorced, widowed)

2. Co-Applicant (Spouse or Co-Owner)

Name SSN#
Birthdate Gender: Male Female
Marital Status: Married Separated
 Unmarried (includes single, divorced, widowed)

3. Address

Address No. and Street
City Zip
Years at residence: Year Built
Number of Bedrooms Number of Baths

4. Contact Information

Home # Email
Cell # Co-Applicant Cell #
Work # Co-Applicant Work #

5. Household Members

	Full Name	DOB	Age	Relationship
1				
2				
3				
4				
5				
6				

Are any of these members handicapped or disabled?

Yes

No

Age

Please indicate what type of special housing accommodations are needed, if applicable.

Are any of these members an Armed Forces Veteran?

Yes

No

Are any of these members experiencing Elevated Blood Levels from Lead Based Paint?

Yes

No

Age

6. Race and Ethnicity

Please check which one applies to you.

- I do not wish to furnish this information
- White (Caucasian)
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiiin/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/AlaskanNative & Black/African American
- Asian & Pacific Islander
- Hispanic
- Not Hispanic

7. Employment (List all income for household members over the age of 18)

Applicant's Employer

Address

Phone No.

Position

Date Employed

Applicant's 2nd Employer

Address

Phone No.

Position

Date Employed

Co-Applicant's Employer

Address

Phone No.

Position

Date Employed

Co-Applicant's 2nd Employer

Address

Phone No.

Position

Date Employed

7. Employment (List all income for household members over the age of 18)

Other Member's Employer

Address

Phone No.

Position

Date Employed

Other Member's 2nd Employer

Address

Phone No.

Position

Date Employed

8. Gross Monthly Income of all household members over the age of 18

	Applicant	Co-Applicant	Other Member
Base Pay			
<i>Hourly rate</i>			
<i>Overtime Pay</i>			
Social Security			
Rental Income			
Disability			
Pension/Retirement			
Alimony/Child Sup			
Unemployment			
Other/Royalties			
Military Pay			
Workers Comp			
Self-Employment			
Investments			
Total Monthly Income			

Description of Other Income:

9. Assets

Real Estate Owned (other than primary residence):

Address

Mortgage Balance Value

Gross Monthly Rent Return

10. Expenses

	Monthly Payments	Balances
1st Mortgage	<input type="text"/>	<input type="text"/>
2nd Mortgage	<input type="text"/>	<input type="text"/>
Taxes	<input type="text"/>	
Mortgage Insurance	<input type="text"/>	
Past Due Taxes	<input type="text"/>	
Water	<input type="text"/>	
Gas	<input type="text"/>	
Electric	<input type="text"/>	

Homeowner's Insurance Provider

Name

Address

Phone Number

Policy Number

11. Credit History

Both the Applicant and Co-Applicant must answer all that apply.

- | Applicant
Check if Yes | Co-Applicant
Check if Yes | |
|---------------------------|------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any outstanding judgements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you declared bankruptcy in last 7 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a property foreclosed upon? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a co-maker, co-signer or endorser of a note? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you obligated to pay alimony, child support or maintenance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you party to a lawsuit? |



AUTHORIZATION AND RELEASE OF CONFIDENTIAL INFORMATION

Permission to order a lien search and/or verify other information relevant to this application.

I/We give permission to the City of Fairborn, its agents and/or employees to obtain and access information relevant to the loan application and evaluation process. I/We understand that this information is used to determine if I/We qualify for assistance through the City of Fairborn Housing Rehabilitation Program.

This release and authorization specifically includes, but not limited to a title lien search, municipal income tax information, municipal water bill records, other city obligations, items listed below and the ability to repay an obligations arising out of the loan or other financial assistance for which I am applying.

Municipal Income Tax	Alimony/Separation Payments	Income from Business
Municipal Water	Assets (all sources)	Pension/Annuities
County Property Tax	Bank Accounts	Social Security Benefits
Municipal Services	Child Support Payments	Tax Returns (all)
High Grass and Weed Invoice	Employment	Unemployment Benefits
Property Liens	Income (all sources)	VA Benefits

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicants eligibility to participate in the CDBG and HOME-funded City of Fairborn Housing Rehabilitation Program. This information will be used to establish the level of benefit from the CDBG and/or HOME program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and Local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

I/We further understand that I must be current with the City of Fairborn at the time of application and must remain current throughout the process. Failure to come current and remain current shall result in this application being void.

I authorize and release the City of Fairborn and/or HUD to obtain information, about me and my household, that is pertinent to my eligibility for participation in the City of Fairborn Housing Rehabilitation Program, and to verify the information I provided.

Printed Name of Applicant Date

Printed Name of Co-Applicant Date

Signature of Applicant Date

Signature of Co-Applicant Date

Printed Name of Adult family member Date

Printed Name of Adult family member Date

Signature of Adult family member Date

Signature of Adult family member Date



City of Fairborn
44 W. Hebble Avenue
Fairborn, OH 45324
p: 937.754.3060
f: 937.754.3051

Community Development Department
Missy Frost
Community Development Coordinator

Request for Verification of Employment

TO: _____

RE: _____

This employee is applying to the City of Fairborn for a home rehabilitation program that is funded via federal grants. We ask your cooperation in supplying this information as it will be used only to determine the eligibility status and level of benefit to the household.

Position Held:

Dates of Employment: From To

Base Pay Rate:

\$ /Hour or \$ /Week or \$ /Month

Average hours worked per week:

Overtime Pay Rate:

\$ /Hour or \$ /Week or \$ /Month

Average hours worked per week:

Expected average number of hours overtime worked per week during the next 12 months:

Any other compensation not included above (specify for commissions, bonuses, tips, etc.)

For : \$ Per

Comments:

Signature of Employer: _____

Title: _____ Date: _____

Phone Number: _____
.....

Signature of Applicant: _____

Date: _____



City of Fairborn
44 W. Hebble Avenue
Fairborn, OH 45324
p: 937.754.3060
f: 937.754.3051

Community Development Department
Missy Frost
Community Development Coordinator

Request of Verification of Assets

TO: _____

RE: _____

This client is applying to the City of Fairborn for a home rehabilitation program that is funded via federal grants. We ask your cooperation in supplying this information as it will be used only to determine eligibility status and level of benefit to the household.

Checking and Savings

Checking Acct. No.	<input type="text"/>	
6 Month Avg. Balance	<input type="text"/>	Interest Rate <input type="text"/>
Savings Acct. No.	<input type="text"/>	
6 Month Avg. Balance	<input type="text"/>	Interest Rate <input type="text"/>
Certificate of Deposit	<input type="text"/>	
Balance	<input type="text"/>	Interest Rate <input type="text"/>
Withdrawal Penalty	<input type="text"/>	

IRA, Keogh, Retirement, Money Market Accounts

Account No.	<input type="text"/>	
Amount	<input type="text"/>	Interest Rate <input type="text"/>
Withdrawal Penalty	<input type="text"/>	

Signatures

Signature of Representative _____

Title _____ Date _____

Signature of Applicant _____

Date _____



WALK AWAY PROVISION

The City reserves the right to "Walk Away" from a housing unit that poses undue threat to health or safety of the inspector or contract at any time. **Housing units that violate the following will not be assisted:**

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Excessive odors, clutter, garbage or other unsanitary conditions in any area of the unit.
- Negligent housekeeping practices that limit access /create a cumbersome working environment.
- Presence of/and or use of any controlled substance before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Threat of violence.
- Occupants allowing only limited access to the dwelling.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- Staff Cost Estimate exceeds maximum amount of per unit limits
- The presence of animal feces in any are of the dwelling unit.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____