PRE-APPLICATION FOR

AUGLAIZE COUNTY CHIP

(COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM)

This form will be used to determine basic eligibility for participation in the *Auglaize 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 Assisted (Must	be located in Auglaize County)	
\$		
\$ Current Gross Annual Household Income**	# of Persons in Household	
*Property must be deeded to Homeowner and be Owner-Occup Homeowner, Owner-occupied, and current on Lot Rent; or, with real estate (Mobile Homes eligible for Home Repair only).		
**NOTE: Gross Household Income (total income <i>before</i> taxes/ad home, including unearned income of minors. All income is coun Support, Alimony, Social Security, SSI, Disability, Pension, other of	ted (Employment, overtime, unemployment, Child	
I am most interested in the following:		
Owner-Occupied Private Rehabilitation	Owner-Occupied Home Repair	
List health and safety issues that you feel your home r	needs:	
Heating/Air Electrical	Plumbing/Hot Water	
Roofing/Gutters Accessibility	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?	Years	
What is the approximate value of your property? $\underline{\$}$		
How much do you currently owe on the property (a	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:		
(If any of the above do not ap	oply, please mark "N/A")	
How did you hear about the CHIP Program:		
 I/we certify that the information provided on this If the best of my/our knowledge. I/We also understant. 1.) This form is not a commitment to provide If 2.) My/our name(s) may be placed on a Waiting 3.) A more detailed application and supporting receiving assistance. 	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





Questions may be directed to Poggemeyer Design Group, CHIP Program Consultant, toll-free at 1 (877) 836-3206; or locally to the Auglaize County Board of Commissioners at (419) 739-6710.