

MAHONING COUNTY COMMISSIONERS  
HEALTHY HOMES & LEAD HAZARD CONTROL PROGRAM  
In Partnership With The  
CITY OF CAMPBELL AND CITY OF STRUTHERS  
COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAMS

Applications will be accepted at the following locations:

Beginning Friday March 7, 2025 at 8:00am

Struthers Administration Building  
6 Elm Street  
Struthers, Ohio 44471

Or

Mahoning County  
Healthy Homes and Lead Hazard Control Office  
108 Westchester Drive  
Austintown, Ohio 44515



# MAHONING COUNTY COMMISSIONERS HEALTHY HOMES & LEAD HAZARD CONTROL PROGRAM

In Partnership With The  
CITY OF CAMPBELL AND CITY OF STRUTHERS  
COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAMS  
(2024 CHIP)

## **PROGRAM SUMMARY COMMUNITY DEVELOPMENT BULLETIN #1**

Thank you for your interest in the Mahoning County Community Housing Impact and Preservation Program (CHIP) in partnership with the City of Campbell and the City of Struthers. The attached information will briefly describe the following programs and the requirements for participation: 1. Owner Home Repair Program; 2. Owner-Occupied Rehabilitation Program; and included are the household income guidelines that apply for each of the programs. An application is attached for those interested in applying, please indicate the assistance you are applying for. Contact the Mahoning County Healthy Homes & Lead Hazard Control Program by calling either of the following extensions (330) 740-2124 Ext. 7174 or 7181.

### **1. OWNER HOME REPAIR PROGRAM**

Eligible Activity Regulation: 24 CFR Part 570.202 (b, 2, 4, 6, 7 (iv), and 11)

The intent of this program is to help preserve the affordable housing stock by providing owner-occupied households, with income levels at or below 80% of Area Median Income, with limited financial assistance to correct significant problems in the home. The County will use OCD Residential Rehabilitation Standards to prioritize work. No general property improvements will be undertaken. The types of work that are generally considered eligible for the Owner Home Repair activity include: Structural System Repairs, Mechanical System Repairs, Plumbing System Tap-ins, Wells and Septic Systems, Weatherization, Accessibility, and Lead Based Paint Hazard Reduction. Application to this program is available county wide including the Cities of Campbell and Struthers for those households that have incomes of less than 80% of the Area Median Income (AMI) - (see page 4). **SPECIAL NOTE: ALTHOUGH THIS PROGRAM IS COUNTY WIDE, IT DOES NOT INCLUDE PROPERTIES LOCATED IN THE CITY OF YOUNGSTOWN.**

Eligible Properties: Single-Family, Owner-occupied units in Mahoning County Including the City Limits of CAMPBELL AND STRUTHERS, BUT **EXCLUDING PROPERTIES WITHIN THE CITY LIMITS OF YOUNGSTOWN.**

### **2. OWNER-OCCUPIED PRIVATE REHABILITATION PROGRAM**

Eligible Activity Regulation: 24 CFR Part 570.202 or Part 92.205

The purpose of the Owner Rehabilitation program is to improve and protect the supply of sound, serviceable, and affordable owner-occupied housing stock. Through this activity, financial assistance is provided to homeowners with income levels at or below 80% of Area Median Income



(see page 4) to correct substandard conditions so that the homes are safe, healthy, durable, energy efficient and affordable. Owner Rehabilitation is intended to address problems throughout the house, rehabilitation must correct all substandard conditions that adversely affect the occupant's health and safety and the dwelling's structural integrity. The scope of work is generally comprehensive, the cost is usually high, and cost limitations often require the work to be prioritized so that the most substandard conditions (i.e., problems effecting occupant health and safety and structural integrity) are corrected before less important concerns are addressed. In most circumstances, this means that the home's mechanical systems (electrical, plumbing and heating systems) and exterior and interior structural components (roof, walls, floors and foundation) will be repaired or replaced to meet the required standards. All of Mahoning County including the City Limits of Campbell and Struthers are eligible; but (**EXCLUDES PROPERTIES WITHIN THE CITY LIMITS OF YOUNGSTOWN**). **Eligible repairs can include roof, gutters, windows, doors, furnace, electrical, hot water tanks, structural deficiencies and plumbing.** The Grant anticipates assisting a total of 10 homeowners. The County's Housing Specialist will contact you to evaluate your home as part of the application process. Applications received will be time stamped upon receipt and ranked in their service area. Upon evaluation and inspection, units will then be selected for assistance.

The assistance will be in the form of a 5 year 0% interest deferred and 100% forgivable loan reduced 20% per-year with 0% remaining due upon transfer and/or sale of the property after the period of affordability. **No interest or no payment is due unless transfer and/or sale of the property occurs during the first five years after completion of the project.** The loan will be secured by a mortgage and promissory note with a declining repayment agreement. The amount of the financial assistance for each house will vary depending upon needed improvements.

Eligible Properties: Single-Family, Owner-occupied units in Mahoning County Including the City Limits of CAMPBELL AND STRUTHERS, BUT **EXCLUDING PROPERTIES WITHIN THE CITY LIMITS OF YOUNGSTOWN.**

Finance Mechanism: 5 year 0% interest deferred 100% forgivable loan.

A walk-away policy has been established by the County; should your home be considered a walk-away, you will be notified.

Work on all homes must be competitively bid. The County expects work on the selected homes to begin in the summer of 2025.

### **3. STAFF ROLES AND PROCEDURES- OVERALL PROGRAM Administrative Plan**

The County will administer and implement the entire 2024 CHIP Grant for each of the program activities identified in the following sections. The Administration includes the general program



management, coordination, monitoring, evaluation and oversight activities as well as preparing program reports, supervising staff, managing agreements with third parties and evaluating program performance. Implementation consists of receiving, screening and qualifying program eligible applicants, responding to applicant complaints, managing files, inspecting dwellings, preparing specifications, monitoring and managing the construction process and contractors and evaluating lead based paint hazards. The County will utilize its existing staff for program outreach, accepting applications from prospective homebuyers or homeowners and paying invoices.

### **Local Oversight Personnel**

All duties in connection with the administration and implementation of the grant shall be coordinated with the Mahoning County Healthy Homes & Lead Hazard Control Program's (MCHHLHCP) Director, or his designated alternate(s), this includes client reports, grant status reports, rating information, review of this specification, bidding of projects, review of contract documentation, inspection of rehabilitation projects, review of payment requests and final documentation, draw downs and payments to contractors, and counselors. MCHHLHCP's Director or his designated alternate(s) will also review all grant status reports for conformance with the financial aspects of the grant.

### **Housing Rehabilitation Specialist**

The Rehabilitation Specialist is primarily responsible for work write-ups and inspections; responsible to Program Administrator.

### **Office Manager and Intake Specialist**

The Office Manager performs clerical and typing duties for all activities including administration and implementation. Responsible for assisting the Program Administrator in maintaining an adequate filing system.

### **Lead-based Paint Contractor**

The Lead-Based Paint Licensed Contractor coordinates units to be rehabilitated with the Program Administrator. Prepares risk assessment reports for each unit, and prepares specifications for housing rehabilitation work items requiring compliance with HUD Regulations governing lead - based paint hazard reduction.

### **Lead-based Paint Risk Assessor**

The Lead-Based Paint Risk Assessor performs lead-based paint risk assessment for each unit to be rehabilitated, using XRF instrument, and in accordance with HUD protocol; furnishes data to the Licensed Contractor for analysis, review findings and recommendations. Also performs clearance testing for each unit rehabilitated.

## Household Income Limits by Family Size FOR ALL APPLICANTS

Family Size (Persons)	Low Income (80% of AMI)	Very Low Income (50% of AMI)
1	\$44,800	\$28,000
2	\$51,200	\$32,000
3	\$57,600	\$36,000
4	\$64,000	\$40,000
5	\$69,150	\$43,200
6	\$74,250	\$46,400
7	\$79,400	\$49,600
8	\$84,500	\$52,800

**SOURCE: HUD FY 2024 Income Limits  
(Updated Annually)**



## FREQUENTLY ASKED QUESTIONS

Q. How do I apply?

A. Complete an official application form and return it, along with all required supporting documents, to your area drop off location (all applications will be time stamped upon acceptance for determining order of application):

Campbell City Hall - 351 Tenney Avenue - Campbell, Ohio 44405

Struthers Administration Building - 6 Elm Street - Struthers, Ohio 44471

Mahoning County Healthy Homes and Lead Hazard Control Office  
108 Westchester Drive - Austintown, Ohio 44515

Mahoning County Commissioners' Office  
21 W. Boardman Street 2<sup>nd</sup> Floor - Youngstown, Ohio 44503

For disabled or elderly persons only, arrangements can be made for a home visitation by contacting Phillip Puryear at (330) 740-2124 Ext. 7172.

Q. Does it cost me anything to submit an application or have my home inspected?

A. NO! There are absolutely no charges for this program and your participation is voluntary.

The County reserves the right to "Walk Away" from a housing unit that poses undue threat to health or safety of the inspector or contractor at any time. Housing units that violate conditions that may constitute undue threat to include but are not limited to the following conditions, will not be eligible for assistance:

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- The presence of animal feces in any area of the dwelling unit.
- Excessive garbage build up in and around the dwelling.
- Negligent housekeeping practices that limit access or create an unwholesome working environment.
- A threat of violence.
- The presence and/or use of any controlled substances before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Occupants allowing only limited access to the dwelling.

Q. What happens after I submit my application?

A. Mahoning County personnel will review your application and determine if you are preliminarily eligible for program services. You will then be notified in writing of your eligibility and if you decide to participate, arrangements will be made to have your home inspected for code violations and rehabilitation standards.

- Q. Are there restrictions on how the money is used or the improvements that are to be made?  
A. YES! According to the program guidelines, the money can only be spent to correct Code Violations and/or to meet rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

GENERALLY ELIGIBLE

Roofs  
Gutters  
Windows  
Doors  
Furnaces  
Hot Water Tanks  
Structural deficiencies (Porches, Floors)  
Walk/Stairs  
Plumbing  
Electrical including new 100 AMP Service

GENERALLY INELIGIBLE

Air Conditioning  
Detached Garages  
Room Additions  
General Property Improvements  
Cosmetic Items (carpeting/wallpaper)

Only work approved by this department may be performed.

All work must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with state and local building and housing codes.

**THE PROGRAM SUMMARY INFORMATION (PAGES 1-10) IS YOURS TO KEEP  
PLEASE DO NOT ATTACH THIS INFORMATION TO YOUR APPLICATION**

**PLEASE ONLY RETURN PAGES 12-21 ALONG WITH ALL REQUIRED  
DOCUMENTATION TO YOUR DROP OFF LOCATION**

**Applications must be completed in full with all required documentation attached and submitted to your area location as follows:**

**IF YOUR HOME IS LOCATED IN CAMPBELL - YOUR APPLICATION DROP OFF IS**

Campbell City Hall - 351 Tenney Avenue Campbell, Ohio 44405

**IF YOUR HOME IS LOCATED IN STRUTHERS - YOUR APPLICATION DROP OFF IS**

Struthers Administration Building - 6 Elm Street Struthers, Ohio 44471

**OTHER AREAS WITHIN MAHONING COUNTY - YOUR APPLICATION DROP OFF IS**

Mahoning County Commissioners - 21 W. Boardman Street 2<sup>nd</sup> Floor  
Youngstown, Ohio 44503

**\*\*NOTE – PROPERTIES LOCATED IN THE YOUNGSTOWN CITY LIMITS ARE NOT ELIGIBLE TO APPLY\*\***

**ALL APPLICATIONS CAN BE DROPPED OFF OR MAILED TO:**

Mahoning County Healthy Homes & Lead Hazard Control Program

ATTN: Phillip O. Puryear

108 Westchester Drive

Austintown, Ohio 44515

ALL program applications must be completed in full with all requested documentation and will be considered on a first-come first-served basis.

Questions regarding the program should be directed to the attention of Mr. Phillip O. Puryear, Mahoning County Healthy Homes & Lead Hazard Control Program (330) 740-2124 Ext. 7172.







## Know Your Rights: A Summary of Fair Housing Laws

The purpose of this brochure is to summarize your right to fair housing. Federal, state, and local fair housing laws contain more detail and technical information.

### Discrimination in the Home Purchase Process

Fair housing is an absolute right throughout this country. Federal laws, as well as state and local laws, were enacted to provide a method of enforcement of this right. These laws cover virtually all housing – private housing, apartment buildings, condominiums, shelters, nursing homes, and nearly all housing transactions, including the rental and sale of housing and the provisions of mortgage loans.

**The Fair Housing Act (Title VIII of the Civil Rights Act of 1968, as amended in 1988)** prohibits discrimination in housing because of race or color, national origin, religion, sex (including sexual orientation and gender identity), familial status (including children under age 18 living with parents or legal custodians, and pregnant women or people securing custody of children under 18), and disability. The Ohio Fair Housing Law (Ohio Revised Code Section 4112) includes ancestry and military status as additional protected groups. Many local governments also have fair housing laws that include additional protected groups.

Despite the passage of various fair housing laws, housing discrimination remains rampant in the housing market. Housing discrimination is sometimes difficult to detect because of the subtle techniques used by real estate agents, managers, financial people, insurance providers, and others in the marketplace.

Discrimination includes, not only the denial of dwelling units but also, withholding or misrepresenting information about the available housing, steering, setting higher standards of creditworthiness for minorities, quoting different prices, terms, or conditions for financing, insurance, or sale. Any kind of differential treatment based upon the home seeker’s protected group is prohibited. In some instances, actions which have a discriminatory impact or effect may also violate the law.

*Access to residential housing depends on available financing, insurance, and related services. If a person is denied the opportunity to obtain financing, then it will not matter much whether the seller will sell to the home seeker. Similarly, the related services (i.e., homeowners’ insurance, fair appraisals, fair secondary market loans, mortgage insurance, and brokerage services) must be available without regard to any prohibited characteristics such as race, color, religion, sex, national origin, ancestry, military status, disability, or familial status.*

As diverse as the country is, the National Fair Housing Alliance released the 2021 statistics showing there were more than 30,000 housing discrimination complaints filed annually. More than fifty percent alleged

77 South High Street  
Columbus, Ohio 43215 U.S.A.

614 | 466 3379  
800 | 848 1300  
[www.development.ohio.gov](http://www.development.ohio.gov)

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services



discrimination based on disabilities. The second most reported type of housing discrimination was based on race at nearly nineteen percent. Complainants most often alleged discrimination against private fair housing organizations. Equal access to housing insurance and lending is far from a reality for many. Not only is that not acceptable morally, it is against the law.

## Fair Housing and Fair Lending Laws

The Federal Fair Housing Act prohibits discriminatory housing practices. There are a few limited exceptions under the federal law. No one may take any of the following actions based on race, color, religion, national origin, sex, familial status, or disability:

- Refuse to sell or rent housing
- Refuse to negotiate for housing
- Make housing available
- Deny a dwelling
- Set different terms, conditions, or privileges for sale or rent of a dwelling
- Provide different housing services or facilities
- Falsely deny that housing is available for inspection, sale, or rent, when, in truth, it is available
- For profit, persuade or attempt to influence owners to sell or rent (blockbusting)
- Deny anyone access or membership in a facility or service related to the sale or rent of housing, including brokerage and multiple listing services

The Civil Rights Acts of 1866 and 1871 prohibit discrimination based on race.

**The Ohio Fair Housing Law** gives all persons in the protected classes the right to live wherever they can afford to buy a home or rent an apartment. It is unlawful, on the basis of race, color, religion, sex, national origin, ancestry, military status, disability, or familial status to:

- Refuse to rent, sell, finance, or insure housing accommodations or residential property
- Represent to any person that housing accommodations are not available for inspection, sale, rent, or lease
- Refuse to lend money for the purchase, construction, repair, rehabilitation, or maintenance of housing
- Accommodations on rental property
- Discriminate against any person in the purchase, renewal, or terms and conditions of fire, extended coverage of homeowner's or renter's insurance
- Refuse to consider, without prejudice, the combined income of both spouses
- Print, publish, or circulate any statement of advertisement which would indicate a preference or limitation
- Deny any person membership in any multiple listing services or real estate broker's organization

In addition to fair housing laws that apply to all transactions, including lending and insurance, specific laws address lending practices such as:

- The Equal Credit Opportunity Act – 15 U.S.C. 1691
- The Home Mortgage Disclosure Act – 12 U.S.C. Chapter 29
- The Community Reinvestment Act – 12 U.S.C. 2901
- Regulations dealing with loan registers - National Banks – 12 C.F.R. Section 27.4
- State-Insured Banks insured by FDIC – 12 C.F.R. Section 338.4(a)(2)(iii)

## Lending Discrimination

No one may take any of the following actions based on race, color, national origin, religion, sex, familial status, or disability:

- Refuse to make a mortgage loan
- Fail to provide information regarding loans
- Deny or make different terms for home loans, such as different interest rates, points, or fees
- Discriminate in appraising the property
- Refuse to purchase the loan or set different terms or conditions for purchasing a loan

In addition, it is illegal for anyone to:

- Coerce, intimidate, threaten, or interfere with anyone exercising their rights granted under the Fair Housing Act or assisting others who are exercising that right
- Make, print, publish, or post statements or advertisements that a house or an apartment is available only to persons of a certain race, color, religion, sex, familial status, or disability

## Insurance Discrimination

There has been discrimination in insurance, in part, because the insurance contract appears complicated. The most common form of insurance discrimination is redlining (neighborhood-based discrimination). It has been defined as: Discrimination in insurance based on prohibited characteristics of the area, the neighborhood, the applicant, or the location of the property. There are variations on this theme that are included in differences in treatment. The most common of these is providing persons in minority areas with policies that pay losses to the home up to a certain dollar limit while providing persons in non-minority communities with replacement policies.

- Refusal to renew policies because of age/location of property for protected persons or neighborhoods
- Canceling policies because of age/location of property for protected persons or neighborhoods

If housing discrimination is suspected, make immediate detailed notes of your experience, including:

- The date of the alleged violation;
- The name and address of the person your complaint is against (the respondent);
- The address of other identification of the housing involved; and
- A short description of the alleged violation (the event that caused you to believe your rights were violated).

## Who to Contact

- [Ohio Civil Rights Commission](#) at 1-888-278-7101; or
- [U.S. Department of Housing and Urban Development's Fair Housing Complaint](#) Hotline at 1-800-669-9777
- [Local Fair Housing and Equal Opportunity \(FHEO\)](#) at 614-280-6183

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO  
ANNA DEASCENTIS AT MAHONING COUNTY COMMISSIONERS OFFICE 330-740-2200 Option 4

# MAHONING COUNTY COMMISSIONERS

In Partnership With The  
CITY OF CAMPBELL AND CITY OF STRUTHERS

2022 COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM (CHIP)

## APPLICATION CHECKLIST

PLEASE REVIEW AND BE SURE THAT ALL ITEMS ON THIS LIST  
HAVE BEEN COMPLETED APPROPRIATELY ON YOUR APPLICATION

Complete	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	All persons living in the household must be included in your application.
<input type="checkbox"/>	<input type="checkbox"/>	All income for all persons in the household must be indicated on the application.
<input type="checkbox"/>	<input type="checkbox"/>	The employer's name and address for <b>ALL</b> persons receiving income should be indicated on the application. To help with evaluating your eligibility, you may also submit a copy of your 2022 W-2(s) and/or pay stubs for the past 6 months.
<input type="checkbox"/>	<input type="checkbox"/>	Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. To obtain your Social Security Monthly Benefit Statement, call the Social Security Administration at 1-800-772-1213 between 7:30 am - 7:00 pm, or request it on the internet at <a href="http://www.ssa.gov">www.ssa.gov</a>
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed? Provide complete copies of your Federal Tax Return for the last 3 years.
<input type="checkbox"/>	<input type="checkbox"/>	Receiving unemployment? Provide a copy of the current unemployment statement and/or your 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Receiving Child Support? Provide documentation of child support and indicate the County jurisdiction from which your child support payments are coming.
<input type="checkbox"/>	<input type="checkbox"/>	Have a child over 18 and a full-time student? Provide proof of enrollment (copy of schedule or other document showing status as full-time student). Also provide income information if student is employed.
<input type="checkbox"/>	<input type="checkbox"/>	Not employed? Provide a signed/notarized statement regarding the same.
<input type="checkbox"/>	<input type="checkbox"/>	Applicants must furnish a copy of the property deed. You can obtain a copy of your deed from the County Recorder's Office.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant/owner and all persons in the household receiving income must sign the certification and authorization statement.



# MAHONING COUNTY COMMISSIONERS

In Partnership With The CITY OF CAMPBELL AND CITY OF STRUTHERS

2024 COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM (CHIP)

**(COMPLETE AND RETURN ONLY PAGES 12 – 21 WITH YOUR DOCUMENTS ATTACHED)**

PROGRAM(S) YOU ARE APPLYING FOR:

- OWNER-OCCUPIED HOME REPAIR  
 OWNER OCCUPANT HOUSING REHABILITATION

For Office Use Only

RECEIVED: \_\_\_\_\_

Date: \_\_\_\_\_

## I. **Personal Data: (Include All Persons Living In The Household)**

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security# \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security# \_\_\_\_\_

Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Names and Ages of **all** other people residing in the Home: \_\_\_\_\_

Total No. of Persons Living In The Home: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Are Any Children Lead Poisoned? Yes / No (If Yes List Name & Age) \_\_\_\_\_

Is Anyone Living In The Home Handicapped or Disabled? Yes / No Age(s) \_\_\_\_\_

Optional: Race or Ethnic Origin Code: \_\_\_\_\_

**0**-White **1**-Black African American **2**-American Indian Alaskan Native **3**-Asian **4**-Asian & White **5**-Native Hawaiian /Pacific Island  
**6**-American Indian Alaskan Native & White **7**-Black African American & White **8**-Other Multi-Racial

## II. **Employment: (All Household Members)**

Applicant #1 Employer: \_\_\_\_\_

Employer Address/Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Applicant #2 Employer: \_\_\_\_\_

Employer Address/Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Other Employment (Name of Person Employed): \_\_\_\_\_

Other Employer Name/Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Pension Provider or Other Income: \_\_\_\_\_

Pension Address/Phone Number: \_\_\_\_\_ / \_\_\_\_\_



(Please List Any Additional Income As Other)

**III. Gross Income: (INCLUDE ALL HOUSEHOLD MEMBERS INCOME/BENEFITS/PENSIONS)**

		APPLICANT	CO-APPLICANT	OTHER	HOUSEHOLD TOTAL
EMPLOYMENT					
Hourly Rate					
Pension	Name				
	Amount				
Social Security	Monthly				
Social Security	Monthly				
Rental Income	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Weekly				
Disability	Monthly				
Other	Name				
	Amount				
Total Monthly Income					

**Assets:**

1. Real Estate Owned other than your primary residence:

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

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

2. Other Assets: \_\_\_\_\_ Value: \_\_\_\_\_

In addition, please provide documentation for any of the following source of assets:

- Cash (Checking & Savings) **Must Provide Last 3 Previous Months of Bank Statements**
- Equity
- Stocks
- Retirement Accounts
- Pension Funds
- Life Insurance
- Personal Property
- Lump Sums
- Deeds

**IV. Indebtedness:**

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

Mortgager Name/Address: \_\_\_\_\_ / \_\_\_\_\_

Original Mortgage Amount: \$ \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

(Please provide a copy of your most recent Mortgage statement)

Monthly Principal & Interest Payment: \$ \_\_\_\_\_



Property Tax Amount (If Not Included): \$ \_\_\_\_\_

Utilities (Average Monthly Costs):

Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_

**V. Homeowner's Insurance: Yes / No**

Insured Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy No: \$ \_\_\_\_\_

Agent Name & Company: \_\_\_\_\_

Agent Address & Phone: \_\_\_\_\_ / \_\_\_\_\_

**VI. Additional Information - All Applicants:**

Age of Unit: \_\_\_\_\_ Years

No. of Bedrooms: \_\_\_\_\_

Are your real estate property taxes current? Yes\_\_\_ No\_\_\_

Are your mortgage payments current? Yes\_\_\_ No\_\_\_

Do you have any delinquent or outstanding accounts with the City? Yes\_\_\_ No\_\_\_

In the last seven (7) years, have you declared bankruptcy? Yes\_\_\_ No\_\_\_

Have you had your property foreclosed upon? Yes\_\_\_ No\_\_\_

Do you have any outstanding judgments? Yes\_\_\_ No\_\_\_

Are you obligated to pay ordinary child support? Yes\_\_\_ No\_\_\_

Are you purchasing your home under a land contract? Yes\_\_\_ No\_\_\_

Are you currently under citation for a building or zoning code violation? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

In general, what are the housing rehabilitation needs of the home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION OF 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 THE PROGRAM ADMINISTRATOR TO HELP YOU. ALL APPLICANTS MUST SIGN BELOW IN BLUE INK.

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

I further certify that I am the owner(s) of the property identified in this application and that any and all funds provided me will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize the County, through 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 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 the application is necessary for evaluation of my application for repair or 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 repair or rehabilitation assistance will be subject to public disclosure since public funds are being utilized to repair or rehabilitate my property.

**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 for not more than five years, or both.”**

**ALL APPLICANTS MUST SIGN IN BLUE INK BELOW**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date





# COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM

## APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the County's Owner-Occupied Rehabilitation Program and/or Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the County concerning my income, assets, and expenses as reported herein by me.

### **ALL APPLICANTS MUST SIGN IN BLUE INK BELOW**

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

\_\_\_\_\_  
Signature of Applicant                      Date                      Signature of Co-Applicant                      Date



## **TERMS AND CONDITIONS FOR OWNERS ACCEPTING ASSISTANCE**

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing assistance. These terms and conditions will become a part of your Agreement for a loan/grant which finances the improvements to your house.

As Applicant, I (We) Agree To:

1. **Inspection:** I will allow inspection of the property by the County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding 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 advance.
2. **Competitive Bidding:** I will permit the County staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by the 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 County staff does not approve the next highest or other than the low bidder.
4. **Side Agreements:** I will refrain from making side agreements with the contractor for work not included in my Agreement with the Contractor, or not included in any written Change Orders approved by the County staff until all work under the Contract is satisfactory and closing inspections are completed. The Mahoning County staff assumes no responsibility for the cost or quality of work not covered by the Agreement or approved by 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 County employee who exercises any functions or responsibilities in connection with the administration of this 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 rehabilitation work.
8. **Hazard Insurance:** I will obtain hazard (fire, property and liability damage) insurance on the property rehabilitated in an amount based upon its value after rehabilitation. Such insurance



# **FAIR HOUSING INFORMATION**

This will acknowledge that I received fair housing information with my application.

**ALL APPLICANTS MUST SIGN IN BLUE INK BELOW**

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Co-Applicant                      Date



# CONFLICT OF INTEREST DECLARATION

IN COMPLIANCE WITH  
CDBG PROGRAMS – 24 CFR 570.489 (h)  
HOMES PROGRAMS – CFR 92.356

Pursuant to 24 CFR 570.489 and CFR 92.356: I, \_\_\_\_\_  
(Applicant Name)  
hereby declare, that neither myself nor any other person in my household, are:

**CHECK ONE ANSWER BELOW:**

\_\_\_\_\_ Related to an employee of Mahoning County.

a) Name of Relative \_\_\_\_\_

b) Position Held \_\_\_\_\_

\_\_\_\_\_ NOT related to an employee of Mahoning County.

I declare that the foregoing statement is true and correct to the best of my knowledge.

**ALL APPLICANTS MUST SIGN IN BLUE INK BELOW**

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Co-Applicant                      Date

