



EMERGENCY ASSISTANCE PROGRAM APPLICATION

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

What is the urgent problem that you are requesting help with for repair or replacement?

Application Checklist

- Provide proof of ownership (recorded deed)
- 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 <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include <input type="checkbox"/> Separated single, divorced, widowed)			Are you a U.S. Citizen? <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)

