

# PRE-APPLICATION for LUCAS COUNTY CHIP

## (Community Housing Impact & Preservation Program)

This form will be used to determine basic eligibility for participation in the Lucas County Community Housing Impact & Preservation (CHIP) Program in partnership with the City of Oregon and the City of Maumee. Your name may be placed on a waiting list based on the availability of funding. If funding is available, an initial inspection of the property will be performed by the CHIP Housing Inspector. After initial inspection, you will be asked to complete a more detailed application and provide supporting documentation prior to receiving assistance.

[illegible]

Name of Homeowner	Contact Number	Email Address
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City: \_\_\_\_\_, Ohio Zip Code: \_\_\_\_\_

Physical Address of Property to be Assisted (Must be located in Lucas County, this **EXCLUDES** the City of Toledo)

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Approximate Gross Annual Household Income	# of People in Household	Age/Oldest HH Member

Property must be deeded to Homeowner and be Owner-Occupied. Mobile homes are eligible if titled to homeowner and are owner-occupied and current on lot rent; or, with owner also owing the land and property taxed as real estate (Mobile Homes are eligible for Home Repair only).

**NOTE:** Gross household income (total income BEFORE taxes/adjustments) and includes every person living in the home, including unearned income of minors. All income is counted (employment, overtime, unemployment, child support, alimony, Social Security, SSI, disability, pension, VA benefits, other cash assistance, welfare, etc.).

**I am most interested in the following:**

\_\_\_\_\_ Owner-Occupied Private Rehabilitation (POR) \_\_\_\_\_ Owner-Occupied Home Repair (HR)

**List health and safety issues that you feel your home needs:**

\_\_\_\_\_Heating/Air      \_\_\_\_\_Electrical      \_\_\_\_\_Plumbing/Hot Water      \_\_\_\_\_Lead Paint

\_\_\_\_\_Roofing/Gutters      \_\_\_\_\_Accessibility      \_\_\_\_\_Septic System      \_\_\_\_\_Private Well

Any other housing issues (not listed above): \_\_\_\_\_

List ALL Names on Deed to Property that needs assistance: \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

What is the approximate value of your property? \$\_\_\_\_\_

How much do you currently owe on the property? \$ \_\_\_\_\_

Mortgage loan(s) paid current/up to date? \_\_\_\_\_YES \_\_\_\_\_NO

Real estate taxes paid current/up to date? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Homeowner's insurance paid current/up to date? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Do you own any other real estate/properties? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please list address of other properties owned: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the CHIP Program? \_\_\_\_\_

Have you ever received CHIP assistance in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what year did you receive CHIP assistance? \_\_\_\_\_

**(If any of the above do not apply, please mark "N/A")**

*I/we certify that the information provided on this Pre-Application form is true and accurate to the best of my/own knowledge. I/we understand that:*

- 1) This form is not a commitment to provide funding.
- 2) My/our name(s) may be placed on a waiting list if funds are expended by the time I submit my pre-application.
- 3) A more detailed application and supporting documentation is required prior to receiving assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Submitted

**Please return pre-application via mail or email to:**

Kleinfelder

**Brandi Cowell, Program Administrator**

c/o Lucas County CHIP Consultant

5201 Levis Commons Boulevard, Suite 5201, Perrysburg, Ohio 43551

Email: [bcowell@kleinfelder.com](mailto:bcowell@kleinfelder.com)



Additional Questions may be directed to Brandi Cowell, Program Administrator, CHIP Program Consultant toll-free at 1(877) 836-3206; or directly to 1(567) 331-2679 or Keshia Andrek at (567) 200-2777.

You may also send your questions via email to: [bcowell@kleinfelder.com](mailto:bcowell@kleinfelder.com).

**For Office Use Only:**

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

By (Staff Name): \_\_\_\_\_