



ACCESSIBILITY ASSISTANCE PROGRAM APPLICATION

The Accessibility Assistance Program is for eligible homeowners or tenants who live in Montgomery County outside the cities of Kettering and Dayton.

What is the housing modification that you are requesting help with?

Application Checklist

- Provide proof of ownership (recorded deed)
- If tenant, please provide name, address and phone number for landlord
- Provide proof of income - proof of all income sources for all members of the household who are over the age of 18 years old. The 3 most recent pay stubs, proof of Child Support, award letter for Social Security and/or Pension benefits
- Most current mortgage statement from your lender/servicer

APPLICANT INFORMATION

APPLICANT'S NAME		Social Security #		Home Phone	Date of Birth
(Last)	(First)	(Middle)			
Present Address	City	State	Zip Code	Years at Address	
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> 1 to 4 unit building		<input type="checkbox"/> Condominium		
Former Address (if at present less than 2 yrs.)	City	State	Zip Code	Years at Address	
Marital Status			Are you a U.S. Citizen?		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include <input type="checkbox"/> Separated single, divorced, widowed)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Address of Employer			Yrs.on this job	Business Phone	

CO-APPLICANT INFORMATION

APPLICANT'S NAME (Last) (First) (Middle)	Social Security #	Home Phone	Date of Birth
Name and Address of Employer	Yrs.on this job	Business Phone	

List all Gross Annual income:
Gross is amount before deductions for taxes, insurance, etc.

Source	Applicant	Co-Applicant
Employment How often are you paid?		
Social Security		
Supplemental Security		
Pension		
Alimony/Child Support		
Other		

Other household members (not listed above)

Name	Gender	Social Security	DOB	Relation	Annual income and source

The information below is requested for reporting purposes only. Your answers are voluntary and will not be considered in evaluating your application.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White or other Pacific Islander	Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White or other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Mortgage Information

Name of Lender _____ Account Number _____

Address of Lender _____

Do you have homeowners' insurance Yes No

Name of Company _____ Agent _____

Phone number _____

Are you current in your mortgage payments? _____

Have you executed a loan modification to avoid foreclosure? _____

Date _____

Are you current with the payment of your property taxes? _____ If no, did you enter into a work out agreement with the County Tax Division? _____

If so, when _____

Have you been given orders from the local government regarding code violations that must be corrected? _____ If yes, when? _____

Do you have more than \$5,000 in total assets in Savings/Stocks/Bonds, etc.?

Lead-Based Paint Information

If the household includes any children under age 7, carefully read the Lead Hazards Notice and answer the following questions.

Does your child have an elevated blood level for lead?

Yes No Don't Know

Do you want to have your child tested to see if he/she has elevated blood levels? _____ (CountyCorp does not provide testing but can make the appropriate referral)

Declarations

I hereby certify that I am applying to CountyCorp for the Emergency Assistance Program for work on my property. I further certify, under penalty of law, that I am the owner and the occupant, and that the income information stated is an accurate representation of my household income.

I will not hold CountyCorp liable for any legal or financial claim arising from the performance of work. I further understand that the information provided is subject to verification and that if found to be in error may eliminate my participation in this program.

Further, I grant permission to CountyCorp to pull a credit report and verify any and all information provided. All information on this application and related documentation is confidential and is required by the U.S Department of Housing and Urban Development or The State of Ohio Department of Development to determine the applicant's eligibility in a CDBG or ODOD funded program. It may be released to appropriate Federal, state and local agencies when relevant to civil, criminal, or regulatory investigators.

This program is run in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). "It is illegal to discriminate against any person because of race, religion, sex, handicap, familial status, or national origin."

The information furnished on this questionnaire is believed to be true and complete.

Name

Date

Name

Date