

**CITY OF GENEVA  
COMMUNITY HOUSING IMPROVEMENT PROGRAMS  
(FY 2013 CHIP)**

**PROGRAM SUMMARY  
*COMMUNITY DEVELOPMENT BULLETIN #1***

Thank you for your interest in the City of Geneva Community Housing Improvement Program (CHIP). The following will briefly describe the programs available and the requirements for participation. In order to qualify you must live within the City-limits and your gross monthly household income must be 80% of median income or below (see page 5). The programs offered include: 1. Home Repair; 2. Owner-Occupied Rehabilitation; 3. Down payment Assistance/Rehab; 4. Rental Rehabilitation and 5. Emergency Monthly Housing. An application is attached for those interested in applying. Please indicate the assistance you are applying for. All programs are available city-wide; however, \$100,000 has been targeted to Census Tract 0008000, housing East of Broadway.

**1. HOME REPAIR PROGRAM**

The intent of the Home Repair Program is to assist homeowners that lack the resources to address a housing problem that poses an immediate threat to the health and safety of the occupant. The City will use OCD Residential Rehabilitation Standards to prioritize work. No general property improvements will be undertaken. The Home Repair Program will assist only eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety. This can also include handicapped accessibility and tap-ins. The City of Geneva anticipates assisting at least **ten (10)** homeowners under this program. Key features include:

Minimum level of assistance: \$250.00

Maximum level of assistance: \$8,000.00  
(\$5,000 when paint will be disturbed as part of the project)

Eligible Properties: Single-family, owner-occupied units in the City of Geneva.

Financing Mechanism: Grant

Properties assisted with home repairs remain eligible for rehabilitation assistance from the City's Owner's Occupied Rehabilitation Program. However, if approved for the private rehabilitation program,



the funds previously allocated for the Home Repair will be transferred to the private rehabilitation program and included in the rehabilitation loan. The maximum level of assistance will be reduced by the amount previously allocated. The assisted property will maintain its initial score in priority ranking.

## 2. OWNER-OCUPIED PRIVATE REHABILITATION PROGRAM

The purpose of the Private Rehabilitation Program is to provide no interest, partially forgivable loans to qualified homeowners for the purpose of correcting basic building code violations and health and safety issues including lead based paint hazards. No monthly payments will be required for this loan. Only single-family, owner occupied housing units within the City are eligible. The City anticipates providing approximately **five (5)** no interest, partially forgivable loans to assist homeowners in the rehabilitation of their homes. The City's Rehab Inspector will contact you to evaluate your home as part of the application process. Upon final ranking of applications, homeowners will be selected for assistance.

The assistance will be in the form of a 5 year deferred loan forgiven 17% per year with 15% remaining due upon transfer of the property. The loan will be secured by a mortgage and promissory note with a declining repayment agreement. The amount of the financial assistance for each house will vary depending on needed improvements; however, the average amount of assistance per unit is expected to be \$34,200.00. In no instance will the amount of assistance exceed the following limits.

Minimum Assistance: \$1,000.00

Maximum level of assistance: \$30,000.00

Maximum level of assistance with lead based paint hazards present: \$35,000.00

A walk-away policy has been established by the City. Should your home be considered a walk-away, you will be notified.

Work on all homes must be competitively bid. The City expects work on the selected homes to begin in the spring of 2014.



### 3. DOWNPAYMENT ASSISTANCE/REHAB PROGRAM

Key features include:

Minimum Downpayment Assistance: \$1,000.00

Maximum Downpayment Assistance: 10% of the purchase price with a maximum of \$6,000.00.

Minimum Rehabilitation Assistance: \$1,000.00

Maximum Rehabilitation Assistance: \$29,000.00

Maximum assistance inclusive of Down payment and Rehabilitation Work: \$30,000.00  
(The total of both elements may not exceed the maximum of \$30,000.00)

Eligible properties: Single-family homes in the Geneva corporate limits.

The intent of the DPA Program is to provide gap financing for down payment assistance to potential homeowners lacking sufficient funds to purchase a home. The program operates on a first-come, first-serve basis. The City hopes to assist **one (1)** family within the next two years. The Program can provide 10% of the purchase price with a maximum of \$6,000.00 per home. Homebuyers selected for assistance will be required to attend a series of Homebuyer counseling sessions which will be paid for by the program. All homes will be inspected prior to closing.

All assisted homes must meet local building codes and the State of Ohio Residential Rehabilitation Standards within six months of occupancy. To address these requirements, a rehabilitation element is included which allows up to \$29,000 to address code violations. The combination of down payment assistance and rehabilitation assistance may not exceed \$30,000.00.

Applicants receiving loans for Down payment assistance will also receive a loan for rehabilitation. Each loan will be in the form of a 5-year deferred, partially forgivable loan; i.e., for every year of occupancy 17% of the principal loan balance of each loan is forgiven until the end of the 5<sup>th</sup> year at which time 15% remains due and payable upon transfer of the property. The loan for the down payment assistance will be executed prior to the closing of the purchase. The loan for the rehabilitation will be executed at the time a contract for rehabilitation has been awarded. Work on all homes must be competitively bid.

A walk-away policy has been established by the City. Should the home you are purchasing be considered a walk-away (not able to be brought up to code within the funding available), you will be notified.



## 4. RENTAL REHABILITATION PROGRAM

The purpose of the rental rehabilitation program is to correct basic building code violations and health and safety issues including lead based paint hazards for qualified tenants in the City of Geneva. The City of Geneva will implement a client-based renter occupied housing rehabilitation program, making available 0% partially forgivable loans to landlords for rental rehabilitation assistance to qualified tenants. All of the Tenants must have total household incomes at or below 80% of median income to qualify the home. The City's Rehab Inspector will contact you to evaluate the unit as part of the application process. Upon final ranking of applications, rental units in the City of Geneva will be selected for assistance. The City anticipates providing **one (1)** rental rehabilitation loan under this program.

Landlords wishing to participate will be required to pay 25% of the rehabilitation costs (estimated to be \$7,500.00 per unit if no lead based paint). Those units selected will receive assistance (75% of the rehabilitation cost) in the form of a ten (10) year, zero percent interest, non-amortized loan. This loan is secured by a Mortgage against the property and recorded. At any time during the ten-year period the housing unit is sold or the landlord fails to make an effort to rent to a low-moderate income tenant, the full principal amount must be paid back to the City unless and except in the case of a sale, the buyer of the property agrees to assume the terms and conditions of the loan and execute a promissory note and mortgage to that affect. After the ten-year period, 95% of the deferred loan will be forgiven. The City upon sale or transfer of the housing unit will recapture the remaining 5% of the loan as program income.

The amount of the financial assistance for each house will vary depending on needed improvements; however, the average amount of rehabilitation per unit is expected to be \$26,500.00. In no instance will the amount of assistance exceed the following limits:

Minimum Assistance: **\$1,000.00**

Maximum level of assistance: **\$22,500.00** (75% of maximum rehab of \$30,000.00)

Maximum level of assistance with lead based paint hazards present: **\$26,250.00**  
(75% of max with lead of \$35,000.00)

A walk-away policy has been established by the City. Should your home be considered a walk-away, you will be notified.

Work on all homes must be competitively bid. The City expects work on the selected homes to begin in the spring of 2014.



## 5. EMERGENCY MONTHLY HOUSING PROGRAM

The purpose of this activity is to prevent a household's inability to pay housing related costs from becoming a crisis, foreclosure or utility disconnection. The activity is designed to assist low-income homeowners/renters in the City of Geneva. Through this activity the City may provide limited financial assistance on behalf of eligible households, in the form of a grant over a period of up to three (3) consecutive months to providers of such items or services as mortgage payments (to prevent foreclosure) and utility payments (to prevent utility shut-offs), rent payments and delinquent property taxes. The maximum assistance for the three month period will be \$1,500.00. The minimum assistance is \$250.00. The City anticipates assisting **six (6)** households.

### Household Income Limits by Family Size FOR ALL APPLICANTS

Family Size (Persons)	Low Income (80% of MI)
1	\$29,700
2	\$33,950
3	\$38,200
4	\$42,400
5	\$45,800
6	\$49,200
7	\$52,600
8	\$56,000

Source: HUD FY 2013

**All Owner-Occupied and Rental Rehabilitation applications must be completed in full with all requested documentation and returned to the City Manager's Office, City Hall, by 4:00 p.m., December 15, 2013 to be considered for the program. The order of receipt of applications will be considered as a final factor when all other factors are equal.**

**The Homebuyer Assistance, Home Repair and Emergency Monthly Housing Program Applications must be completed in full with all requested documentation and will be considered on a first come first serve basis.**

Questions regarding the program should be directed to the attention of Mrs. Phyllis A. Dunlap at (440) 530-2230.



## FREQUENTLY ASKED QUESTIONS

Q. How do I apply?

A. You must complete an official application form available from:

City of Geneva  
44 North Forest Street  
Geneva, Ohio 44041

And return to : CT Consultants, Inc.  
8150 Sterling Court  
Mentor, Ohio 44060  
Attn: Phyllis Dunlap

If you are unable to come to this office, arrangements can be made for home visitation by called (440) 530-2230. These arrangements are for handicapped or elderly persons only.

Q. How much money can I get to fix up my home?

A. The amount of the deferred loan depends on the extent of work required to bring your property in conformance with the Community Housing Code or OHCP Residential Rehabilitation Standards. However, the deferred loan will not exceed an as-bid price of \$30,000 per unit without addressing Lead Based Paint hazards and \$35,000 per unit if addressing Lead Based Paint hazards for private homeowner rehabilitation and private rental rehabilitation. Any expenditure in excess of these amounts must be justified and approved by the Community, or paid by the owner.

Q. Does it cost me anything to submit an application or have my home inspected?

A. NO! There are absolutely no charges for this program and your participation is voluntary.

B. The City reserves the right to “Walk Away” from a housing unit that poses undue threat to health or safety of the inspector or contractor at any time. **Housing units that violate the following will not be assisted.** Conditions which may constitute undue threat include, but are not limited to the following:

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- The presence of animal feces in any area of the dwelling unit.
- Excessive garbage build up in and around the dwelling.
- Negligent housekeeping practices that limit access or create an unwholesome working environment.
- A threat of violence.
- The presence and/or use of any controlled substances before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Occupants allowing only limited access to the dwelling.

Q. What happens after I submit my application?

A. Community Development personnel will review your application and determine if you are eligible for a loan or grant. You will then be notified in writing of your eligibility and if you decide to participate, arrangements will be made to have your home inspected for code violations and rehabilitation standards.



- Q. Are there restrictions on how the money is used or the improvements that are to be made?  
A. YES! According to the program guidelines, the money can be spent to correct Code Violations Only, and to meet rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

GENERALLY ELIGIBLE

Roofs  
Gutters  
Windows  
Doors  
Furnaces  
Hot Water Tanks  
Structure Deficiencies (Porches, Floors)  
Walk Stairs  
Plumbing  
Electrical including new 100 AMP Service

GENERALLY INELIGIBLE

Air Conditioning  
Detached Garages  
Room Additions  
General Property Improvements  
Cosmetic Items (carpeting, wallpaper)

Only work approved by this department may be performed, and must be completed within a 75-day period.

All work must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.



# CITY OF GENEVA

44 North Forest Street  
Geneva, Ohio 44041  
**FY 2013 CHIP**

## COMMUNITY HOUSING IMPROVEMENT PROGRAM APPLICATION CHECKLIST PLEASE RETURN THESE ITEMS WITH YOUR APPLICATION

Complete

Not Applicable

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All persons living in the household must be included in the application.   |
| <input type="checkbox"/> | <input type="checkbox"/> | All persons in the household receiving income must be indicated on the application.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can <b>also</b> submit a copy of your pay stubs for the past 6 months.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. <b>To obtain your Social Security Monthly Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m.</b> or request it on the internet at <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed - provide complete copies of 3 most current Federal Tax Returns filed;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving unemployment - provide copy of the current Unemployment Benefit Statement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support - provide documentation of child support and/or sign the authorization to verify income. Indicate the County your child support payments are received from.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document showing status as full-time student.) Please indicate if student is employed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed. Please provide signed statement regarding same.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicants must furnish a copy of the property deed prior to receiving assistance. You can obtain a copy of your property deed from the County Recorder's office.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If submitting a downpayment application, submit a copy of the purchase agreement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement.   |

Any questions regarding the completion of the application form should be directed to Phyllis A. Dunlap, CT Consultants (440) 530-2230.

**PLEASE MAIL COMPLETED APPLICATION TO:**

CT CONSULTANTS, INC.  
ATTN: PHYLLIS DUNLAP  
8150 Sterling Court  
Mentor, Ohio 44060

OR

**HAND - DELIVER TO :**

Tammy Shuttleworth  
City of Geneva  
44 North Forest Street  
Geneva, Ohio 44041





**CITY OF GENEVA  
2013 CHIP  
PROGRAM APPLICATION**

- HOMEBUYER ASSISTANCE
- OWNER-OCCUPIED HOUSING REHAB
- HOME REPAIR
- RENTAL REHABILITATION
- EMERGENCY MONTHLY HOUSING

RECEIVED \_\_\_\_\_

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

**I. Personal Data:**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Is spouse deceased? Yes / No    Divorced? Yes / No

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

No. of Dependents: \_\_\_\_ Ages: \_\_\_\_\_ Children under 6? \_\_\_\_ Yes \_\_\_\_ No

No. of Persons living in the home: \_\_\_\_\_ Any person living in Home with EBL? \_\_\_\_ Yes \_\_\_\_ No

Are any of the persons living in this household handicapped or disabled?: Yes \_\_\_\_ No \_\_\_\_ Ages \_\_\_\_\_

Optional: Race or Ethnic Origin: \_\_\_\_\_ Hispanic: \_\_\_\_ Yes \_\_\_\_ No

**II. Employment**

**Applicant #1 Employer:** \_\_\_\_\_

\_\_\_\_\_  
(address) (phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Applicant #2 Employer:** \_\_\_\_\_

\_\_\_\_\_  
(address) (phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Other Employment (name of person employed):** \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pension Provider or other income:** \_\_\_\_\_

\_\_\_\_\_  
(address) (phone number)

(please put any additional income on the reverse):



**III. Gross Income**

		Applicant	Co-Applicant	Other	TOTAL ALL
<b>Base Pay</b>	Hourly				
<b>Hourly Rate</b>					
<b>Pension</b>					
	Amount				
<b>Social Security</b>	Monthly				
<b>Rental Income</b>	Monthly				
<b>Alimony/Child Support</b>	Monthly				
<b>Unemployment</b>	Monthly				
<b>Disability</b>	Monthly				
<b>Other</b>					
<b>Total Monthly Income</b>					

**Assets:**

- Real Estate Owned other than your principal residence:  
 Address \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Address \_\_\_\_\_ Value \$ \_\_\_\_\_
- Other Assets: \_\_\_\_\_ \$ \_\_\_\_\_

**IV. Indebtedness\*\* (OWNER-OCCUPIED REHAB & HOME REPAIR APPLICANTS ONLY)**

Rehab Address: \_\_\_\_\_  
 Mortgager Name: \_\_\_\_\_ Mortgager Address: \_\_\_\_\_  
 Original Mortgage Amount: \$ \_\_\_\_\_  
 Pres. Mortgage Balance: \$ \_\_\_\_\_ (Please provide copy of current statement.)  
**Monthly P&I Payment:** \$ \_\_\_\_\_  
**Property Tax (If not included):** \$ \_\_\_\_\_  
**Utilities: (only what applicant provides)**  
Average Monthly costs:  
 Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_

**IV. Home to be Purchased\*\*\* (DOWNPAYMENT ASSISTANCE\REHAB APPLICANTS ONLY)**

Address of Property: \_\_\_\_\_  
 Is the property currently a rental? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Lender's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Lenders Address: \_\_\_\_\_  
 Realtor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Title Company: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_  
 Monthly P&I Payment: \$ \_\_\_\_\_ Property Tax: \$ \_\_\_\_\_  
 Current Housing Expenses:  
 Monthly Rent: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_



**IV. Indebtedness\*\* (RENTAL REHAB APPLICANTS ONLY)**

Rehab Address: \_\_\_\_\_

Landlord (Property Owner) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant Monthly costs: (only what tenant provides)

Rent: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_ Oil: \$ \_\_\_\_\_  
Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_

**IV. Indebtedness\*\* (EMERGENCY MONTHLY HOUSING APPLICANTS ONLY)**

Home Address: \_\_\_\_\_

Mortgager Name: \_\_\_\_\_ Mortgager Address: \_\_\_\_\_

Original Mortgage Amount: \$ \_\_\_\_\_ In Foreclosure?  yes  no  
Pres. Mortgage Balance: \$ \_\_\_\_\_ Amount to bring Mortgage Current? \$ \_\_\_\_\_  
**Monthly P&I Payment:** \$ \_\_\_\_\_  
**Property Tax:** \$ \_\_\_\_\_ Amount to bring Taxes current? \$ \_\_\_\_\_  
**Utilities: (only what applicant provides)** current?  yes  no  
Amount Delinquent? Please attach documentation.  
Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_

Please indicate the reason for the request and current financial situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copy of Mortgage Statement, Utility Shut-off Notice or other documentation showing the delinquency to be addressed.

**V. Homeowners Insurance – All Applicants**

Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy No. \_\_\_\_\_

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

Agent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(If purchasing a new home, please provide this information as soon as possible.)

**VI. Additional Information – All Applicants:**

Age of Unit: \_\_\_\_\_ years  
No. of Bedrooms: \_\_\_\_\_  
Are all real property taxes paid and current? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any outstanding or delinquent accounts with the City of Geneva? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are all mortgages on your home current? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please provide copies of current statements.)  
In the last seven years, have you declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you had property foreclosed upon? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any outstanding judgments? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you purchasing your home under a land contract: Yes \_\_\_\_\_ No \_\_\_\_\_



Are you currently under citation for a building or zoning code violation? If yes, please explain.

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In general what are the housing rehabilitation needs of the home?

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**Owner-Occupied and Rental Rehabilitation applications are due 4:00 p.m., December 15, 2013 to be considered for the program. The order of receipt of applications will be considered as a final factor when all other factors are equal.**

**The Homebuyer Down payment/Rehab Program and Home Repair Program Applications will be considered on a first come first serve basis by eligible activity.**

### **Certification of Applicant(s)**

**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE BELOW.**

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

I further certify that I am the owner(s) (in the case of owner-occupied rehabilitation and/or home repair application) or the purchaser (in the case of homebuyer assistance application) of the property identified in this application and that any and all funds provided me will be used only for down payment assistance and/or the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize the City of Geneva, through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

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

PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Sec. 1001, provides:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Address: \_\_\_\_\_

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

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

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

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



# COMMUNITY HOUSING IMPROVEMENT PROGRAM

## APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the City of Geneva's Homebuyer Assistance, Owner-Occupied Rehabilitation Program, Rental Rehab Home Repair and/or Emergency Monthly Housing Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the City of Geneva concerning my income, assets, and expenses as reported herein by me.

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Signature

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Date

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Signature

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Date



## **TERMS AND CONDITIONS FOR OWNERS ACCEPTING HOUSING REHABILITATION ASSISTANCE**

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing rehabilitation assistance. These terms and conditions will become a part of your Agreement for a loan/grant which finances the improvements to your house.

### **As Applicant, I (we) agree to:**

1. Inspection. I will allow inspection of the property by the City of Geneva staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on the proposed rehabilitation work.  
  
Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. Competitive Bidding. I will permit the City of Geneva staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by the City of Geneva staff and in accordance with federal, state and local laws.
3. Agreement with Contractor. I agree to enter into a Contract with the lowest and best bidder, normally to the low bidder. I understand that I may reject, in writing the low bidder in favor of the next highest bidder if in my opinion the low bidder does not possess the experience, skill or resources to satisfactorily complete the job, or the ability to proceed in a timely manner, or who has not visited my house, before preparing the bid.
4. Side Agreements. I will refrain from making side agreements with the contractor for work not included in my Agreement with the Contractor, or not included in any written Change Orders approved by the City of Geneva staff until all work under the Contract is satisfactory and closing inspections are completed. The City of Geneva staff assumes no responsibility for the cost or quality of work not covered by the Agreement or approved by Change Orders.
5. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or City of Geneva employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. Maintenance of the Property. I will make every reasonable effort to keep my property in safe, sound and habitable condition following completion of the rehabilitation work.



8. Hazard Insurance. I will obtain hazard (fire, property and liability damage) insurance on the property rehabilitated in an amount based on its value after rehabilitation. Such insurance must be maintained throughout the term of the loan and shall carry an endorsement to the Grantee.
9. Loan Subordination. I agree that the property is not available as a source of collateral for future loans when such loans require subordination of the Grantee's loan. The Grantee may subordinate its loan if, in its judgment, it is in the best interests of both the Grantee and the Owner and approved in writing.
10. Loan Repayment. I agree to execute a Promissory Note, Declining Payment Agreement and Mortgage. The specific terms governing the loan are contained in the Promissory Note, Declining Payment Agreement and the Truth-in-Lending Statement.
11. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phyllis Dunlap, Program Administrator  
City of Geneva

\_\_\_\_\_  
Date



**TERMS AND CONDITIONS FOR OWNERS ACCEPTING  
HOME REPAIR ASSISTANCE**

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

**As Applicant, I (we) agree to:**

1. Inspection. I will allow inspection of the property by the City of Geneva staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.

2. Competitive Estimates. I will permit the City of Geneva staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by the City of Geneva staff and in accordance with federal, state and local laws.

3. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or City of Geneva employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.

6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.

7. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phyllis Dunlap, Program Administrator  
City of Geneva

\_\_\_\_\_  
Date





**FAIR HOUSING INFORMATION**

This will acknowledge that I received fair housing information with my application.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO TAMMY SHUTTLEWORTH AT (440) 466-4675.

