

# Muskingum County Community Development

401 Main Street  
Zanesville, OH 43701

Phone: 740.455.7193

Fax: 740.455.3785

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## 2022 CHIP APPLICATION REQUIRED DOCUMENTS

### HOW DO YOU APPLY?

1. Complete the application form.
2. Gather all required documents (see list below).
3. **Place your stapled, complete application in the Community Development Dropbox located just outside the Community Development door. \* DO NOT DROP LOOSE LEAF PAPER IN THE DROPBOX\***
4. Obtain and submit any other documentation required, based upon guidance from the staff.

**NOTE:** *No application will be accepted as being complete until all required documentation has been received and verified by the Staff.*

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### REQUIRED DOCUMENTATION

The following list reflects what is typically required to process your application. Other documentation may be required, as determined by the Staff.

- Evidence of ALL Sources of Income (gross income for all residents, 18 and older)
  - e.g. pay stubs or wage statements for most recent 2-month work period; the award letter for Social Security, ADC, or other Government programs; pension benefit statements; bank interest statements; etc.) If you have no income, please sign and return the no-income form.
  
- Evidence of ALL Sources of Assets
  - IRA accounts, CD's, inheritance benefits, Property(ies) other than your primary residence you are living in, Checking and Savings Accounts, etc.)
  
- Deed (must be in applicant's name)
  
- Home Insurance Declaration (must be current; and reflect the amount of coverage, dates of coverage and amount of premium)
  
- Mortgage(s), and either payment books or bank statements reflecting the original amount, payments, and current balance.
  
- Most recent Property Tax statement

# Muskingum County CHIP Office

Phone: 740.455.7127 or 740.455.7193

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## AM I ELIGIBLE? What are the Requirements?

1. **LOCATION:** Any household in **Muskingum County, including City of Zanesville.**
2. **OWN YOUR HOME:** The applicant must own the home for which they are applying for repair/rehabilitation. The Deed for the property **MUST** be your name.
3. **PRIMARY RESIDENCE:** Home **MUST** be the applicant's Primary Residence for the owner-occupied activities of Owner Rehabilitation and Minor Home Repair.
4. **INCOME LIMIT:** Total income of all wage earners (18 years or older) falls at or below the income guidelines for the program are eligible to apply. Determining eligibility for assistance, we must project a household's income in the future. To do so, a "snapshot" of the household's current circumstances is used to project future income. In general, we should assume that today's circumstances will continue for the next 12 months, unless there is verifiable evidence to the contrary. Proof of current income must also be provided to ensure eligibility at the time of application and to determine an income projection for the next twelve months.

### PROGRAM INCOME GUIDELINES

Household Members	Income Guidelines
1 person	\$ 41,550
2 persons	\$ 47,450
3 persons	\$ 53,400
4 persons	\$ 59,300
5 persons	\$ 64,050
6 persons	\$ 68,800
7 persons	\$ 73,550
8 persons	\$ 78,300

5. **ASSET LIMITATION:** Applicants whose total net assets equal an amount greater than \$100,000 are not eligible. Items considered net assets include but are not limited to: savings accounts, checking accounts, equity in rental property, inheritances, personal valuables, cash value of stocks, bonds and treasury bills, retirement and pension funds, collectables, and payments for mineral rights.
6. **TAXES, INSURANCE, AND MORTGAGE:** Applicants **MUST** carry homeowner's insurance and be current on their property taxes for the home for which repair/rehabilitation is being requested. Additionally, if you have a mortgage on your home, you must be current on your mortgage.

## WHAT PROGRAMS ARE CURRENTLY AVAILABLE?

**OWNER REHABILITATION:** The purpose of the Owner Rehabilitation activity is to improve and protect the supply of sound, serviceable, and affordable owner-occupied housing stock. Through this activity, assistance is provided to homeowners with income levels at or below 80 percent of Area Median Income to correct substandard conditions so that the homes are safe, healthy, durable, energy efficient and affordable. Owner Rehabilitation is intended to address problems throughout the house. In most circumstances, this means that the homes' mechanical systems (electrical, plumbing and heating systems) and exterior and interior structural components (roof, walls, floors and foundation) will be repaired to meet the required standards.

*Eligible items for this program include: installation and/or repairs to foundations, roofs, gutters, electrical upgrades, plumbing, furnaces, hot water heaters, insulation, windows, doors, accessibility improvements and lead based paint abatement.*

This program provides assistance (in the form of a deferred/recapture loan) in an amount up to but not exceeding \$78,000 to low-income homeowners for the purpose of eliminating existing substandard housing conditions. Because rehabilitation must correct all substandard conditions that adversely affect the occupant's health and safety and the dwelling's structural integrity, the scope of work is generally comprehensive and the cost is usually high.

Applicants interested in participating in the Owner Rehabilitation program must complete an application and call the CHIP office to schedule an appointment to submit their completed application. At that time, the completed application and all necessary documents will be verified to determine eligibility for the program. ***You must have a completed application and all necessary documents with you at this time or your application will be denied.***

The applicant cannot be delinquent or in default on present mortgage payment, homeowners insurance payments or property taxes. After completing this verification process, a rehab specialist will visit your home to perform a walk-thru inspection to determine your housing needs.

Eligible homes must meet the Residential Rehab Standards at the completion of the project without exceeding the \$78,000 program limit. If the condition of the home cannot be successfully repaired or renovated to meet these standards without exceeding this maximum, the implementing agency will enforce a "walk-away policy" and the home will be considered ineligible.

**MINOR OWNER HOME REPAIR:** Unlike Owner Rehabilitation, which addresses the entire home, the Owner Home Repair activity can address one or more specific problems that adversely affect occupant health and safety and/or structural integrity.

The types of work that are generally considered eligible for the Owner Home Repair activity include:

- **Structural System Repair:** repairs to eliminate hazardous conditions or serious threats to a structural system's integrity. Examples of common structural system repairs include, patching or replacing leaking roofs, rebuilding collapsed foundations and replacing weakened or deteriorated framing components. It may also include replacing individual non-functioning or damaged windows or entry doors.
- **Mechanical System Repair:** eliminate hazardous conditions with the electrical, plumbing or heating systems. Examples of common mechanical system repairs include replacing unsafe or overloaded electrical panels and circuits, repairing or replacing leaking water supply and/or sanitary drain plumbing lines, and repairing or replacing unsafe or inoperable heating equipment
- **Plumbing System Tap-ins:** This type of work involves connecting a home's plumbing system to a public water supply and/or public sewage system and paying associated tap-in fees.
- **Weatherization:** utilizing cost-effective measures to improve energy efficiency such as insulating un-insulated attics and sidewalls, and related measures to control air movement, such as sealing holes and bypasses and installing exhaust and ventilation fans.

- **Accessibility:** utilizing measures designed to improve access and mobility for occupants who are physically disabled or infirm. Generally, these measures include exterior ramps, grab bars and specialized bathroom fixtures. In some cases, more extensive work is required to remove architectural barriers, widen doorways, lower cabinets or remodel bathrooms in order to meet household needs. The work completed to improve accessibility must meet or exceed the design and installation standards outlined in the Uniform Federal Accessibility Standards (UFAS).

Applicants interested in participating in the Home Repair program must complete an application and call this office to schedule an appointment to submit their completed application. At that time, the completed application and all necessary documents will be verified to determine eligibility for the program. **You must have a completed application and all necessary documents with you at this time or your application will be denied.** Home repair applications are considered on a first-come first-served basis.

**The applicant cannot be delinquent or in default on present mortgage payment, homeowners insurance payments. Homes purchased under land contract do not qualify unless steps have been taken to legally record the land contract agreement.**

Eligible projects must not exceed the \$22,000 program limit. If the condition of the home cannot be successfully repaired or renovated without exceeding this maximum, the implementing agency will enforce a “walk-away policy” and the home will be considered ineligible.

## What else do I need to know?

### Do I have to pay anything?

At this time, No. You will not be required to pay for anything at this time for the work to be completed on your home. However, in the future, you may be required to pay something. With an Owner Rehabilitation Project, you must pay back a percentage of the full grant **if** you move or sell your property before the 5-year promissory note expires.

### **Owner Rehabilitation Mortgage Example:**

*The terms of the mortgage become due the DAY the applicant no longer resides in the home as their primary residence.*

#### **Part 2: Declining (85%) = \$17,000**

- Declines equally over a 5 year period.
- Annually on the Anniversary Date of the Mortgage/Contract signing, the declining portion of the mortgage is forgiven 15% per year.
- In this example, \$3,400 is forgiven each year.

	<u>20% Forgiven Annually</u>	<u>Balance Due</u>
Contract Signing to Year 1 =	\$ 0	\$ 17,000
Year 1 =	\$ 3,400	\$ 13,600
Year 2 =	\$ 3,400	\$ 10,200
Year 3 =	\$ 3,400	\$ 6,800
Year 4 =	\$ 3,400	\$ 3,400
Year 5 =	\$ 3,400	\$ 0

# HOUSING ASSISTANCE APPLICATION

INSTRUCTIONS: PLEASE FILL OUT ALL SECTIONS COMPLETELY AND SIGN.

Type of Assistance	Type of Ownership	Housing Type
Owner Rehabilitation	Owner Occupied	Single
Homebuyer Assistance	Rental Property	duplex
Home Repair/ Emergency Repair	Land Contract	Triplex
Emergency Monthly Housing Payments		Quad

APPLICANT NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ,OH ZIP \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

IS ANY HOUSEHOLD MEMBER HANDICAPPED? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

HAS ANYONE IN THE HOUSEHOLD BEEN TESTED FOR LEAD POISONING? YES NO WHEN? WHO?

MARITAL STATUS? SINGLE MARRIED SEPARATED

HOUSEHOLD MEMBERS (For all those living in the home.) Note: Must include spouse if married.

Name	Social Security #	Relationship to Applicant	For Reporting purposes only			
			Sex	Race/Ethnic Group		Age
				See * Below	Hispanic?	
		Applicant		Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		

\* (1) White (2) Black African Amer. (3) Am. Ind. Alska Nat. (4) Asian (5) Asian & White (6) Native Hawaiian/Pac. Is. (7) Amer. Ind. Alska Native & White (8) Blk. African Amer. & White (9) Amer. Indian Alska Native & Black Afr. American (10) Other Multi-Racial

### INCOME SOURCES (All those 18 years of age or older)

Proof of income must be provided for entire household for the present and preceding month: copies of pay stubs or checks, or signed statements from employer.

Employer:	Address:	
Phone:	Monthly Gross Income:	
Employer:	Address:	
Phone:	Monthly Gross Income:	
OTHER INCOME	amount/mo.	DO NOT WRITE IN THIS BOX-OFFICE USE ONLY
ADC		Household members- # of Bedrooms- Target Area: Y / N
Unemployment		HoH: 1-Single 2-Elderly 3-SingleParent 4-TwoParent 5-other Female HoH?
Social Security		Income: annually- Income Level E V M L
SSI/SSD (provide proof)		monthly- Handicapped Status Y / N
Pension		FHA Insured? Y / N
Interest Income		
Child Support		
Alimony		
Rental Properties		Application accepted by-
OTHER INCOME		Date & Time:

**MORTGAGE INFORMATION**

First Mortgage		Second Mortgage	
Mortgage Lender		Mortgage Lender	
Original Amount		Original Amount	
Balance Owed		Balance Owed	
Monthly Payments		Monthly Payments	

Please attach a copy of your deed with this application.

Amount of Insurance on Home		Insurance Agent	

Please attach a copy of your Insurance Declaration of policy with this application.

Please answer yes or no	Applicant	Co-Applicant
Do you have any outstanding judgments?		
In the last 7 years have you declared bankruptcy?		
Have you had property foreclosed upon?		
Are you a co-maker or endorser on a note?		
Are you obligated to pay alimony, child support, or separate maintenance?		

<b>MONTHLY HOUSEHOLD EXPENSES</b> (Complete only if applying for Homebuyer Assist)		<b>ASSETS (MUST BE COMPLETED BY EVERYONE)</b>	
Mortgage/Rent/Land Contract		Checking Account	
Property Taxes		Saving Account	
Home Insurance		Certificates	
Gas		Bonds	
Electric		Other (explain)	
Water/Sewer			
Other (explain)			
<b>TOTAL</b>		<b>TOTAL</b>	

Please provide proof of the above household expenses with this application.

*I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I give permission to the Federal, State and Local Governments to verify any information contained in this application for evaluation only. 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 States 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."**



Fair Housing - I have received the HUD published booklet along with other fair housing information included in my application packet.

I understand that the local public agency can reject my application if it is not complete, or I have not provided the necessary documents required.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

# HOME Program Eligibility Release Form

Organization requesting release of information  
(PJ name, address, telephone, and date)

*Information Covered:* Inquiries may be made about  
items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the 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.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X

## Confirmation of Receipt of Information as part of CHIP Application

**Lead Pamphlet**-I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, information me of the potential risk of the lead hazard exposure form renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

**Fair Housing** - I have received the HUD published booklet, *Fair Housing - It's Your Right* along with other fair housing information included in my application packet.

**Dispute Resolution**- I hereby acknowledge receipt of this copy of the *Community Housing Improvement Program (CHIP) Dispute Resolution and Conflict Management Policy*. We understand and accept the outlined process for any and all disputes that may result from our involvement with the CHIP.

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Printed Name of Recipient #1

Printed Name of Recipient #2

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Signature of Recipient #1

Signature of Recipient #2

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Date