



# COUNTY CORP APPLICATION FOR ASSISTANCE



WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING HELP WITH?

\_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH YOUR APPLICATION FOR ASSISTANCE**

- 1). PROOF OF INCOME – Proof of all income sources for all members of the household. For example, the 3 most recent pay stubs, child support, Social Security awards letter, and/or pension benefits.
- 2). CURRENT MORTGAGE STATEMENT
- 3). PROOF OF PROPERTY INSURANCE – The declaration page from your insurance policy

### PERSONAL INFORMATION

#### Applicant

Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Birth Date Social Security Number Email Address Phone Number

Current Address \_\_\_\_\_

#### Co-Applicant

Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Birth Date Social Security Number Email Address Phone Number

Current Address \_\_\_\_\_

***Please check the appropriate box***

Single       Married       Widowed       Divorced       Separated

A member of the household is handicapped.

### PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS NOT LISTED ABOVE

Name	Birth Date	Relationship	SSN	Annual Income & Source

Total number of individuals in household \_\_\_\_\_

### ASSETS

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

Do you own other real estate? \_\_\_\_\_



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## EMPLOYMENT INFORMATION

### Applicant:

Current Employer	Address	Phone
Length of Employment	Position Title	Supervisor/Manager/HR Contact
How often do you receive your pay?	Gross Pay Before Deductions	

### Co-Applicant:

Current Employer	Address	Phone
Length of Employment	Position Title	Supervisor/Manager/HR Contact
How often did you receive your pay?	Gross Pay Before Deductions	

## OTHER INCOME

*Please list any other income including but not limited to: Social Security, V.A. Benefits, ADC, General Relief TANF, Pensions, Interest Annuity, Child Support, Alimony, Food Stamps, Workers Compensation, etc.*

Source and Address or Contact Information	Amount
Source and Address or Contact Information	Amount

## PROPERTY INFORMATION

Name of Lender \_\_\_\_\_

Address of Lender \_\_\_\_\_

Account Number \_\_\_\_\_

Do you have homeowner's insurance? \_\_\_\_\_

Name of Company \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you current in your mortgage payments? \_\_\_\_\_

Have you executed a loan modification to avoid foreclosure? \_\_\_\_\_ Date \_\_\_\_\_

Are your property taxes current? \_\_\_\_\_

If no, do you have a work out agreement with the County Tax Division? \_\_\_\_\_

If so, when? \_\_\_\_\_

Have you been given orders from local government regarding code violations that must be corrected?  
\_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

The following information is being requested for the sole purpose of the monitoring of Federal Funded Programs. You are not required to furnish this information, but are encouraged to do so. The law provides that this information, or whether you choose to furnish it, cannot be used for decision making purposes.

Applicant	Co-Applicant
I do not wish to furnish this information ____	I do not wish to furnish this information ____
Ethnicity : Hispanic or Latino __yes __no	Ethnicity : Hispanic or Latino __yes __no
Race:	Race:
____ American Indian or Alaska Native	____ American Indian or Alaska Native
____ Asian	____ Asian
____ Black or African American	____ Black or African American
____ Native Hawaiian or Other Pacific Islander	____ Native Hawaiian or Other Pacific Islander
____ White	____ White
Gender:	Gender:
____ Male	____ Male
____ Female	____ Female

I hereby certify that I am applying to CountyCorp for assistance 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 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 nation origin. "

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**RETURN APPLICATION AND ALL REQUIRED DOCUMENTATION TO:  
COUNTYCORP, 130 W.SECOND STREET, SUITE 1420, DAYTON, OH 45402**