

**Community Housing Impact and Preservation (CHIP)
EMERGENCY HOUSING ASSISTANCE APPLICATION**

(Please be sure to answer ALL questions and provide dollar amounts.)

PRIMARY APPLICANT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

ADDRESS FOR ASSISTANCE: _____

HOUSEHOLD MEMBERS *(All persons currently living in the home including children under age 18.)*

	Primary Applicant	Household Member # 1	Household Member # 2	Household Member # 3	Household Member # 4	Household Member #5
Social Sec. Number						
Last Name						
First Name						
Relationship to Applicant						
Date of Birth						
Male or Female						
Disabled (yes or no)						
Race (Black/African, Asian, Nat.Hawaiian/Pacific Islander, Amer.Indian/Alasaka, White, Other)						
Ethnicity Hispanic/Latin or not						
Level of Education						
Veteran (yes or no)						
Health Insurance (yes or no)						
Type(s) of income						

INCOME SOURCES – *(Proof of income must be provided with copies of last 90 days pay stubs. Include all benefit letters from SS, child support, pension, unemployment, alimony, etc. for all household members age 18 and over).*

Primary Applicant		Household Member #1	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$
Household Member #2		Household Member #3	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$
Household Member #4		Household Member #5	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date: / /	Monthly Salary \$	Employment Start Date: / /	Monthly Salary \$

OTHER INCOME SOURCES- Be sure to answer **ALL** questions and dollar amounts:

- Do you receive ADC, OWF, TANF or other public/cash assistance?** YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____
- Do you receive Unemployment Benefits?** YES ___ NO ___
 If yes, what is your weekly amount \$ _____ Annual Amount \$ _____
- Do you receive Social Security?** YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____
- Do you receive a Pension?** YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____
- Do you receive Child Support?** YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____
- Do you receive Alimony?** YES ___ NO ___
 If yes, what is the monthly amount \$ _____ Annual Amount \$ _____
- Do you receive any other income not listed above?** YES ___ NO ___
 If yes, Please explain the type of income along with the monthly and annual amounts:

ASSETS/INTEREST INCOME (List ALL Accounts/Assets for all household members age 18 and over)

Type of Account	Bank/ Institution	Amount	Household member
Checking 1			
Checking 2			
Checking 3			
Savings 1			
Savings 2			
Savings 3			
Certificate of Deposit			
Cash Value of a Life Insurance (amt you may withdraw)			
IRA			
Money Market			
Retirement			
Other			

DO YOU OWN OTHER REAL ESTATE? Yes ___ No ___

If so, please give the address of the property _____

Do you have a mortgage on the property? Yes ___ No ___ (attach a copy of your mortgage statement)

MONTHLY HOUSEHOLD EXPENSES (Attach a copy of one month's utility bills)

TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO	TYPE	Y E S	N O	MONTHLY AMOUNT	PAID TO
Rent/Mortgage					Electric				
Insurance					Water/Sewer				
Property Taxes					Trash Removal				
Gas									

ADDITIONAL HOUSEHOLD INFORMATION (* Please provide proof of documentation.)

- a) How many dependents are in the home (Under 18)? _____
- b) Full Time Students _____ *
- c) Head of Household or Spouse with disabilities _____ *
- d) Do you have unreimbursed medical expenses? _____
If so, how much within the last 6 months? _____ *
- e) Do you pay child care on a regular basis? _____
If so, how much per month? _____ *

Are you or any other household member(s) related to an employee, agent, consultant, officer, elected official, or an appointed official of the city/ county in which you are applying for assistance? YES _____ NO _____

If yes, please give their name, title, and employer _____
Pursuant to 24 CFR 570.489 (h)

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I hereby give Lorain County/GLCAP permission to verify all information contained in this application.

Date

Applicant

Date

Co-Applicant

Return application to:

Lorain County Community Development
226 Middle Avenue, 5th Floor
Elyria, OH 44035

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.