

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY
LEAD SAFE OHIO PROGRAM
PROGRAM APPLICATION**

Purpose

The purpose of the Lead Safe Ohio 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 reside in the home as the primary residence
- 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 or demonstrate housing insecurity per ODOD.
- 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
Income Limit	\$49,850	\$57,000	\$64,100	\$71,200	\$76,900	\$82,600	\$88,300	\$94,000

(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.).
- **Mortgage Statement** – A copy of current statement.

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 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
Lead Safe Ohio Program
c/o City of Piqua Development Department
201 W. Water St.
Piqua, OH 45356**

**If you have questions please call
City of Piqua Department of Development at
937-778-2003**

As with all federally funded programs and any conventional bank home repair loan program, the County's Lead Safe Ohio 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
LEAD SAFE OHIO PROGRAM**

Part I – General Information

Applicant (Household Head)

Co-Applicant

Full Name _____

Address _____

City, State, Zip _____

Home/Cell Phone #'s _____

Date of Birth _____

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					
MONTHLY TOTAL					

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:

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:

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.

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:

Is there an emergency health and / or safety issue that needs addressed?
YES NO

If yes, please explain below:

❖ Note: Lead Safe Ohio 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 or rent 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 of 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: (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: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); 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"/>	_____	_____
Do you receive regular or periodic payments from:		Amount	Frequency
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? <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? <i>If yes; Agency Name? _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you HAVE a court-order (or agreement) for child support or alimony? <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: _____
Are you currently receiving child support or alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? 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 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? <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? <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.