



**COUNTY OF SUMMIT**  
**THE HIGH POINT OF OHIO**  
 RUSSELL M. PRY, EXECUTIVE

**Household Sewage Treatment System  
 Matching Forgivable Loan Program**  
 175 South Main Street, Suite 207, Akron, Ohio  
 44308  
 (330) 643-2568

**Have you been issued orders from the Health Department?**  
 Yes  No **Please attach citation**

**Date Received Application** \_\_\_\_\_

**PART 1 - APPLICANT INFORMATION**

**Name:** \_\_\_\_\_  
 (First) (Middle) (Last)

**Address (include city and zip code)** \_\_\_\_\_  
 \_\_\_\_\_

**Are you the owner of record for this property?**  Yes  No

**Name all Persons listed on the deed to this property:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Evening Phone #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you**  female  male? **Are you Hispanic/Latino?**  Yes  No

**Are you (Please check only one of the following):**

- White  Black/African American  American Indian/Alaskan Native  Asian  Other Multi-Racial
- Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan Native/White
- American Indian/Alaskan Native/Black/African American  Black/African American/White

**List ALL sources of employment income for the past two (2) Years**

	Name, Address, and Phone Number of Employer(s)	Total Gross Monthly Pay (Before Taxes)
<b>Currently</b>		
<b>2015</b>		
<b>2014</b>		

**Income (Continued)**

List all other sources of income for the past two (2) years

	Yes	No	Total Amount per Month		
			Currently	2014	2013
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income.		

Payroll stubs, and verification for all of the items that you listed above for the last six (6) months must be attached.  
 Federal Tax Returns – A copy of your signed and dated returns for the past 2 years must be attached.  
Your application will not be processed unless you include these items.

**PART 2 - CO-APPLICANT INFORMATION**

Check here if there is no a co-applicant & skip to Part 3.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address (include city and zip code) \_\_\_\_\_  
 \_\_\_\_\_

Are you the owner of record for this property?  Yes  No

Name all Persons listed on the deed to this property: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you  female  male? Are you Hispanic/Latino?  Yes  No

Are you (Please check only one of the following):

- White  Black/African American  American Indian/Alaskan Native  Asian  Other Multi-Racial
- Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan Native/White
- American Indian/Alaskan Native/Black/African American  Black/African American/White

**Income (Continued)**

List ALL sources of employment income for the past two (2) Years

	Name, Address, and Phone Number of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Currently		
2015		
2014		

List all other sources of income for the past two (2) years

	Yes	No	Total Amount per Month		
			Currently	2014	2013
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income.		

Payroll stubs, and verification for all of the items that you listed above for the last six (6) months must be attached.  
 Federal Tax Returns – A copy of your signed and dated returns for the past 2 years must be attached.  
Your application will not be processed unless you include these items.

**PART 3 – HOUSEHOLD COMPOSITION:**

Not including yourself and/or the co-applicant list every person currently living in the house or at any time during the past two years.

Name	Relationship	Date of Birth	Social Security Number

<b>Are there children under the age of 6 years old who visit your home more than 5 hours (average) per week?</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>If yes, please list their names and birth date below:</b>			
<b>Name:</b>		<b>Birth Date:</b>	

**PART 4 – ASSESTS**

**Excluding IRA Accounts**

(List all current accounts and type of accounts, do not include account numbers)

Name of Financial Institution	Checking or Savings Account	Balance

**Stocks, Bonds, Certificates of Deposit, Securities, Etc.**

(Withdraws from accounts will be counted as income to the applicant/co-applicant)

Description (Name of stock, money market account, government bond, etc)	Approximate Value

**Other Real Estate Owned or Co-Owned**

(Any rent Received will be counted as income for the applicant/co-applicant)

Description (Rental Property, vacation home etc.)	Address	Rent Received

**PART 5 – DWELLING**

Is your home paid in full?             Yes    No

List all mortgages on the property:

Bank /Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan**

**\*\*For the type of loan, please indicate whether it is: FHA, VA, Conventional or Land Contract**

Does this include property tax and insurance             Yes    No

Do you currently have homeowner's insurance             Yes    No

Insurance Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**You must attach a copy of your Property Insurance Declaration Page to verify coverage.**

Are there any judgment liens (including, but not limited to, a Mechanic's Lien) against you currently and/or at any time during the past three years?             Yes             No

If yes:    Name of Lien Holder(s) and amount(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any repairs to the house exceeding \$1,000.00 during the past 3 years?    Yes             No

Have the repairs been paid in full?             Yes             No

Do you use your property for business purposes?             Yes             No

If yes, please describe business: \_\_\_\_\_

**PART 6 – CERTIFICATIONS**

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application and that the rehabilitation loan will be used only for work, materials and closing fees necessary to meet the rehabilitation or building code standards, as applicable, and which are recommended for the property in this application. If the Housing Rehabilitation Specialist determines that the rehabilitation loan cannot be used for the purpose described herein, the Applicant(s) agrees that the funds earmarked for the project shall remain with the Summit County Department of Community and Economic Development’s Housing Rehabilitation Program. The Applicant(s) acknowledge(s) and agrees that he/she/they has/have no interest, right or claim with respect to said funds and that the County of Summit will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understands/understand that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by the Housing Rehabilitation Specialist will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance and the property maintenance codes.
- He/she/they understands/understand that the main objective of the program is to correct safety and health issues and/or code violations within the home, and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of Summit County Housing Rehabilitation Program staff, contractors or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant’s expense.

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state and federal laws, including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be a beneficiary of these provision both for an in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

**WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Signature of Applicant Date

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Signature of Co-Applicant Date

**PART – 7 AUTHORIZATION TO RELEASE INFORMATION**

**PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit 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.

The applicant(s) give permission to the County of Summit to check their credit, order a lien search and/or verify other information used to determine eligibility and as outlined and initialed below. He/she they understands/understand that this information is used to determine if he/she/they qualify for assistance through the Summit County Housing Rehabilitation Program.

**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 applicant’s eligibility to participate in the CDBG and HOME-funded Summit County 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.

**INFORMATION COVERED:** Inquires may be made about items listed below for the applicant, co-applicant and/or other members of the household age 18 and over.

Alimony or Separation Payments	Full-Time Student Status	Pension and Annuities
Assets (all sources)	Handicap Assistance Expense	Social Security Benefits
Assets on Deposit	Income (all sources)	Tax Returns (Federal, State, Local)
Bank Accounts	Income from Business	Unemployment Benefits
Child Care Expense	Full-Time Student Status	VA Benefits
Child Support Payments	Liens	Other: (List Below)
Employment	Medical Expenses	

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

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.

\_\_\_\_\_  
Signature of Applicant, Printed Name and Date

\_\_\_\_\_  
Signature of Co-Applicant, Printed Name and Date

\_\_\_\_\_  
Signature of Other Adult Member of the Household, Printed Name and Date

\_\_\_\_\_  
Signature of Other Adult Member of the Household, Printed Name and Date

