

**CITY OF FAIRLAWN, OHIO
RESIDENTIAL HOUSING REHABILITATION FINANCIAL ASSISTANCE PROGRAM
APPLICATION**

PART I

| Name | | Age | Social Security Number |
|-----------------------------------|-------------------|------------------------------------------------------|------------------------|
| | | | |
| Address | | Date of Birth | |
| | | | |
| Home Phone Number | Work Phone Number | Name & Phone Number of a Friend or Relative | |
| | | | |
| Date Subject Real Estate Acquired | | Present Zoning Classification of Subject Real Estate | |
| | | | |

OPTIONAL:

For statistical purposes only, indicate below for the head of household

| Black | White | Native American | Hispanic | Asian | Male | Female |
|-------|-------|-----------------|----------|-------|------|--------|
| | | | | | | |

PROPERTY OWNER INFORMATION:

List each person having ownership of property (named on deed):

| Name | Address | Relationship | Phone |
|------|---------|--------------|-------|
| | | | |
| | | | |
| | | | |

HOUSEHOLD COMPOSITION:

List each person residing in the dwelling:

| Name | Relationship | Age | Social Security Number |
|------|--------------|-----|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART II

Income: List gross household income from all sources for each family member over 18-income should include gross wages (before taxes), salaries, tips, alimony, child support, pensions, social security, interest, annuities, dividends, rental income, etc. (attach additional pages if necessary)

| Name of Employer or Source of Income (i.e., Pension, Social Security, Interest, etc.) | Address of Income Source | Gross Monthly Amount |
|---------------------------------------------------------------------------------------|--------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PART III

Assets: Accounts (attach additional pages if necessary)

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

Stocks, Bonds, Securities, etc. (attach additional pages if necessary-if included in a financial statement attach statements as directed in PART VI)

| DESCRIPTION (Money Market Accounts, Government Bonds, etc.) | VALUE (Approximate) |
|----------------------------------------------------------------|------------------------|
| | |
| | |
| REAL ESTATE ADDRESS | CURRENT VALUE |
| | |

PART IV

Liabilities: (Answer all sections as they apply to you. If this does not apply to you, leave blank)

On property to be rehabilitated, where is the mortgage payment made?

Name: _____ Address: _____ Original Loan Amount: _____ Balance Owed: _____ Account#: _____ Type of loan: FHA__ VA__ Conventional ___ Land Contract__ Is there a recorded Second Mortgage or Home Equity Loan Line of Credit? YES _____ No ___ If yes, describe type of loan and for what purpose: _____

Where are payments made: _____ Amount Owed: _____. Is there a tax lien, mechanics lien or judgment against the property? Yes ___ No ___ If yes, please explain: _____

PART V

Below please list the type of repairs you think need to be done to your home:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PART VI

Attach the following items:

- 1) Copies of all applicants federal, state, and local income tax returns for the immediate prior three (3) calendar years from the date of the application.
- 2) Copies of all bank, credit union, brokerage statements and any other financial institutional statements in which the applicants have an interest for the six (6) month period immediately preceding the date of this application.
- 3) Written description of the project or projects for which the application is made and copies of all estimates and/or proposals for these projects.

PART VII

Have you received a notice to comply from the Zoning, Housing and Residential Building Commissioner?

Yes ___ No ___

PART VIII

Type of loan requested: Zero percent (0%) _____ (Must be 65 years of age or older, or be totally disabled)

Low interest _____

Read Carefully before signing:

- A. By my/our signature(s) below, I/we certify that to the best of my/our knowledge and belief, the information given herein is true and correct and that I/we, am/are the owner(s) and occupant(s) of the property for which assistance is proposed.
- B. If found eligible, I/we request assistance through the City of Fairlawn Housing Rehabilitation Financial Assistance Program. Further, I/we agree to comply with all applicable federal, state and local requirements, policies and administrative procedures.
- C. I/we agree and understand that as a condition to any loan I/we may receive, I/we will be required to execute a Mortgage Deed and Promissory Note which will result in a lien on my/our property for the amount of the loan, plus interest, if applicable.
- D. I/we understand that the work will be awarded to the contractor who submits the lowest bid. However, should I/we desire another contractor, I/we have the option of paying the difference between the lowest bid and my preferred contractor's bid.
- E. I/we understand that the receipt of this loan does not alleviate the requirement to correct all violations of the existing housing code not repaired through the proceeds of this loan.
- F. I/we understand that the City of Fairlawn is not a party to any contracts executed by me/us for any work performed or to be performed at my/our home.
- G. I/we fully understand and agree to hold harmless the City of Fairlawn, its agents and/or employees and to fully indemnify them from any personal injury, property damage, and any other losses arising out of or resulting from the rehabilitation work performed at my/our home including any occurrence of Lead Based Paint Poisoning and/or asbestos materials required to be eliminated.
- H. If found eligible, loan proceeds will be distributed by the City of Fairlawn to you and the contractor(s). Any funds remaining after the completion of the project will be credited against the principal balance of my/our loan. If found eligible, I/we am/are giving a security interest in a mortgage on my/our property for which this loan is applied for.

By signing you consent to be bound by all Federal, state and local laws, as well as the Rules and Regulations promulgated by the Residential Housing Assistance Board.

| | |
|-------------------------------|------|
| | |
| Signature (Head of Household) | Date |

| | |
|-------------------------------|------|
| | |
| Signature (Head of Household) | Date |

OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL 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.

Permission to check Credit

By signing below, I/we give permission to the City of Fairlawn to check my/our credit as part of the application process to determine if I/we qualify for assistance under the Residential Housing Rehabilitation Financial Assistance Program

| | |
|-----------|------|
| | |
| Signature | Date |

| | |
|-----------|------|
| | |
| Signature | Date |

Board Checklist
for
Housing Rehabilitation Loan

| | Yes | No |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1) Three (3) years residency | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Residential zoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Utilities, property insurance, property taxes, Fairlawn income tax paid | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Additional information requested by Board | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Estimates provided | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Type of loan and amount requested: Zero Interest_____ Low interest_____ | | |
| 7) Family size | | _____ |
| 8) Annual adjusted gross income | | _____ |
| 9) Amount requested | | _____ |