

Pike County Community & Economic Development

116 S. Market Street
Suite 103
Waverly, Ohio 45690

INSTRUCTIONS FOR COMPLETING HOUSING IMPROVEMENT APPLICATION

1. All persons living in the household must be included in the application.
2. All persons in the household receiving income must be indicated on the application
3. The employer's name and address for those persons working must be indicated on the application. To speed up your application, you can submit a copy of your pay stubs for the last 6 months.
4. Persons receiving Social Security, Disability or Pension must attach a copy of the coming years benefit statement. To obtain your Social Security Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m. or request it on the internet at www.ssa.gov.
5. If Applicant is self-employed, provide complete copies of 3 most current Federal Tax Returns filed.
6. If receiving unemployment, provide copy of Unemployment Benefit Statement.
7. Child Support? Provide documentation of child support and/or sign the authorization to verify income. Please note which County your child support payments are received from.
8. Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document status of full-time student.) Please indicate if student is employed.
9. Not employed. Please provide signed statement regarding the same.
10. Applicants must furnish a copy of the property deed with the application. You can obtain a copy of your property deed from the County Recorder's office.
11. If submitting a down-payment application, please submit a copy of the purchase agreement.
12. The applicant (owner) must sign the certification and authorization statement. Other persons in the household who are working or receiving income must also sign the authorization statement.

Any questions regarding the completion of the application form should be directed to Marena Carter, CHIP Program Administrator (740)-947-5808.

YOU CAN RETURN YOUR APPLICATIONS TO THE PIKE COUNTY COMMUNITY & ECONOMIC DEVELOPMENT

OFFICE OR MAIL THEM TO:

**Pike County Community & Economic Development
116 S. Market Street
Suite 103
Waverly, Ohio 45690**



**PIKE COUNTY
HOME REPAIR PROGRAM
APPLICATION**

This is an equal opportunity program. Discrimination is prohibited by Federal Law

NAME: _____ PHONE: _____

ADDRESS: _____

What is the nature of the home repair for which you are applying? _____

Structure Type: Frame _____ Brick/Block _____ Trailer _____

Number of Bedrooms: _____ Year house was built _____

Do you own the home? Yes ___ No ___ How long have you lived at this house? _____

Do any of the occupants have physical disabilities? _____

How many people live in the housing unit? _____

What is the total household income from all sources for all household members: (income includes wages, social security, AFDC, child support, disability, etc.)

GROSS MONTHLY INCOME

SOURCE

TOTAL: _____

I understand that Pike County Community Development has received federal assistance and I may be offered a grant/loan to pay for the home repairs on my home. I have had these terms explained to me; I understand them and if funded, will cooperate with Pike County Community Development regarding the home repairs on my home. **I understand that the County is not obligated to offer me any assistance whatsoever.** By signing below, I attest that the information that I have given is true to the best of my knowledge.

Signature _____
Date

Please list all household members, age, relationship and race.

White (not Hispanic origin) Black (not Hispanic origin) Am. Indian/Alaskan Native Asian/Pac. Islander
Hispanic

Name	Age	Relationship	Race
Name	Age	Relationship	Race
Name	Age	Relationship	Race
Name	Age	Relationship	Race
Name	Age	Relationship	Race

The information solicited on this application is request by the grantee in order to assure the Federal Government, acting through Rural Development that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to not the race/national origin and sex of he individual applicants on the basis of visual observation or surname. This is an equal opportunity program. Discrimination is prohibited by Federal Law. I understand that the information provided is on a voluntary basis to enable monitoring and compliance with Federal laws prohibiting discrimination. If you have any questions regarding this application, please call Marendra Carter at 740-947-5808.

Please return application along with documentation of income (pay stubs, copies of recent pay checks, etc.) and property ownership (deed) to:

Pike County Development
116 S. Market Street, Suite 103
Waverly, Ohio 45690

Certification by Applicant(s)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN. PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN BELOW.

I/We certify that all the information in this application is true and complete to the best of my/our knowledge. I/We understand this information is subject to verification and that it is given for the purpose of obtaining assistance for housing rehabilitation and or home repairs.

The applicant(s) further certify that they are the owner(s) of the property identified in this application and that any and all funds provided to the applicant(s) will be used only for the labor and materials necessary. The applicant(s) further certify that they occupy this property as their principal residence.

I/We authorize this agency or its representatives and designees of the Office of Housing and Community Partnerships (OHCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I/We understand that any and all information provided in this application may be used for that purpose.

I/We understand that the personal financial information contained in this application is necessary for evaluation of my/our application assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I/ We further understand that my/ our name, address and total amount of assistance will be subject to public disclosure since public funds are being utilized.

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 \$10,000.00 or imprisoned not more than five years, or both".

Signature of Applicant

Date

Signature of Applicant

Date

CERTIFICATION AND WAIVER

I hereby waive any all present and future claims against Pike County and any individual either in the employ of Pike county or any of the above-named entities or currently working under a contract with Pike County, or the above-named entities, for damages in any way connected with the repairs for which I am making application as a condition of receiving rehabilitation and or home repair assistance.

I understand that the contractor is insured against damage to my home as well as against injuries to me, members of my family or any other individual about the promises of my home; that he/she is insured through the Ohio Bureau of Worker’s Compensation for injuries sustained by his/her employees and subcontractors; and that the contractor and all subcontractors release all mechanics liens prior to any and all payments made to them.

I understand that all items and fixtures specified to be replaced or removed will become the property of the contractor unless agreed to otherwise before bidding takes place.

Homeowner Signature

Date

Homeowner Signature

Date

TERMS AND CONDITIONS FOR OWNERS ACCEPTING HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

As Applicant, I (we) agree to:

1. **Inspections.** I will allow inspection of the property by the Pike County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advanced.

2. **Competitive Estimates.** I will permit the Pike County staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by Pike County staff and in accordance with federal, state and local laws.

3. **Agreement with Contractor.** I agree to enter into a Contract with the lowest and best bidder, normally to the low bidder. I understand that I may reject, in writing the low bidder in favor of the next highest bidder if in my opinion, the low bidder does not possess the experience, skill or resources to satisfactorily complete the job or the ability to proceed in a timely manner, or who has not visited my house, before preparing the bid, I also understand that I may have to pay the difference between the lowest bid and the bid I accept if the Pike County Community Development doesn't approve the next highest or other than the low bidder.

4. I will refrain from making side agreements with the contractor for work not included in my agreement with Contractor, or not included in any written Change Orders approved by the Pike County Community Development until all work under the Contract is satisfactorily completed. Pike County Community Development assumes no responsibility for the cost or quality of work not covered by the Agreement or approved Change Orders.

5. **Conflict of Interest.** I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or Pike County employee who exercises any function or responsibilities in connection with the administration of the Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.

6. **Non-Discrimination.** I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. **Maintenance of the Property.** I will make every reasonable effort to keep my property in safe, sound and habitable condition following completion of the repair work.
8. **Right to Financial Privacy.** The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Pike County Development

Technical Assistance Form

I/We _____, request technical assistance from Pike County community Development in procuring a contractor for the rehabilitation/repair to my/our home.

I/We _____, understand that technical assistance limited to:

1. Preparation of the work write up and detailed cost estimates.
2. Provision of a list of qualified contractors.
3. Collecting and summarizing contractor bids.
4. Making sure bids are responsive and include everything in the work write up.
5. Advising the owner on how to evaluate a contractor's proposal.
6. Providing information on past work on specific contractors.

Signature

Date

Signature

Date