

**PRE-APPLICATION FOR
COMMUNITY HOUSING IMPACT &
PRESERVATION (CHIP) PROGRAM**

This form will be used to determine basic eligibility for participation in the *Community Housing Impact & Preservation* (CHIP) Program. Your name may be placed on a waiting list based on the availability of funding. If funding is available, an initial inspection of the property will be performed. After the initial inspection, you will be asked to complete a more detailed application and provide supporting documentation prior to receiving assistance.

Name of Homeowner *	Contact Number
Mailing Address	City/State/Zip
Address of Property to be Assisted	Email Address
\$ Current Total Annual Household Income**	# of Persons in Household

*Property must be deeded to Homeowner. Land Contracts, Life Estates are **not** eligible properties. Mobile homes are eligible only if on a permanent foundation, owner also owns the land and it property is taxed as real estate.

**NOTE: Household income includes every person living in the home. All income is used to determine eligibility (Employment, unemployment, Child Support, Alimony, Social Security, SSI, Disability, Pension, etc.).

I am interested in the following program:

- Owner-Occupied Housing Rehabilitation (addresses all issues)
- Owner-Occupied Home Repair Program (addresses one issue)

List the health and safety issues that you feel your home needs:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Heating/Air | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Roof/Gutters | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Lead Paint |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Hot Water | <input type="checkbox"/> well/septic |

Other Housing Issues: _____

OWNER-OCCUPIED REHABILITATION:

List names on property deed: _____

How long have you lived in your home? _____ Years

What is the value of your property? \$ _____

How much do you currently owe on the property (all loans)? \$ _____

Is your mortgage current (not delinquent)? Yes No

Are the real estate taxes paid (not delinquent)? Yes No

Do you have homeowner's insurance Yes No

Do you own any other real estate? Yes No

If yes, list addresses of properties: _____

I/we certify that the information provided on this pre-application form is true and accurate to the best of my/our knowledge. I/We also understand that:

- 1.) This form is not a commitment to provide funding.
- 2.) My/our name may be placed on a waiting list.
- 3.) A detailed application is required prior to receiving assistance.

Applicant Signature

Co-Applicant Signature

Date

Return this form to:



CHIP PROGRAM
Greene County Department of Development
61 Greene St.
Xenia, OH 45385
Phone: 937-562-5007
Fax: 937-562-5645
Email: contactdev@co.greene.oh.us

