

CITY OF BRUNSWICK

4095 Center Road

Brunswick, Ohio 44212

FY 2008 Neighborhood Stabilization Program

INSTRUCTIONS NEIGHBORHOOD STABLIZATION PROGRAM APPLICATION

1. All persons who will be living in the household must be included in the applications.
2. All persons who will be living in the household receiving income must be indicated on the application and income verified prior to approval.
3. **Please provide applicable documents as follows:**
 - Purchase Agreement or Offer
 - Pre-qualification Letter from a lender if applicable
 - Copies of any loan documents (good faith estimate, loan application, etc.)
 - Employer's name and address for those persons working;
 - Copies of pay stubs for the past 6 months, if available;
 - Name and address of the pension provider ; copy of benefit statement;
 - Self-employed – copies of 3 most recent Federal Tax Returns filed;
 - Not employed (stay at home parent) submit hand-written statement to that effect;
 - Unemployed – Submit Unemployment Benefit Statement;
 - Full time student - submit proof of enrollment (copy of your schedule, receipt of payment)
Please indicate if you are employed;
 - Social Security, Disability or Pension - provide copy of current year benefits statement
To obtain your Social Security Benefit Statement call 1-800-772-1213.
4. All information requested on the application must be completed. If not applicable, please indicate N/A.
5. All persons in the household who are working or receiving income must sign the application and authorization statement.

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

RETURN APPLICATIONS TO CITY OF BRUNSWICK– COMMUNITY DEVELOPMENT
OR MAIL TO:

CT CONSULTANTS, INC.
ATTN: PHYLLIS DUNLAP
35000 Kaiser Court
Willoughby, Ohio 44094



CITY OF BRUNSWICK

4095 Center Road, Brunswick, Ohio 44212

2008 NSP PROGRAM

HOMEOWNERSHIP APPLICATION

RENTAL REHAB

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. _____

No. of Dependents: _____ Ages: _____ **No. of Persons living in the home:** _____

Household member w/ lead poisoning? ___ Yes ___ No Ages _____

Household member handicapped / disabled:? ___ Yes ___ No Ages _____

Optional: Race or Ethnic Origin: _____ Hispanic: ___ Yes ___ No

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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 (Please provide documentation – see application instructions.)

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

Assets:

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

IV. Home to be Purchased (Please supply as much information as possible.)

Address of Property: _____

Is the property currently a rental? yes ___ no ___ Is the property vacant? ___ yes ___ no

How long has it been vacant? _____ Bank owned? ___ yes ___ no

Seller's Name: _____ Address: _____

Buyer's Lender's Name: _____ Contact Person: _____ Phone No. _____

Buyer's Lenders Address: _____

Realtor's Name: _____ Phone No. _____

Title Company: _____ Contact Person: _____ Phone No. _____

Amount of Down payment being Requested: \$ _____

Purchase Price: \$ _____ Is the purchase price less than appraised value? _____

Monthly Principle & Interest Payment: \$ _____ Property Tax: \$ _____

Current Housing Expenses: (information for reporting purposes only)

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: \$ _____



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

V. Homeowners Insurance – All Applicants (Please provide this information as soon as possible.)

Monthly Premium: \$ _____ Policy No. _____ Phone: _____
Agent Name. _____ Agent Address: _____

VI. Additional Information:

Age of Unit: _____ years

No. of Bedrooms: _____

Do you have any outstanding or delinquent accounts
with the City of Brunswick?

Yes _____ No _____

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 _____

Applications will be considered on a first come first serve basis.

Please attach the following documents when submitting your application:

- 1. A copy of the purchase agreement (including the disclosure statement and lead-based paint disclosure.)**
- 2. Proof of Income (see application instructions);**
- 3. Property Deed if applicable.**



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 purchaser 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 Brunswick, 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:



NEIGHBORHOOD STABLIZATION IMPROVEMENT PROGRAM

APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the City of Brunswick's Homebuyer Assistance Program or Rental Rehabilitation 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 Brunswick concerning my income, assets, and expenses as reported herein by me.

Signature

Date

Signature

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 Brunswick 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 Brunswick 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 Brunswick 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. I also understand that I may have to pay the difference between the lowest bid and the bid I accept if the City of Brunswick staff does not approve the next highest or other than the low bidder.
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 Brunswick staff until all work under the Contract is satisfactory and closing inspections are completed. The City of Brunswick 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 the City of Brunswick 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 A. Dunlap, Program Administrator
City of Brunswick.

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 ROGER A. WESTFALL, DEVELOPMENT DIRECTOR/CHIEF BUILDING OFFICIAL AT (330) 558-6865.

