

CountyCorp
 130 W. Second St.
 Suite 1420
 Dayton Ohio 45402
 (937) 225-6328

Neighborhood Stabilization Program (NSP)/HOME Income Eligibility Application

Fair Housing Statement. It is illegal, pursuant to the Ohio Fair Housing Law, Division (H) of Section 4112.02 of the Revised Code and the Federal Fair Housing law, 42 U.S.C.A. 3601, to refuse to sell, transfer, assign, rent, lease, sublease or finance housing accommodations, refuse to negotiate for the sale or rental of housing accommodations, or otherwise deny or make unavailable housing accommodations because of race, color, religion, sex, familial status as defined in Section 4112.01 of the Revised Code, ancestry, military status as defined in that section, disability as defined in that section, or national origin or to so discriminate in advertising the sale or rental of housing, in the financing of housing, or in the provision of real estate brokerage services. It is also illegal, for profit, to induce or attempt to induce any person to sell or rent any dwelling by representations regarding the entry or respective entry into the neighborhood of a person or persons belonging to one of the protected classes.

Personal Information

Applicant

Full Legal Name

_____ Last Name _____ First Name _____ Middle Name _____

Birthdate

_____ Social Security Number _____ Email Address _____ Phone Number _____

Current Address

Co-Applicant

Full Legal Name

_____ Last Name _____ First Name _____ Middle Name _____

Birthdate

_____ Social Security Number _____ Email Address _____ Phone Number _____

Current Address

Please check the appropriate box

- Single Married Widowed Divorced Seperated
- A member of the household is handicapped.

Please list all persons who will live in the home:

Name	Age	Birthdate	Relationship	SSN

Are you or any adult member of your household a full time student? Yes No
 If so, list the name(s) of persons and their relationship to the applicant.

Employment Information

Please list employment information for ALL household members over 18 years of age.
Applicant:

Current Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often do you receive your pay? _____ Gross Pay Before Deductions _____

If you have been employed for less than 2 years with your current employer, please fill out the information on previous employment.

Previous Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often did you receive your pay? _____ Gross Pay Before Deductions _____

Co-Applicant:

Current Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often do you receive your pay? _____ Gross Pay Before Deductions _____

If you have been employed for less than 2 years with your current employer, please fill out the information on previous employment.

Previous Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often did you receive your pay? _____ Gross Pay Before Deductions _____

Other Household Member (Over 18 years of age):

Current Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often do you receive your pay? _____ Gross Pay Before Deductions _____

(Continued on the next page)

If you have been employed for less than 2 years with your current employer, please fill out the information on previous employment.

Previous Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often did you receive your pay? _____ Gross Pay Before Deductions _____

Other Household Member (Over 18 years of age):

Current Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often do you receive your pay? _____ Gross Pay Before Deductions _____

If you have been employed for less than 2 years with your current employer, please fill out the information on previous employment.

Previous Employer _____ Address _____ Phone _____

Length of Employment _____ Position Title _____ Supervisor/Manager/HR Contact _____

How often did you receive your pay? _____ Gross Pay Before Deductions _____

Other Income

Please list any other income including but not limited to: Social Security, V.A. Benefits, ADC, General Relief TANF, Pensions, Interest Annuity, Child Support, Alimony, Food Stamps, Workers Compensation, etc.

Source and Address or Contact Information _____ Amount _____

Source and Address or Contact Information _____ Amount _____

Source and Address or Contact Information _____ Amount _____

Source and Address or Contact Information _____ Amount _____

If you receive disability income, is it temporary or permanent? _____

Assets

Bank or Financial Institution _____ Savings Acct.# _____ Balance _____ Checking Acct. # _____ Balance _____

Bank or Financial Institution _____ Savings Acct.# _____ Balance _____ Checking Acct. # _____ Balance _____

(Continued on the next page)

Bank or Financial Institution Savings Acct.# Balance Checking Acct. # Balance

Bank or Financial Institution Savings Acct.# Balance Checking Acct. # Balance

Do you have any Stocks, Bonds, Securities or own any real estate or property? _____

Description _____ Market Value _____

Description _____ Market Value _____

Description _____ Market Value _____

The following information is being requested for the sole purpose of monitoring of the Federal Funded Neighborhood Stabilization Program. You are not required to furnish this information, but are encouraged to do so. The law provides that this information, or whether you choose to furnish it, can not be used for decision making purposes.

Applicant	Co-Applicant
<p>I do not wish to furnish this information ____</p> <p>Ethnicity : Hispanic or Latino __yes __no</p> <p>Race:</p> <p>____American Indian or Alaska Native</p> <p>____Asian</p> <p>____Black or African American</p> <p>____Native Hawaiian or Other Pacific Islander</p> <p>____White</p> <p>Gender:</p> <p>____Male</p> <p>____Female</p>	<p>I do not wish to furnish this information ____</p> <p>Ethnicity : Hispanic or Latino __yes __no</p> <p>Race:</p> <p>____American Indian or Alaska Native</p> <p>____Asian</p> <p>____Black or African American</p> <p>____Native Hawaiian or Other Pacific Islander</p> <p>____White</p> <p>Gender:</p> <p>____Male</p> <p>____Female</p>

The information furnished in this questionnaire is believed to be true and complete. Verification of any of the information provided including a credit report is authorized.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

