



**Trumbull County Planning Commission**  
**185 E. Market Street, Suite A**  
**Warren, OH 44481**  
**(330) 675-2480**  
<http://planning.co.trumbull.oh.us>

**Housing  
 Rehabilitation  
 Repair &  
 Down Payment  
 Assistance**

**Application**

Today's Date \_\_\_\_\_

**General Information Please Print Clearly**

Name: \_\_\_\_\_  
 First MI Last

Street \_\_\_\_\_

City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date

Marital Status: (please circle): Single Married Divorced Separated Widowed

Household Type: (please circle) Married with Children Female headed single parent household  
 Male headed single parent household Elderly (at least one person 62+ years)  
 Disabled / Handicapped Veteran Other

Current Housing Arrangement: (please circle) Down payment assistance  
 Homeowner with mortgage Homeowner with mortgage paid off

Education: (please circle one) Below High School Diploma High School Diploma or Equivalent Two-Year Degree  
 Bachelors Degree Masters Degree Above Masters Degree

Is the property currently insured? (please circle one) Yes No

Are Real Estate Taxes paid current? (please circle one) Yes No

Do you own any real estate other than your principle residence? (please circle one) Yes No

If yes, Address: \_\_\_\_\_

Household Size: \_\_\_\_\_

Do you expect any changes in Household Size in the next twelve (12) months? (please circle one) Yes No

This is an equal opportunity provider, employer, and lender. Discrimination is prohibited by Federal Law.





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**Dependents / Non-Dependents:** Please list the name, age and relationship of every person living in the address listed above.

| Names (first and last) | Age   | Relationship |
|------------------------|-------|--------------|
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |
| _____                  | _____ | _____        |

**Civil Rights Data**

The following questions are related to ethnicity and race. The Ohio Development Services Agency, Office of Community Development and HUD require Trumbull County (the grantee) to provide civil rights data related to ethnicity and race on reports detailing the progress of these grant programs.

Please report below in real numbers the ethnicity and/or race of each household member reported on this form. If the following groups do not represent the ethnicity and/or race of you or other household members, please leave blank. However, at least one should be selected and filled in. Hispanic is no longer considered a race, but rather an ethnicity. Members of any race may be considered Hispanic. For example to report Asian and White: 4/3 would indicate a total of 4/3 Asian and White with 3/3 of that total being an ethnicity of Hispanic or Latino.

1. White/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
2. Black, African American/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
3. American Indian, Alaska Native/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
4. Asian/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
5. Native Hawaiian, Other Pacific Islander/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
6. American Indian, Alaska Native & White/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
7. Black, African American & White/Number Hispanic..... \_\_\_\_\_/\_\_\_\_\_
8. Amer. Indian, Alaska Nat. & Black, Afr.Amer./Number Hispanic... \_\_\_\_\_/\_\_\_\_\_
9. Asian & White/Number Hispanics..... \_\_\_\_\_/\_\_\_\_\_
10. Other Multi-Racial/Hispanics..... \_\_\_\_\_/\_\_\_\_\_



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**Employment and Income**

Please fill out one statement for each household member earning any form of income. Examples of types of income are listed below.

Income information for: \_\_\_\_\_  
 (Household Member)

\_\_\_\_\_  
 (Name of Employer) (Title)

\_\_\_\_\_  
 (Address) (Phone no.)

| <b>INCOME SOURCE</b>                            | <b>GROSS MONTHLY AMOUNT</b> |
|---|-----------------------------|
| 1. SALARY                                       | _____                       |
| 2. ALIMONY/CHILD SUPPORT                        | _____                       |
| 3. BUSINESS INCOME AND/OR LOSS                  | _____                       |
| 4. PENSION, SOCIAL SECURITY, IRA INCOME, ETC... | _____                       |
| 5. RENTAL INCOME                                | _____                       |
| 6. PUBLIC ASSISTANCE                            | _____                       |
| 7. DISABILITY INCOME                            | _____                       |
| 8. DEPENDENT SSI INCOME                         | _____                       |
| 9. OTHER EMPLOYMENT/INCOME                      | _____                       |
| <b>TOTAL GROSS MONTHLY INCOME:</b>              | _____                       |

| <b>ASSETS</b>                       | <b>APPROXIMATE VALUE</b> |
|-------------------------------------|--------------------------|
| 1. CHECKING ACCOUNT                 | _____                    |
| 2. SAVINGS ACCOUNT                  | _____                    |
| 3. CASH                             | _____                    |
| 4. CDs                              | _____                    |
| 5. SECURITIES (STOCKS, BONDS, ETC). | _____                    |
| 6. RETIREMENT ACCOUNT               | _____                    |
| 7. OTHER LIQUID FUNDS               | _____                    |



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**Additional Information**

Please describe repairs to your home that need immediate attention: (Skip if seeking Payment Assistance)

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**Agreement**

I/We, \_\_\_\_\_, agree;  
 (PRINT NAMES)

1. That all documents provided to verify my/our income is/are accurate, truthful, and current to the best of my/our knowledge;
2. That I/we am/are not purposely withholding any information that would be used in determining my/our income eligibility;
3. That I/We understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government;
4. That I will permit authorized representatives of Trumbull County to examine any documents necessary to verify the information contained in this application;
5. That if it is determined that the information provided is false or incorrect, that I will reimburse the County for any and all expenses incurred by the County in connection with rehabilitation work completed at my home.

I/We hereby agree to grant authorized representatives of Trumbull County permission to enter my property for the purpose of inspection services.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Co-Applicant)

\_\_\_\_\_  
 (Date)

I further acknowledge that I have received a copy of the **Fair Housing Notification and HOME Housing Rehabilitation Program Policies and Procedures Manual**.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Co-Applicant)

\_\_\_\_\_  
 (Date)



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**Eligibility Release**

**Purpose:** Your signature on Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes The Trumbull County Planning Commission to obtain information from a third party relative to your eligibility and continued participation in the CHIP or HUD HOME Programs.

**Privacy Act Notice Statement:** The United States Department of Housing and Urban Development is requiring the collection of the information derived from this form to determine an applicant's eligibility in the CHIP or HOME Programs and the amount of assistance necessary. This information will be used to establish level of benefit and eligibility in the Programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Instructions:** Each adult member of the household must sign a Program Eligibility Release Form. Please initial each box that is checked and sign and date below.

|                          | Verification Required | All Over 18 Initial Below |
|--------------------------|-----------------------|---------------------------|
| Income (all sources)     | X                     |                           |
| Assets (all sources)     | X                     |                           |
| Employment (all sources) | X                     |                           |

**Authorization:** I authorize the above-named Trumbull County Planning Commission to obtain information about me and my household that is pertinent to eligibility for participation in the CHIP or HOME Housing Programs.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Co-Applicant)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Household Member)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Household Member)

\_\_\_\_\_  
 (Date)



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**Checklist of Items Required for Determination of Eligibility**

Copies of the documents listed below are required in order to apply for Federal and or State funded housing programs administered by the Trumbull County Planning Commission. Please provide the **required** documentation for any household member receiving earned and unearned income.

**1. Verification of Income – all residents of the household receiving any type of income including:**

| Description   | Attached                 | N/A                      |
|---|--------------------------|--------------------------|
| Salary - Provide three (3) months of the most current pay stubs for all persons working in the household who are over 18 years of age | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security, Disability, and/or Pension - Provide a current statement providing monthly or yearly gross amount received           | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment  | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Support Statement of Benefits and/or Court Order  | <input type="checkbox"/> | <input type="checkbox"/> |
| Worker's Comp.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Alimony Statement and or Court Order  | <input type="checkbox"/> | <input type="checkbox"/> |
| Statement of Public Assistance Benefits (ADC, Food Stamps, etc).  | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of previous two (2) years Income Tax Returns including any applicable schedules and attachments <b>ONLY IF SELF EMPLOYED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |

**2. Proof of Homeowner's Insurance**

| Description               | Attached                 | N/A                      |
|---------------------------|--------------------------|--------------------------|
| Current Declarations Page | <input type="checkbox"/> | <input type="checkbox"/> |
| Insured Amount            | <input type="checkbox"/> | <input type="checkbox"/> |
| Company Name and Cost     | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Assets**

| Description  | Attached                 | N/A                      |
|--|--------------------------|--------------------------|
| Checking & Savings Account(s) – 3 months of your most current statements | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment(s) – 3 months worth of your most current statements           | <input type="checkbox"/> | <input type="checkbox"/> |



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|   |                          |                          |
|---|--------------------------|--------------------------|
| Bonds, Certificates of Deposit, Money Market – most current statement | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**4. Other Information**

| Description  | Attached                 | N/A                      |
|--|--------------------------|--------------------------|
| Copy of Divorce Decree   | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Driver's License(s) for all residents over 18 years of age | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Social Security Card(s) for all residents                  | <input type="checkbox"/> | <input type="checkbox"/> |

**Emergency Housing Assistance Only:**

| Description                    | Attached                 | N/A                      |
|--------------------------------|--------------------------|--------------------------|
| Copy of Rental/Lease Agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Mortgage Invoice       | <input type="checkbox"/> | <input type="checkbox"/> |