



Trumbull County Planning Commission
 185 E. Market Street NE, Suite A
 Warren, Ohio 44481
 Phone 330.675.2480
 Fax 330.675.2790

Copies of the following documents are needed to apply for the HOME Housing Rehabilitation Program:

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

Description	Attached	N/A
Salary - Provide three (3) months worth 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 most current statement providing monthly or yearly amount received	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Child Support Award Letter	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Comp.	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Welfare 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	<input type="checkbox"/>	<input type="checkbox"/>

2. Verification of Ownership

Description	Attached	N/A
Copy of Deed	<input type="checkbox"/>	<input type="checkbox"/>

3. Proof of Homeowner's Insurance

Description	Attached	N/A
Copy of Policy	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

4. Assets

Description	Attached	N/A
Checking Account(s) – 3 months worth of your most current statements	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account(s) – 3 months worth of your most current statements	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union(s) – 3 months worth 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"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit(s)	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – copy of policy/ies	<input type="checkbox"/>	<input type="checkbox"/>
Other Property – copy of property card (from Auditor's Office)	<input type="checkbox"/>	<input type="checkbox"/>
Current Utility Bill(s)	<input type="checkbox"/>	<input type="checkbox"/>

5. Mortgages

Description	Attached	N/A
Most Current Mortgage Statement – Must list the mortgage holder, payment amount, and balance owed	<input type="checkbox"/>	<input type="checkbox"/>

6. Liabilities

Description	Attached	N/A
Auto Loan(s) – Current statement that includes name, type, monthly payment, and balance	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card(s) – Current statement that includes name, type, monthly payment, and balance	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan(s) – Current statement that includes name, type, monthly payment, and balance	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Loan(s) – Current statement that includes name, type, monthly payment, and balance	<input type="checkbox"/>	<input type="checkbox"/>
Medical Debt(s) – Current statement that includes name, type, monthly payment, and balance	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

7. 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"/>