

PRE-APPLICATION FOR AUGLAIZE COUNTY CHIP (COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM)

This form will be used to determine basic eligibility for participation in the *Auglaize County Community Housing Impact & Preservation (CHIP) Program*. Your name may be placed on a waiting list based on the availability of funding. If funding is available, an initial inspection of the property will be performed. After the initial inspection, you will be asked to complete a more detailed application and provide supporting documentation prior to receiving assistance.

Name of Homeowner*	Contact Number
Email Address	Alternate Contact Number
Mailing Address/P.O. Box (if applicable)	City/State/Zip

Physical Address of Property to be Assisted *(Must be located in Auglaize County)*

\$ Current Gross Annual Household Income**	# of People in Household	Age/Oldest HH Member
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***Property must be deeded to Homeowner and be Owner-Occupied. Mobile homes are eligible if titled to Homeowner, Owner-occupied, and current on Lot Rent; or, with owner also owning the land and property taxed as real estate (Mobile Homes eligible for Home Repair only).**

****NOTE: Gross Household Income (total income *before* taxes/adjustments) and includes every person living in the home, including unearned income of minors. All income is counted (Employment, overtime, unemployment, Child Support, Alimony, Social Security, SSI, Disability, Pension, other cash assistance/welfare, etc.).**

I am most interested in the following:

_____ Owner-Occupied Private Rehabilitation _____ Owner-Occupied Home Repair

List health and safety issues that you feel your home needs:

_____ Heating/Air	_____ Electrical	_____ Plumbing/Hot Water
_____ Roofing/Gutters	_____ Accessibility	_____ Lead Paint
_____ Septic System	_____ Private Well	_____ Foundation

Any Other Housing Issues: _____

(Continued on reverse side)

List Names on Property Deed: _____

How long have you lived in your home? _____ Years

What is the approximate value of your property? \$ _____

How much do you currently owe on the property (all loans)? _____

Mortgage Loan(s) paid current/up-to-date? _____ Yes _____ No

Real Estate Taxes paid current/up-to-date? _____ Yes _____ No

Homeowner's Insurance paid current/up-to-date? _____ Yes _____ No

Do you own any other real estate/properties? _____ Yes _____ No

If Yes, list addresses of other properties owned: _____

(If any of the above do not apply, please mark "N/A")

I/we certify that the information provided on this Pre-Application Form is true and accurate to the best of my/our knowledge. I/We also understand that:

- 1.) This form is not a commitment to provide funding.
- 2.) My/our name(s) may be placed on a Waiting List.
- 3.) A more detailed application and supporting documentation is required prior to receiving assistance.

Applicant Signature

Co-Applicant Signature

Date



Return form by mail/e-mail to:

Kleinfelder, Inc.

CHIP PROGRAMS

1168 North Main Street

Bowling Green, Ohio 43402

Direct #: (567) 331-2679

bcowell@kleinfelder.com



Questions may be directed to Brandi Cowell, Housing Specialist

Kleinfelder, Inc., CHIP Program Consultant, toll-free at 1 (877) 836-3206;

or locally to the Auglaize County Board of Commissioners at (419) 739-6710.