



**CITY OF PIQUA**  
**DEVELOPMENT OFFICE**  
 201 WEST WATER STREET  
 PIQUA, OH 45356  
 (937) 778-2062

**HARDSHIP DECLARATION APPLICATION**

(This general application may be used to request assistance from Renew Piqua and other programs, as they become available)

Please note that not all the needed repairs outlined in Part VIII of this application can be completed by any individual program, such as Renew Piqua, but may be completed by other programs, if available.

**PART I - GENERAL INFORMATION**

Applicant #1		Applicant #2	
Full Name:		Full Name:	
Address:			
City, State, ZIP Code:			
Home Phone:		Other Phone:	

**PART II – HOUSEHOLD INFORMATION**

Total Number Living in Household (including those not related):			
Number of Disabled Residents as determined by the Social Security Administration:			
Complete Names of Other Occupants:	Age	Complete Names of Other Occupants:	Age

**PART III – EMPLOYMENT INFORMATION**

Applicant #1	Employer Name:
Address:	
City, State, ZIP:	
Phone:	
Position:	
Years in Position:	

**NOTE: Please fill out this box if Applicant #1 has a secondary employer.**

<b>Applicant #1</b>	<b>Employer Name:</b>
Address:	
City, State, ZIP:	
Phone:	
Position:	
Years in Position:	

<b>Applicant #2</b>	<b>Employer Name:</b>
Address:	
City, State, ZIP:	
Phone:	
Position:	
Years in Position:	

**NOTE: Please fill out this box if Applicant #2 has a secondary employer.**

<b>Applicant #2</b>	<b>Employer Name:</b>
Address:	
City, State, ZIP:	
Phone:	
Position:	
Years in Position:	

**PART IV – WAGE AND EARNING INFORMATION**

	Applicant #1	Applicant #2	Other Household Member age 18 or older
<b>Base Employment</b>			
Hourly			
Weekly			
Monthly			
<b>Overtime</b>			
Usual No. of Hrs.			
Hourly			
Weekly			
Monthly			
<b>Pensions:</b>			
<b>From Whom:</b>			
Amount Received Monthly:			
<b>Social Security:</b>			
<b>Name of Recipient(s):</b>			<b>SSN:</b>

Amount Received Monthly:			
<b>Other Public Assistance or Alimony Income:</b>			
Source:			
Source:			
<b>Gambling Winnings Last 12 Months:</b>			
<b>Lottery Winnings Last 12 Months:</b>			
Total Other Income:			

**NOTE: Please attach additional sheets detailing all income for all other persons living in the household age 18 and older.**

	Applicant #1	Applicant #2	Others
Total Monthly Income:			

**PART V – ASSETS**

<b>Real Estate Owned:</b>
Address:
City, State, ZIP:
Value and Rental Income Receive Monthly:

<b>Real Estate Owned:</b>
Address:
City, State, ZIP:
Value and Rental Income Received Monthly:

**Note: Attach separate sheets noting other real estate you own on an additional sheet.**

<b>Savings Account:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Savings Account:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Checking Account:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Checking Account:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Certificates of Deposit, Bonds, Stocks, Etc.:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Certificates of Deposit, Bonds, Stocks, Etc.:</b>
Bank Name:
Address, City State Zip:
Account Number:
Cash Value:

<b>Life Insurance:</b>
Insurer:
Address, City State Zip:
Insurance Amount:
Current Cash Value:

**PART VI – DISPOSITION OF ASSETS**

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

Asset:	Market Value:	Amount Received:

**PART VII – PAST ASSISTANCE**

Have you, or other members of your household, ever received Community Housing Improvement Program assistance or Renew Piqua assistance in the past? \_\_\_\_\_

If yes, what year was the assistance received? \_\_\_\_\_

If yes, what was the amount of assistance received? \_\_\_\_\_

**PART VIII – NEEDED REPAIRS TO HOME**

Please check all that apply:

<input type="checkbox"/> Paint	<input type="checkbox"/> Minor Repairs (explain below)
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	Plumbing		Electrical
	Heating		Roof
	Insulation		Windows
	Siding		Foundation
	Doors		Handicap Accessibility

Please note that Renew Piqua is not structured to do any interior repairs, roofing or other major exterior repairs. Other programs may be available to address those particular concerns.

Please describe other repairs that may need to be completed:

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If financial assistance is provided to you, are you physically able to complete the repairs on your own? \_\_\_\_\_

Are there current repair orders on your home issued by the City of Piqua's Health Department? \_\_\_\_\_

If yes, please indicate by what date the repairs need to be made? \_\_\_\_\_

If yes, please the repairs that must be completed:

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**PART IX – CERTIFICATION OF APPLICANT(S):**

Please read the following statement. Any questions are to be directed to the City of Piqua Development Department (937.778.2062). 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 and/or other consequences.

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.

*I understand that the personal financial information contained in this application is necessary for evaluation of my application. This information, however, will remain confidential to the extent permitted by law and will not be disclosed to the news media or other third parties.*

*I also understand that there are certain income limitations to the programs for which I am applying and that income derived from wages, bank interest, capital gains, sale of assets, pensions, lottery winning and insurance settlements may be considered as income, depending upon which program I am applying.*

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date

**\*\*\*\*\* FOR INTERNAL USE ONLY \*\*\*\*\***

<b>Date Hardship Application Received:</b>		
<b>Date Verification Materials Received:</b>		
<b>Does applicant meet Financial Hardship Standard?</b>	<b>YES</b>	<b>NO</b>
<b>Date referred to Neighborhood Improvement Team:</b>		
<b>Date of decision by Neighborhood Improvement Team:</b>		
<b>Approved for Renew Piqua Assistance?</b>	<b>YES</b>	<b>NO</b>
<b>Volunteers Needed for Project Completion?</b>	<b>YES</b>	<b>NO</b>
<b>Date of applicant follow up:</b>		

**NOTES:**

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