
HOMEOWNER REQUEST FOR ASSISTANCE – HEALTHY HOMES

I UNDERSTAND THIS IS A REQUEST FOR GRANT OR LOAN ASSISTANCE FOR ONE OR MORE OF THE FOLLOWING PROGRAMS:

Home Repair provides a grant (requires no repayment) to assist low- and moderate-income households with repairs, including those of an urgent or emergency nature. Applicants must reside in single-family owner-occupied homes located within the incorporated area of the city of Lancaster. Household income must be at or below 80% of HUD's Area Median Income limit.

Housing Rehabilitation provides deferred/declining loans to assist low- and moderate-income households to rehabilitate single-family owner-occupied homes within the incorporated area of the city of Lancaster. A lien will be placed on your property, and you may be required to pay back a portion of the assistance provided. Household income must be at or below 80% of HUD's Area Median Income limit. **FUNDING HAS ENDED. ACCEPTING INTEREST ONLY FOR FUTURE FUNDING.**

Control of Lead and Other Home Hazards provides appropriate control efforts for lead and other home hazards in housing occupied by low- and moderate-income households, especially those families with children less than age six, within the incorporated area of the city of Lancaster. Forgivable loans will be available for owners of owner-occupied homes and residential rental property, both single family and multi-family units with priority given to homeowners. Household income must be at or below 80% of HUD's Area Median Income limit.

Foreclosure Prevention reduces financial pressure for low- and moderate-income households as the result of the COVID-19 pandemic. Foreclosure prevention counseling and mortgage payment assistance is available to eligible homeowners within the incorporated area of the city of Lancaster. Household income must be at or below 80% of HUD's Area Median Income limit.

A submission of request does not guarantee assistance. Please call (740) 687-6663 with any questions about this request for assistance form.

Submit your completed request for assistance one of these ways:

- Mail to: City of Lancaster
Community Development Department
104 East Main Street, 2nd Floor
Lancaster Ohio, 43130
- Use the drop box located near the Broad Street entrance to City Hall – place request in an envelope clearly marked **Community Development Department**
- Scan and upload to the secure City of Lancaster website:
<https://www.ci.lancaster.oh.us/FormCenter/ITTelecom-13/Online-Secure-File-Upload-353>
- Bring your request to the Community Development Department located on the 2nd floor, 104 East Main Street (City Hall building) during building hours Monday-Friday 8am – 3:55pm

What assistance are you currently seeking? Please mark (√ or X) all that apply:

- Mortgage payment assistance due to the COVID-19 pandemic
- Foreclosure prevention counseling/financial coaching due to the COVID-19 pandemic
- Home repair and/or housing rehabilitation – please describe:

Assistance for specific housing concerns/hazards. Please mark (√ or X) all that apply:

- Mold – specify location: _____
- Moisture – specify location: _____
- Lead
- Asbestos
- Radon
- Pests – specify: _____
- Poor indoor air quality/ventilation
- Carbon monoxide
- Risk of fire – specify: _____
- Poor lighting
- Risk of falling – specify: _____
- Inadequate heating or cooling
- Drafty windows or doors
- Other _____

Provide any additional details you would like to share: _____

Has your household ever received assistance from the City of Lancaster through any of its housing programs?

- Yes If yes, when? _____ What kind of assistance/program? _____
- No



How did you hear about the City's Healthy Homes programs? _____

APPLICANT INFORMATION:

Applicant (Head of Household)

Legal Last Name _____ First Name/MI _____

Street Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Social Security Number _____

Phone 1 _____ Phone 2 _____

Email Address _____

Married: Yes No # of Adults in home: 18-59 yrs old _____ 60+ yrs old _____

of Children in home: under 6 yrs old _____ 7-17 yrs old _____

Adult dependent full-time students in your household? Yes No

Is this your primary residence? Yes No If no, list address _____

Are you the owner of this property? Yes No If yes, are you renting it out? Yes No

Is this a single family dwelling? Yes No If no, what type of property? _____

Have you declared bankruptcy in the last 7 years? Yes No

Have you had property foreclosed upon? Yes No

Additional Contact Person (if applicable)

Legal Last Name _____ First Name/MI _____

Relationship to Primary Applicant _____

Address (if different than primary applicant address) _____

City _____ Zip _____

Date of Birth _____ Age _____ Social Security Number _____

Phone 1 _____ Phone 2 _____

Email Address _____



PROPERTY INFORMATION:

Do you have one or more mortgages? Yes No How many mortgages? _____

Are your mortgage payments current? Yes No If no, how many months behind? _____

Lender Name: _____

Address & Phone Number: _____

Lender Name: _____

Address & Phone Number: _____

Lender Name: _____

Address & Phone Number: _____

Are your real estate tax payments current? Yes No Check if included in mortgage payment

If no, have you arranged for a tax payment plan with the County Auditor's Office? Yes No

Do you have current homeowner fire & hazard insurance on the property? Yes No

Are your insurance payments current? Yes No Check if included in mortgage payment

Company Name/Agent: _____

Address & Phone Number: _____

Is your property in a floodway or 100 year flood plain? Yes No I don't know

Do you have current homeowner flood insurance, if required, on the property? Yes No

Are your insurance payments current? Yes No Check if included in mortgage payment

Company Name/Agent: _____

Address & Phone Number: _____

COVID-19 INFORMATION (for foreclosure prevention counseling or mortgage payment assistance):

Did you lose your employment due to COVID-19? Yes No

If Yes, please list last date of employment: _____

Were your employment hours reduced due to COVID-19? Yes No

If Yes, please list # of hours lost per week: _____

Do you have any outstanding judgments? Yes No

If Yes, please explain: _____



COMMUNITY RESOURCE INFORMATION:

Are you or your child a member of CareSource? Yes No

Are you connected with other community resources? Yes No

If yes, please mark (√ or X) all that apply:

- Fairfield County Job & Family Services Fairfield Metropolitan Housing Authority
- Habitat for Humanity of Southeast Ohio Lancaster-Fairfield Community Action Agency
- Meals on Wheels of Fairfield County New Horizons Mental Health Services
- PASSPORT Medicaid Waiver Program Supplemental Nutrition Assistance Program (SNAP)
- Other _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I authorize the City of Lancaster’s Community Development staff to make inquiries and share information with the community organizations listed above to verify information in my request for assistance.

In addition, I authorize the City of Lancaster’s Community Development staff to consult with other organizations responsible for any aspect of the delivery of services through the City’s Healthy Homes programs. This may include consultation with lenders, property managers, and insurance agents listed in my request for assistance, City-contracted housing counseling agencies, Fairfield County Department of Health, other Fairfield County and City of Lancaster officials and departments, the Ohio Development Services Agency or other Ohio state agencies, and the U.S. Department of Housing and Urban Development.

I understand that I may revoke my consent to release information at any time except to the extent that action will have been taken or information released prior to the revocation of my consent. Otherwise, this consent is valid for 15 months from the date the release is signed, or as otherwise stated

(End Date of Consent)

Printed Applicant Name: _____

Signature: _____ Date: _____

WHEN REQUESTING ASSISTANCE, APPLICANTS MUST PROVIDE THE FOLLOWING VERIFICATION DOCUMENTATION, REQUIRED PRIOR TO THE APPROVAL OF ANY ASSISTANCE:

- HOME OWNERSHIP VERIFICATION
 - A copy of the property Title or Deed
 - A copy of most recent paid property taxes
- EARNED AND UNEARNED INCOME VERIFICATION
 - Provide proof of earned income (e.g. wages, self-employment, military pay). **Must have documentation for all household members 18 years of age and older.**
 - Provide proof of unearned income (e.g. Social Security, pension, unemployment, public assistance, income from assets, child support, etc.). **Must have documentation for all household members, regardless of age.**
 - Acceptable documentation – employer pay stubs for last 2 pay periods, official letters or statements of income or periodic amounts received, or similar.
 - For self-employment income from the operation of a business or profession, provide a copy of the most recently filed IRS Tax Return, Form 1040, including any Schedule C, E, or F.
 - For self-employed driver income (e.g. Uber, Door Dash, Amazon, etc.), completion of a self-employed driver questionnaire will be required (provided by the Community Development Department).
- LAST SIX MONTHS' STATEMENTS FOR ALL BANK AND/OR CREDIT UNION ACCOUNTS
- OTHER ASSET VERIFICATION DOCUMENTATION, AS APPLICABLE
- PROOF OF SUFFICIENT HOMEOWNER PROPERTY INSURANCE
- PROOF OF SUFFICIENT FLOOD HAZARD INSURANCE, IF REQUIRED FOR PROPERTY
- COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- COPIES OF STATE-ISSUED DRIVER'S LICENSE OR OTHER STATE-ISSUED IDENTIFICATION
- If applying for foreclosure prevention counseling or mortgage payment assistance due to the COVID-19 pandemic, provide:
 - NOTICE OF LATE MORTGAGE PAYMENT (including taxes and insurance, if applicable)
 - DISCLOSURE OF DUPLICATION OF BENEFITS (provided by Community Development)
 - OTHER PROOF OF HARDSHIP DUE TO THE COVID-19 PANDEMIC, AS DETERMINED
- ADDITIONAL DOCUMENTATION OR FORMS, AS NEEDED TO FINALIZE APPLICANT'S REQUEST OR PROCEED WITH CITY'S DETERMINATION

ALL REQUESTS FOR ASSISTANCE WILL BE REVIEWED IN ACCORDANCE WITH PROGRAM POLICIES AND GUIDELINES.

EMPLOYMENT AND INCOME INFORMATION:

Please list current employment for all persons in your household who are employed (18 years of age and older). If you work more than one job, list them all. *Income includes wages/salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.*

Employer Name (e.g. Target)	Employee Title (e. g. Sales Clerk)	Start Date (MM/YYYY)	Which household member?	Hours Per Week	Gross Income (Before Taxes)
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
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					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

Does anyone in your household, regardless of age, receive any of the following? Mark (✓ or X) the Yes or No box for each type.

<i>Type</i>	<i>Yes</i>	<i>No</i>	<i>Household member who receives it?</i>	<i>How much?</i>
Net income from operation of a business or profession				\$ _____ per _____
Interest, dividends, and other net income from real or personal property				\$ _____ per _____
Social Security				\$ _____ per _____
Periodic amounts from annuities or insurance policies				\$ _____ per _____
Retirement, pension, disability or death benefits, or receipt of other periodic amounts				\$ _____ per _____
Unemployment				\$ _____ per _____
Workers' Compensation				\$ _____ per _____
Severance Pay				\$ _____ per _____
Veterans' Benefits				\$ _____ per _____
Disability Compensation				\$ _____ per _____
Public Assistance				\$ _____ per _____
Alimony				\$ _____ per _____
Child Support				\$ _____ per _____
Regular contributions or gifts received from others outside the residence				\$ _____ per _____
Other income: _____				\$ _____ per _____

Are you a co-signer on anyone else's loan? Yes No If yes, please explain _____

ASSET INFORMATION:

In general terms, an asset is a cash or non-cash item that can be converted to cash. Examples are:

- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Express debit cards (in lieu of bank or credit union accounts)
- Revocable trusts
- Equity in rental property or other capital investments
- Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts
- Individual retirement, 401K, and Keogh accounts
- Retirement and pension funds
- Cash value of life insurance policies available to the individual before death
- Personal property held as an investment
- Lump-sum receipts or one-time receipts
- A mortgage or deed of trust held by an applicant

Please list any asset held by a household member:

<i>Household Member</i>	<i>Type of Asset</i>	<i>Does anyone else share ownership of this asset?</i>	<i>Cash Value (Market value less reasonable expenses required to convert the asset to cash)</i>
	Checking Acct		\$ <i>last 2 months average balance</i>
	Checking Acct		\$ <i>last 2 months average balance</i>
	Savings Acct		\$ <i>Current balance</i>
	Other Cash on Hand (safe deposit box, at home, etc.)		\$
			\$
			\$
			\$

Verification of Assets Disposed:

If an applicant has disposed of an asset for \$1,000 less than the asset's Fair Market Value, the asset must be included as a household asset for 2 years from the date of disposal. *(Note: Assets disposed of for less than Fair Market Value because of foreclosure, bankruptcy, divorce, or separation are not considered disposed assets.)*

If asset(s) were disposed of for less than fair market values, please list them here:

Asset	Date of Disposal	\$ Amount received



CERTIFICATIONS AND UNDERSTANDINGS:

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

I authorize the City of Lancaster or its representatives and designees of the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate services provided to me. I understand any and all information provided in this request for assistance may be used for that purpose.

I understand the personal financial information contained in this request for assistance is necessary for evaluation of my request for assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties, except as outlined in the authorization for the release of information.

I understand I may refuse the assistance offered, and if the type of assistance offered does not meet my needs, I may so state in writing why the conditions place an undue hardship on me, and I may have my request for assistance rescinded by the City of Lancaster. I understand the City of Lancaster is under no obligation to approve me with any type of assistance whatsoever.

I understand more requests for assistance are likely to be received than can be accommodated under these programs. The City of Lancaster has therefore established guidelines for the type of housing activities that can be done, developed a priority system for selecting among requests received, and determined maximum amounts of funding that can be awarded per household.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001 provides: Whomever, 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 or imprisoned not more than five years or both. Additionally, pursuant to Ohio Revised Code 2921.13, knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made to secure the payment of benefits administered by a governmental agency is a misdemeanor of the first degree, punishable by up to 180 days in jail, a fine of up to \$1,000.00 and up to five years of community control.

The undersigned fully understands that it is a state and federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts pursuant to the statutes listed.

Printed Applicant Name: _____

Signature: _____ Date: _____