## PRE-APPLICATION FOR

## VAN WERT COUNTY CHIP

## (COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM)

This form will be used to determine basic eligibility for participation in the *Van Wert County Community Housing Impact & Preservation (CHIP) Program*. 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. After the initial inspection, you will be asked to complete a more detailed application and provide supporting documentation prior to receiving assistance.

Name of Homeowner*	Contact Number
Email Address	Alternate Contact Number
Mailing Address/P.O. Box (if applicable)	City/State/Zip
Physical Address of Property to be Assiste	d (MUST be located in Van Wert County)
\$	
<u>\$</u> Current Gross Annual Household Income** #	of People in Household Age/Oldest HH Member
	Owner-Occupied. Mobile homes are eligible if titled to t; or, with owner also owning the land and property taxed as ly).
	re taxes/adjustments) and includes every person living in the me is counted (Employment, overtime, unemployment, Child on, other cash assistance/welfare, etc.).
I am most interested in the following:	
Owner-Occupied Private Rehabilitatio	n Owner-Occupied Home Repair
List health and safety issues that you feel you	r home needs:
Heating/Air Electrication	el Plumbing/Hot Water
Roofing/Gutters Accessil	pility Lead Paint
Septic System Private	Well Foundation
Any Other Housing Issues:	

(Continued on reverse side)

List Names on Property Deed:		
How long have you lived in your home?		
What is the approximate value of your property? §	j	
How much do you currently owe on the property ( $% \left( 1\right) =\left( 1\right) =\left( 1\right) ^{2}$	all loans)?	
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, list addresses of other properties owned:		
How did you hear about the CHIP Program:		
<ul> <li>I/we certify that the information provided on this I the best of my/our knowledge. I/We also understant.</li> <li>1.) This form is not a commitment to provide an example 2.) My/our name(s) may be placed on a Waiting 3.) A more detailed application and supporting receiving assistance.</li> </ul>	and that: funding. ng List.	
Applicant Signature	Co-Applicant Signature	
Date		



Return form by mail to:

Poggemeyer Design Group, Inc.
CHIP PROGRAMS
1168 North Main Street
Bowling Green, Ohio 43402





OR, HAND-DELIVER FORM TO: VAN WERT AREA ECONOMIC DEVELOPMENT CORP. 145 East Main Street, Van Wert, Ohio 45891