



COMMUNITY HOUSING IMPROVEMENT PROGRAM

William Lutz – Development Program Manager
201 West Water Street • Piqua, Ohio 45356
(937) 778-2062 • FAX (937) 778-0809
E-Mail: blutz@piquaoh.org
Web: <http://www.piquaoh.org>

Dear Applicant:

Thank you for your interest in the City of Piqua's Community Housing Improvement Program. The Community Housing Improvement Program is designed to provide financial assistance to those at or below 80% of the Area Median Income. For the FY 2008 Community Housing Improvement Program, there are four activities in which assistance will be provided:

Home Repair Grants
Private Owner Rehabilitation Loans
Rental Rehabilitation Loans
Emergency Housing Assistance Grants

Home Repair Grants

Under the Home Repair Grants activity, the City of Piqua will provide a grant up to \$8,000 in construction to homeowners at or below 65% of the Area Median Income to repair one or two major systems of the home. The assistance will be provided in the form of a grant that does not need to be paid back to the City and all systems will meet the repair requirements of the State of Ohio.

Private Owner Rehabilitation Loans

Under the Private Owner Rehabilitation Loans activity, the City of Piqua will provide a deferred, declining balance mortgage loan up to \$25,000 in construction costs (some additional funds can be applied under certain circumstances) to homeowners at or below 80% of the Area Median Income. The repairs to home will cause the home to be completely brought up to State of Ohio repair standards. Additionally, the homeowner can defer payments on the mortgage as long as the homeowner remains in the home and uses the home as their principle place of residence.

Rental Rehabilitation

Under the Rental Rehabilitation activity, the City of Piqua will provide a \$15,000 grant and \$5,000 loan for private landlords to improve their property to State of Ohio repair standards. Additionally, private landlords must commit to spend at least \$10,000 per project. Additionally, properties must be rented to those at or below 80% of the area median income and charge no more than the Fair Market Rent, as determined by the United States Department of Housing and Urban Development.

Emergency Housing Assistance Grants

Under the Emergency Housing Assistance Grants, the City of Piqua will provide those homeowners at or below 80% of the Area Median Income direct assistance of up to \$1,200 or three months back rent, whichever is less, to prevent homeowners to going into foreclosure. Assistance can only be provided once per funding cycle and individuals must also participate in a consumer credit counseling course, paid for by the City of Piqua.

In this application package you will be find pertinent information and application forms necessary in order to apply for financial assistance through the City of Piqua's Community Housing Improvement Program.

The Ohio Department of Development funds carry a number of restrictions on how they may be used. Because of these restrictions, potential applications will be required to submit a program application form accompanied by a number of pieces of documentation to verify program eligibility. The form labeled "Checklist" lists the various proof of eligibility that must be submitted along with the program application. To simplify the process starting out, the requirements are staged, so as you proceed, we will work with you to complete all required documents.

If you wish to apply for participation in the City of Piqua's Community Housing Improvement Program, please complete the enclosed application and return it to:

Community Housing Improvement Program
Attn: William Lutz
City of Piqua, Development Department
201 West Water Street
Piqua, OH 45356

Questions about the program application packet can be answered by contacting William Lutz, Development Program Manager at 778.2062 or via email at blutz@piquaoh.org.

Thanks for your interest in this special program!

Sincerely,



William Lutz
Development Program Manager
City of Piqua

ELIGIBILITY CRITERIA

All applicants to the program must meet low to moderate income guidelines set forth by the United States Department of Housing and Urban Development. Please note these figures are subject to change with little or no warning. Check with the Development Program Manager for the latest figures.

Private Owner Rehabilitation, Rental Rehabilitation and Emergency Housing Assistance Income Limits	
Household Size	Yearly Adjusted Gross Income
1	\$33,700
2	\$38,550
3	\$43,340
4	\$48,150
5	\$52,000
6	\$55,580
7	\$59,700
8	\$63,550

Home Repair Income Limits	
Household Size	Yearly Adjusted Gross Income
1	\$27,365
2	\$31,330
3	\$35,230
4	\$39,130
5	\$42,250
6	\$45,370
7	\$48,490
8	\$51,635

PROPERTY DEVELOPMENT REQUIREMENT CHECKLIST AND PROCESS

Part One – Preliminary Information	
	Application Form
	Copy of last filed IRS 1040 Federal Income Tax Form
Part Two – Secondary Information	
	Third Party Documentation of Income Eligibility (All activities except Rental Rehabilitation Activity)
Part Three – Property Review	
	Preliminary Review
	Ranking of Projects
	Preliminary List of Projects
	Required Lead Blood Testing (for Rental Rehabilitation and Private Owner Rehabilitation Projects)
	Development of Specifications and Specification Approval
	Ohio Historic Preservation Office Approval (for Rental Rehabilitation and Private Owner Rehabilitation Projects)
	Bid Packets Prepared
Part Four – Contract Signing	
	Award of Project to Contractor
	Contract Signing

EMERGENCY HOUSING ASSISTANCE REQUIREMENT CHECKLIST AND PROCESS

Part One – Preliminary Information	
	Application Form
	Copy of last filed IRS 1040 Federal Income Tax Form
	Written Documentation from Mortgage Company Showing Past Due Amount
Part Two – Secondary Information	
	Third Party Documentation of Income Eligibility (All activities except Rental Rehabilitation Activity)
Part Three – Counseling Session	
	Applicant calls CCCS at 492-1153 to set appointment for counseling session
	Applicant calls Development Department with date of appointment
	Applicant attends appointment
Part Four – Assistance Provision	
	City provides assistance to mortgage holder in name of applicant

**COMMUNITY HOUSING IMPROVEMENT PROGRAM
APPLICATION FORM**

SECTION A. APPLICANT INFORMATION

Applicant Name:	
Applicant Address:	
City, State, ZIP	
Applicant Phone:	
Applicant Email Address:	

WHAT ACTIVITY ARE YOU APPLYING FOR ASSISTANCE FROM? CHECK ONLY ONE BOX!

<input type="checkbox"/>	HOME REPAIR ACTIVITY Please complete the following sections of this application: A,B,C,D,E,F,G,H,I,J,K,M
<input type="checkbox"/>	PRIVATE OWNER REHABILITATION ACTIVITY Please complete the following sections of this application: A,B,C,D,E,F,G,H,I,J,K,M
<input type="checkbox"/>	RENTAL REHABILITATION ACTIVITY Please complete the following sections of this application: A,G,H,I,J,K,M
<input type="checkbox"/>	EMERGENCY HOUSING ASSISTANCE ACTIVITY Please complete the following sections of this application: A,B,C,D,E,F,G,H,I,L. M

SECTION B. HOUSEHOLD INFORMATION

Number of Individuals in Household:							
Years at Present Address:							
Property Ownership of Primary Residence:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Rent</td> <td><input type="checkbox"/></td> <td>Own</td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Own	<input type="checkbox"/>	Other
<input type="checkbox"/>	Rent	<input type="checkbox"/>	Own	<input type="checkbox"/>	Other		
Current Mortgage Holder or Landlord:	Please check the appropriate box above						

SECTION C. EMPLOYMENT INFORMATION (Applicable for all household members)

Current Employer:	
Employer Address:	
City, State, ZIP:	
Employer Phone:	
Job Title/Position:	
Length of Employment:	
Current Yearly Wage:	

Current Employer:	
Employer Address:	
City, State, ZIP:	
Employer Phone:	
Job Title/Position:	
Length of Employment:	
Current Yearly Wage:	

Current Employer:	
Employer Address:	
City, State, ZIP:	
Employer Phone:	
Job Title/Position:	
Length of Employment:	
Current Yearly Wage:	

SECTION D. BANKING INFORMATION (For all Checking, Savings, Investment Accounts)

Bank Name:	
Bank Address:	
City, State, ZIP	
Account Owner:	
Account Type:	
Account Number:	
Account Balance:	

Bank Name:	
Bank Address:	
City, State, ZIP	
Account Owner:	
Account Type:	
Account Number:	
Account Balance:	

Bank Name:	
Bank Address:	
City, State, ZIP	
Account Owner:	
Account Type:	
Account Number:	
Account Balance:	

Bank Name:	
Bank Address:	
City, State, ZIP	
Account Owner:	
Account Type:	
Account Number:	
Account Balance:	

SECTION E. DISPOSITION OF ASSETS

Please list any assets such as real estate, stocks, bonds, cash gifts, equipment, etc., that you have disposed of in the last two years for less than fair market value.

What is the race/ethnicity of the individuals in the household?

SECTION J. PROJECT INFORMATION

Please provide information on the property proposed to be repaired or rehabilitated through the Community Housing Improvement Program.

Property Address:	
City, State, ZIP	
Property Owner:	
Property Address:	

SECTION K. NEEDED REPAIRS TO HOME

Please check all that apply

<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Heating	<input type="checkbox"/>	Insulation
<input type="checkbox"/>	Roof	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Siding	<input type="checkbox"/>	Foundation
<input type="checkbox"/>	Doors	<input type="checkbox"/>	Handicapped Accessibility

Please describe other repairs that may need to be completed:

Please note that due to Ohio Department of Development regulations, the cosmetic repairs, air conditions (unless required by a doctor) and floor covering are major repairs NOT eligible for this program.

Is there an emergency health and/or safety issue that needs to be addressed?

YES

NO

If yes, please describe:

How many bedrooms are in your home? _____

When was your home built? _____

Who is the insurance agent on the home (please provide name address and phone number) _____

SECTION L. AMOUNT PAST DUE ON CURRENT MORTGAGES

How much do you own in back payments to your mortgage company? _____

How many months behind are you in your payments? _____

Please provide the name and address of your mortgage holder:

What is the current interest rate and total balance on your mortgage?

Have you attempted to contact your mortgage company about your situation?

YES NO

Have you been served with a foreclosure notice or other legal documents?

YES NO

SECTION M. CERTIFICATION OF APPLICANTS

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 with the City of Piqua Development Department to help you. BOTH APPLICANTS must sign in ink below. Note: If any information on this application is found to be false or incomplete, such findings may be grounds for denial to the requested assistance.

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certifies that he/she is the owner 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 to accomplish the rehabilitation work which will be described in the construction contract. The applicant also certifies that the property will not be used for any illegal or prohibited purpose or use.

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

I understand that the personal financial information contained in this application is necessary for evaluation of my application for rehabilitation assistance. 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 FALES OR FRADULENT STATEMENT: U. S. C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States shall knowingly and willfully falsifies, conceals, or covers up a material fact, or makes false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain 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".

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against borrowers on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the borrower's income derives from any public assistance program, or because the borrower has in good faith exercised any right under the Consumer Credit Protection Act.

Signature

Date

Signature

Date

Please be advised that Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

FOR OFFICE USE ONLY

Date Received by Program: _____

Is applicant in target area? _____

Notes:

