

## **PY 2023 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program**

The following guidelines apply to Miami County CHIP Owner Rehabilitation Loan Program to be made by Miami County from funds supplied to the Board of Miami County Commissioners by the State of Ohio under the PY 2023 Community Housing Impact and Preservation (CHIP) Program. A copy of these guidelines shall be supplied to every applicant.

1. No member of the governing body of the locality and no other official, employee, or agency of the County Government, in a position to make decisions concerning this program, shall directly or indirectly be eligible for this program. This prohibition shall continue for one year after an individual's relationship with the County government ends.
2. Maximum amount of rehabilitation loan assistance is **\$75,000**. Exceptions to be made for projects that go over \$75,000 on a case by case basis depending on funding availability.

Assistance is to be secured by a Promissory Note and Mortgage. Applicant is not entitled to the maximum loan amount, but will receive only the amount necessary to bring the property up to OCD's Residential Rehabilitation Standards (RRS) and to all applicable local and county codes.

4. Structure must be located within Miami County and be owner-occupied.
5. Assistance will be provided on a Deferred Loan basis. All loans will carry a zero percent (0%) annual interest rate. The mortgage instrument for all loans shall stay in place in the event that title is transferred to a spouse who is also an occupant of the property.

**Loans will have a maximum term of 5 years. Assistance will be provided in the form of a no interest (0%) Deferred Loan that will decline 20% a year for 5 years and after the 5<sup>th</sup> year the mortgage will be released as there would be no balance.**

6. Owner must furnish proof of Homeowners insurance against the loss of the structure by standard means.
7. Assistance must be capable of fixing all health and safety violations and bring the property up to the Residential Rehabilitation Standards (RRS) of the State of Ohio Community Housing Impact and Preservation (CHIP) Program, and all applicable Local and County codes. Adequate foundations for all living space areas, an approved source of portable water, and an approved method of sewage disposal shall also be required.
8. CHIP funds must be used for correcting all health, safety and code violations or incipient (about to happen) health, safety and code violations. All repairs must be part of the property. CHIP funds may be used on an as needed, case-by-case basis, as approved by Miami County, for vinyl siding, air conditioning, room additions, general property improvements and auxiliary building repair/removal. Under no circumstances shall extravagant improvements be permitted. (swimming pools, patios, extensive landscaping, etc.).

9. Applicant must use a CHIP Program approved contractor. Applicant may refer contractors to the County for approval. Any work involving lead-based paint must be completed by a person(s) certified to perform such work.
10. The owner may assist the contractor in the selection and approval of materials to be used in the rehabilitation of the property (Example: windows, doors, roof shingles, paints, etc.).
11. In the event of any dispute between the Applicant and the contractor concerning the completion of the home repairs, the Housing Inspector will work with both parties in the negotiations of a satisfactory solution. If such a solution cannot be found, the County will be the final authority on when the repair work has been satisfactorily completed. The Applicant may then appeal the County's decision as per the process outlined in the County's CHIP Dispute Resolution and Conflict Management Policy which is available upon request.
12. Waivers of, and revisions to, these Guidelines may be made at the discretion of the Board of Miami County Commissioners.
13. All children under the age of 6 or any expecting mothers will be required to undergo a blood lead level test which would be paid for by the County.

**MIAMI COUNTY**  
**2023 CHIP Owner Rehabilitation Loan Program**

I (we) acknowledge the receipt of the **PY 2023 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program**.

I (we) understand that I (we) must comply with the **PY 2023 Miami County Guidelines for CHIP Owner Rehabilitation Loan Program** in order to receive assistance.

I (we) further agree to work cooperatively with Miami County Development Department Office staff, and the Contractor selected to perform the work on my (our) home.

I (we) acknowledge that Miami County Development Department Office staff, who are the administrators of the Miami County **CHIP Owner Rehabilitation Program**, may elect to terminate the CHIP Owner Rehabilitation Loan assistance at any time during the project period for my (our) failure to comply with these guidelines.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Please sign and return just this page along with the  
CHIP Owner Rehabilitation Program Income Verification  
Application**

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM (CHIP)  
PROGRAM APPLICATION**

**Purpose**

*The purpose of the CHIP Program is to repair housing conditions that pose a threat to the health and safety of the occupants, or pose an ongoing threat to the structural integrity of the home.*

**Eligibility Criteria**

- Must own and reside in the home as the primary residence (**Rental properties are not eligible for assistance**).
- Must be current with your property taxes, or become current prior to application approval (including being approved for a payment plan by the County Auditor).
- Must be current with mortgage (last 6 months), City Utility Bills and Income Taxes
- All applicants to the program must meet low to moderate income guidelines set forth by the United States Department of Housing and Urban Development as shown below:
- Any Child Working must provide their income documents as well
- If there is no income from an eligible working adult then they will need to fill out a No-Income Sheet.

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
Low and Moderate Income Limits**

| # Persons Living in Household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Income Limit</b>           | \$52,050 | \$59,450 | \$66,900 | \$74,300 | \$80,250 | \$86,200 | \$95,150 | \$98,100 |

(e.g., mother, father, two children = 4 living in household)

**Important**

Documentation listed below must be included with completed application.

Missing documents or incomplete applications will not be approved.

**THE FOLLOWING INFORMATION BELOW WILL BE REQUIRED FOR INCOME VERIFICATION (PLEASE NOTE THAT NOT ALL THE INFORMATION WILL PERTAIN TO YOUR CURRENT INCOME SITUATION):**

- **Federal Filed Income Taxes** – A copy of your most recent Federal Filed Income Taxes. If you are self-employed, provide copies of the last two years.
- **Employment** – Copies of either 8 paystubs if paid weekly or 4 biweekly pay stubs reflecting **year to date** total.
- **Unemployment** – A statement from the agency verifying the gross amount of weekly unemployment income received.

- **Pension** – A copy of the pension statement benefit or a check receipt reflecting the gross monthly amount received or a copy of one of the monthly checks.
- **Social Security, SSI, Disability** – A copy of the benefits statement or a printout from the agency. Income must reflect this year, not the previous year income.
- **Bank Statements** – Copies of the last three (3) months statements (savings, checking, CD, stocks, bonds, etc.).

**Other Verifications Needed:**

**Homeowner's Insurance** – A copy of the policy declaration page that reflects the annual premium amount you pay for homeowner's insurance.

**All income for program eligibility is based on current income. Current income will be projected to yearly gross income. Please refer to IRS Form Part 5 Inclusions to see what income will be counted.**

**Complete ALL sections of the application  
Sign and date application where appropriate**

**Mail application and documentation to, or drop it off, at the address below (we can make copies of your information here):**

**Miami County  
PY 2023 CHIP Program  
c/o Miami County Department of Development  
1506 One Stop Ct., Suite 6  
Troy, OH 45373**

**If you have questions please call  
Miami County Department of Development at  
937-440-8121.**

*As with all federally funded programs and any conventional bank home repair loan program, the County's CHIP Program will require personal financial disclosure. Personal financial information shared with the Miami County/City of Piqua/City of Troy Development Staff is personal and confidential and shall be so designated. The personal and confidential financial files will not be available for public inspection to the extent permitted by law.*

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
PY 2023 CHIP PROGRAM**

**Part I – General Information**

**Applicant (Household Head)**

**Co-Applicant**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone #'s \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**Part II – Household Information**

**Residents**

**Are you a Veteran?** \_\_\_\_\_

Total Number in Household \_\_\_\_\_

Number Disabled Residents \_\_\_\_\_

Is there an expectant mother in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Occupant Information:**

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |

**Part III – Employment Information**

**Applicant (Household Head)**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**Co-Applicant**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**ALL OTHER MEMBERS OF HOUSEHOLD WHOM ARE WORKING**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**Part IV – Estimated Gross Monthly Income**

|                      | Applicant | Applicant | Other Household Member | Other Household Member | Total |
|----------------------|-----------|-----------|------------------------|------------------------|-------|
| Base Employment      |           |           |                        |                        |       |
| Overtime             |           |           |                        |                        |       |
| Part-Time Employment |           |           |                        |                        |       |
| Social Security      |           |           |                        |                        |       |
| Pension              |           |           |                        |                        |       |
| Dividends / Interest |           |           |                        |                        |       |
| Spousal Support      |           |           |                        |                        |       |
| Net Rental Income    |           |           |                        |                        |       |
| Other                |           |           |                        |                        |       |
| <b>MONTHLY TOTAL</b> |           |           |                        |                        |       |

**NOTE: ALL HOUSEHOLD INCOME MUST BE REPORTED FOR ALL OCCUPANTS**

**Part V – Housing Information**

Homeowner's Insurance Company \_\_\_\_\_

Name of Local Insurance Agent \_\_\_\_\_

Address of Local Agent \_\_\_\_\_

Policy Number \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

What is the amount of your mortgage \_\_\_\_\_ and how much do you still owe on the mortgage \_\_\_\_\_?

Please attach a copy of a statement or invoice that reflects the premium amount you pay for homeowner's insurance.

Do you (or does anyone in your household) own any real estate other than your primary home? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list addresses of other property owned.

\_\_\_\_\_ \$ \_\_\_\_\_  
Address Market Value

\_\_\_\_\_ \$ \_\_\_\_\_  
Address Market Value

**Part VI – Financial Information**

**Attach last 3 months' statements for the following:**

|  |                       |
|--|-----------------------|
| Checking Accounts                      | Balance \$ _____      |
| Savings Accounts                       | Balance \$ _____      |
| Certificate of Deposit, Bonds, etc.    | Balance \$ _____      |
| 401K, Annuity or other Retirement Fund | Balance \$ _____      |
|  | Total Assets \$ _____ |

**Part VII – Additional Questions**

**Please circle the appropriate response and provide all requested information:**

Does any applicant own any property that has been cited for being in violation of the rules or regulations of the:

|  |     |    |
|--|-----|----|
| Miami County or City of Piqua/Troy Planning and Zoning Department? | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Miami County or City of Piqua Health District? | YES | NO |
|--|-----|----|

|                       |     |    |
|-----------------------|-----|----|
| Miami County Auditor? | YES | NO |
|-----------------------|-----|----|

|  |     |    |
|--|-----|----|
| Are there any unsatisfied judgments against any applicant? | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Is any applicant a borrower or co-signer on any Promissory Note other than the primary mortgage on the subject property? | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| In the last five years, has any applicant declared bankruptcy? | YES | NO |
|--|-----|----|

If yes, give identifying information and information as to the type and status of any such bankruptcy action:

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Has the applicant been served with a Notice of Foreclosure, or notice of any other legal action against the subject property?            YES            NO

If yes, give identifying information and information as to the type and status of any such action:

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Are you behind on your mortgage?            YES            NO

If so, how many months are you behind? \_\_\_\_\_

Are you obligated to pay spousal support?            YES            NO

If so, are you behind on payments?            YES            NO

Have you received in previous CHIP Funding?            YES            NO

If so, what year did you receive funding? \_\_\_\_\_

If you answered **YES** to any of the above questions, **please, explain using additional pages as may be necessary.**

If you answered **YES** to any of the above questions Miami County Department of Development or the City of Piqua/City of Troy has the authority to decline to funds.

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**Part VIII – Needed Repairs to Home**

Please check all that apply

|                          |                         |                          |                        |
|--------------------------|-------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Plumbing – Water Heater | <input type="checkbox"/> | Electrical             |
| <input type="checkbox"/> | Heating                 | <input type="checkbox"/> | Roof                   |
| <input type="checkbox"/> | Insulation              | <input type="checkbox"/> | Foundation             |
| <input type="checkbox"/> | Plumbing System Tap-ins | <input type="checkbox"/> | Handicap Accessibility |

Please describe why the repair(s) need to be completed:

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**Note: The following repairs are generally NOT eligible for this program, unless they are a part of or necessary to facilitate more extensive repairs.**

- Installation of storm windows and storm doors
- Bedroom additions (unless there is overcrowding)
- Mobile Home repairs are limited to plumbing system Tap-Ins and/or well and septic system repairs

Is there an emergency health and / or safety issue that needs addressed?

YES NO

If yes, please explain below:

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- ❖ Note: CHIP Program funds cannot be used for the payment of a Miami County or City of Piqua water or sewer assessment.



**Part X – Certification of Applicant(s)**

**Please read the following statement below. If you do not understand any part of it or have any questions about what you are being asked to sign, please ask someone from the Miami County Department of Development or the City of Piqua Development Program Manager to help you. Each applicant must sign below. Note: If any information on this application is found to be false or incomplete, such findings may be grounds for denial to the requested assistance.**

I (we) certify that all information in this application is true and complete to the best of my (our) knowledge and belief. I (we) understand this information is subject to verification.

I (we) further certify that I (we) own the property identified in this application as my (our) principal residence and that any and all funds provided to me (us) will be used only for the labor and materials necessary to accomplish the work that will be described in the construction contract.

I (we) authorize the Miami County Department of Development or the City of Piqua Development Department, or its representatives or designees, and representatives or designees of the Office of Community Development (OCD) and the United States Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me (us). I (we) understand that any and all information provided in this application may be used for that purpose.

I (we) understand that the personal financial information contained in this application is necessary for evaluation of my (our) application for assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I (we) further understand that my (our) name, address, and total amount of assistance will be subject to public disclosure since public funds are being utilized to assist in the improvement of my (our) property.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against borrowers / grantees on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, and age (provided the borrower / grantee has the capacity to enter into a binding contract), because all or a part of the borrower's / grantee's income derives from any public assistance program, or because the borrower / grantee has in good faith exercised any right under the Consumer Credit Protection Act.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
Miami County Representative or City of Piqua/Troy Representative

\_\_\_\_\_  
Date

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: \_\_\_\_\_

S.S.# (Last four digits): \_\_\_\_\_

Date: \_\_\_\_\_

Document **YES** answers with third party verification.

| INCOME   |   |                |                           |
|--|---|----------------|---------------------------|
| Income Sources   | I have or receive the following:<br>(Check YES or NO)                                 | Monthly Amount | Notes                     |
| Job 1  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Job 2  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Self Employment  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| <i>Includes digital income sources such as and others:<br/>App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy);<br/>Video-based platforms (e.g. Youtube Influencer)</i> |   |                |                           |
| Social Security  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Supplemental Security Income (SSI)   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Pension / Veteran's Administration   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| TANF/ AFDC   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Unemployment Benefits  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Workers' Compensation  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Educational Financial Assistance   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Other: _____   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| <b>Do you receive regular or periodic payments from:</b>   |   | <b>Amount</b>  | <b>Frequency</b>          |
| Persons not Living in the Unit?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Holder/Provider: _____   |   | _____          | _____                     |
| Trust, Annuity or Other Claims?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Holder/Provider: _____   |   | _____          | _____                     |
| Peer-to-Peer Payment Systems?<br><i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>   | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Holder/Provider: _____   |   | _____          | _____                     |
| Do you currently receive Assistance with your housing payment?<br><i>If yes; Agency Name? _____</i>  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |
| Do you <b>HAVE</b> a court-order (or agreement) for child support or alimony?<br><i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>                          | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | Ordered Amount:<br>_____  |
| Are you currently receiving child support or alimony?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | Amount Received:<br>_____ |
| Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?<br>List State _____ and County _____ where granted.                              | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | _____          | _____                     |
| Are you a student (either full or part-time) enrolled in an institution of higher learning?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | _____          | _____                     |

## ASSET SOURCES

|   |                         |          |                 |          |
|---|-------------------------|----------|-----------------|----------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?  | 6 Month<br>Avg. Balance | \$ _____ | Interest Rate   | _____    |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?   | Balance                 | \$ _____ | Interest Rate   | _____    |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?  | Cash Value              | \$ _____ | Interest Rate   | _____    |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card?<br><i>(or any card where benefits or pay are deposited)</i>   | Balance                 | \$ _____ |                 |          |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?  | Amount                  | \$ _____ |                 |          |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)   | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)  | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?  | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?  | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?  | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?  | Cash Value              | \$ _____ | Annual Earnings | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box?   |                         | _____    | Cash Value      | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*  |                         |          | Cash Value      | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments?<br><i>(Market Value less unpaid balance and selling costs = Cash Value)</i> |                         |          | Cash Value      | \$ _____ |

Current Status/Intention:  Keeping  Selling  Renting  Being Foreclosed  Giving Away

Notes: \_\_\_\_\_

YES  NO  Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)  
 When? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

YES  NO  Do you have Whole Life Insurance or Universal Life Insurance policies?  
 Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

YES  NO  Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?  
 If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

YES  NO  Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?  
 If yes, please provide:

|             |                 |                   |                     |
|-------------|-----------------|-------------------|---------------------|
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |

YES  NO  Other: \_\_\_\_\_

**Total of Net Family Assets** \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

**The information provided on this form will be used to determine maximum income eligibility.**

|                             |      |              |
|-----------------------------|------|--------------|
| Applicant/Tenant Signature  | Date | Printed Name |
| Owner/Owner Agent Signature | Date | Printed Name |

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*