

COMMUNITY HOUSING IMPROVEMENT PROGRAM HOME REPAIR/ REHABILITATION APPLICATION

Instructions: Please fill out all sections completely and sign this form at the bottom. If you have any questions, contact the WSOS Housing Programs at 800-775-9767.

TYPE OF ASSISTANCE	TYPE OF OWNERSHIP	HOUSING	DESCRIPTION
Housing Rehab	Owner Occupied	Single	# of Floors
Home Building Repair	Rental Property	Duplex	# of Bedrooms
TBRA (Rental Assistance)	Land Contract	Triplex	
	Other	Trailer	

APPLICANT NAME _____ SOC. SECURITY # _____

CURRENT ADDRESS _____ (CITY) _____ (ZIP) _____

ADDRESS FOR ASSISTANCE _____ TELEPHONE # _____
(IF DIFFERENT FROM CURRENT ADDRESS)

HOUSEHOLD MEMBERS (For all those who are currently living in the home)

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	AGE	RACE	HANDICAPPED (PLEASE SPECIFY)
		-SELF-			

A. INCOME SOURCES

PROOF OF INCOME MUST BE PROVIDED WITH COPIES OF LAST 4 PAY STUBS. PLEASE INCLUDE ALL STATEMENT OF BENEFIT LETTERS FROM SSI, CHILD SUPPORT, PENSION, UNEMPLOYMENT, & ALIMONY

HEAD OF HOUSEHOLD EMPLOYER				SPOUSE'S EMPLOYER (If Applicable)		
Employer				Employer		
Address				Address		
Occupation				Occupation		
Employment Dates From:	To:	Monthly Salary		Employment Dates From:	To:	Monthly Salary
OTHER INCOME SOURCES	YES	NO	Monthly Amount	Case # or Type of		Annual Amount
ADC, OWF, or TANF						
Unemployment						
Social Security						
Veteran's Pension						
Pension						
Interest Income						
Child Support						
Alimony						
Rental Income						

B. INSURANCE INFORMATION (attach a copy of your declaration page with the application)

Amount of insurance on Home		Insurance Agent	
		Address	
		Phone Number	

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

C. MORTGAGE INFORMATION

FIRST MORTGAGE		SECOND MORTGAGE	
Mortgage Lender		Mortgage Lender	
Original Amount		Original Amount	
Balance Owed		Balance Owed	
Monthly Payment		Monthly Payment	

D. MONTHLY HOUSEHOLD EXPENSES (To determine your housing costs)

TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO	TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO
Mortgage/Rent					Gas				
Second Mortgage					Electric				
Property Tax					Water/Sewer				
Home Insurance					Trash Removal				

ATTACH A COPY OF ONE MONTH'S UTILITY BILLS WITH THE APPLICATION

TYPE OF HEAT (Please Circle One) GAS ELECTRIC PROPANE FUEL OIL OTHER _____

E. AREAS IN NEED OF REHABILITATION

AREA	YES	NO	AREA	YES	NO
Electric			Walls/Foundation		
Heating			Windows/Doors		
Plumbing			Floors		
Roof			Other		

What improvements have you made on the property in the last five (5) years?

E. ARE YOU RELATED TO AN EMPLOYEE, AGENT, CONSULTANT, OFFICER, ELECTED OFFICIAL, OR AN APPOINTED OFFICAL OF THE CITY/ COUNTY IN WHICH YOU ARE APPLYING FOR ASSISTANCE? YES _____ NO _____

IF SO PLEASE GIVE THEIR NAME AND POSITION _____

Pursuant to 24 CFR 570.489 (h)

(For W.S.O.S Staff Use)

TOTAL MONTHLY HOUSEHOLD COSTS \$ _____

F. I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I give permission for W.S.O.S. to verify any information contained in this application.

Date

Applicant

Date

Co-Applicant

Return application to:

**W.S.O.S. CAC, INC.
P.O. BOX 590
FREMONT, OH 43420**

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