SUMMIT COUNTY PUBLIC HEALTH
LEAD PAINT HAZARD CONTROL LOAN PROGRAM

Homeowners and/or landlords may apply for assistance through this program if all the following criteria are met:

- The home is built before 1978
- A child under the age of 6 lives in the home OR a child under the age of 6 visits the home for a period of 62 hours per year.
- The household meets the 2017 income guidelines as set forth by HUD listed below (guidelines are subject to change):

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
$36,800	$42,050	$47,300	$52,550	$56,800	$61,000	$65,200	$69,400

If you meet all of the above-captioned criteria, please return the enclosed application, along with all corresponding documentation. Your application will be reviewed and if you are eligible to receive assistance, a lead risk assessor will contact you to schedule a lead risk assessment of your property.

If lead work is conducted on your home, you will execute a mortgage (loan) with the Summit County Public Health District and a lien will be placed on your property. The loan will forgive itself over a period of 5 years. If the home is a rental, the Landlord will be responsible to pay for a portion of the work and he/she must execute this document as well. The Owner is responsible for maintaining property insurance on the home and listing the County as an additional insured, paying property taxes and assessments. All rental properties must be registered as a rental property with the Summit County Fiscal Office.

The average funding per unit will be $10,000. 50% of the funding will be a grant and 50% will be a forgivable/deferred loan over 5 years. The loan will forgive itself in equal portions over the five years. If the owner sells, transfers or does not use the home as their primary residence during the 5 years the unforgiven portion of the loan will become due immediately.

For rental properties the landlord is eligible based on the tenant's income. Rental property owners are eligible for 75% of the cost of the project (not to exceed $12,000). The remaining 25% will be the responsibility of the landlord as well as the remaining portion if the $12,000 of provided funds is met. A forgivable loan up to $5,000 will be executed by the landlord and will forgive itself in equal portions over 5 years. Once the unit is placed out for bid and awarded to a contractor, the landlord must continue with the lead abatement process. The landlord must pay the 25% portion in a check or money order at the time of signing the mortgage documents.

Relocation is a requirement of the program. All occupants of the unit must relocate while lead abatement work is being completed at the unit. It is encouraged that clients stay with friends and family first; if that is not available arrangements will be made. All pets inside and outside must be removed from the property during the lead abatement work. The program does not pay for animals to be boarded. Once the client relocates no one may re-enter the unit until a lead clearance has been achieved. All units are expected to be pest and rodent free. If extermination must occur, it is the cost of the client. It is expected that all occupants of the unit will comply with all the regulations. Failure to comply with all of the regulations may result in the unit not being completed and the file being closed.

Please contact 330.926.5631 or 330.926.5632 with any questions or concerns that you may have.

If you have read and understand the explanation above, please sign and date the corresponding signature lines below and return to 1867 West Market Street, Building C, Akron, Ohio 44313 with your application and documents that prove your eligibility.

_____ _____

Signature of Homeowner/Renter Applicant Date

_____ _____

Signature of Homeowner/Renter Co-Applicant Date

_____ _____

Signature of Landlord Date

County of Summit · The High Point of Ohio

ILENE SHAPIRO
COUNTY EXECUTIVE

SUMMIT COUNTY PUBLIC HEALTH
HUD LEAD-BASED PAINT HAZARD CONTROL LOAN PROGRAM

PLEASE FORWARD ALL APPLICATIONS TO THE FOLLOWING ADDRESS:
Summit County Public Health
1867 West Market Street, Building C, Akron, Ohio 44313
Phone: (330) 926-5600 Fax: (330) 923-6436
Website: https://co.summitoh.net
Website: http://www.schd.org

LEAD HAZARD CONTROL/HEALTHY HOMES LOAN
IF HOME IS A RENTAL, TENANT MUST FILL OUT APPLICATION!

☐ Owner Occupied ☐ Rental

PART 1- APPLICANT INFORMATION:

_____

(First) (Middle) (Last)

Address (include city and zip code): _____

_____

Are you the owner of record for this property? ☐ Yes ☐ No

Landlord Phone Number: _____

Name all persons listed on the deed to this property: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

☐ Female ☐ Male Are you Hispanic/Latino? ☐ Yes ☐ No

Are you (Please check only one of the following): **Required for Federal Funding Purposes**

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Other Multi Racial

☐ Native Hawaiian/Other Pacific Islander ☐ Asian/White ☐ American/Indian/Alaskan Native/White

☐ American Indian/Alaskan Native/Black/African American ☐ Black/African American/White

EQUAL HOUSING LENDER

List ALL sources of employment income for the past two (2) years:

	Name, Address, Phone, and Fax Numbers of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Current		
2017		
2016		

List all other sources of income for the past two (2) years:

	Yes	No	Total Amount Per Month		
			Current	2017	2016
Child Support	☐	☐			
Alimony	☐	☐			
Pension	☐	☐			
Social Security or SSI	☐	☐			
Disability Benefits	☐	☐			
Do you have any other income?	☐	☐	If yes, please attach a separate sheet listing other income		

Payroll stubs, and verification for all of the items that you listed above for the past three (3) months must be attached. Federal Tax Returns- A copy of your signed and dated Federal Tax Returns and a copy of your W-2s for the past two (2) years must be attached. **Your application will not be processed unless you include these items.**

PART 2- CO-APPLICANT INFORMATION:

☐ Check here if there is not a co-applicant and skip to Part 3 of the application.

Name: _____
(First) Middle) (Last)

Address (include city and zip code: _____

_____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Are you the following? ☐ Female ☐ Male Are you Hispanic/Latino? ☐ Yes ☐ No

Are you (Please check only one of the following): **Required for Federal Funding Purposes**

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Other Multi Racial

☐ Native Hawaiian/Other Pacific Islander ☐ Asian/White ☐ American/Indian/Alaskan Native/White

☐ American Indian/Alaskan Native/Black/African American ☐ Black/African American/White

List ALL sources of employment income for the past two (2) years:

	Name, Address, Phone, and Fax Numbers of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Current		
2017		
2016		

List all other sources of income for the past two (2) years:

	Yes	No	Total Amount Per Month		
			Current	2017	2016
Child Support	☐	☐			
Alimony	☐	☐			
Pension	☐	☐			
Social Security or SSI	☐	☐			
Disability Benefits	☐	☐			
Do you have any other income?	☐	☐	If yes, please attach a separate sheet listing other income		

Payroll stubs, and verification for all of the items that you listed above for the past three (3) months must be attached. Federal Tax Returns- A copy of your signed and dated Federal Tax Returns and copies of your W-2s for the past two (2) years must be attached. **Your application will not be processed unless you include these items.**

PART 3- HOUSEHOLD COMPOSITION:

Not including yourself and/or the co-applicant, list every person currently living in the house.

Name	Relationship	Date of Birth	Last 4 digits Social Security

Are there children under the age of six (6) years of age who visit your home more than six (6) hours per week? ☐ Yes ☐ No	
If the answer is yes, please list their names and date of birth below:	
Name	Date of Birth

PART 4- ASSETS:

Excluding IRA Accounts, list all current accounts and the type of account. Do not provide account numbers.

Name of Financial Institution	Checking or Savings Account	Balance

Stocks, Bonds, Certificates of Deposits, Securities, IRA's, Etc.
Withdraws from accounts will be counted as income for the applicant/co-applicant

Description (Name of stock, money market account, government bond, etc)	Approximate Value

Other Real Estate Owned or Co-Owned:
Any rent received will be counted as income for the applicant/co-applicant

Description (Rental Property, vacation home, etc.)	Address	Rent Received

PART 5- DWELLING:

Applicant and Co-Applicant must answer all of the following questions. If something does not apply to you, you may answer N/A (not applicable).

Is your home paid in full? ☐ Yes ☐ No ☐ N/A

Do you have a reverse mortgage? ☐ Yes ☐ No ☐ N/A

List all of the mortgages on the property:

Bank/Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan

***** For the Type of loan, please indicate whether it is: FHA, VA, Conventional, or Land Contract**

Does the monthly mortgage payment include taxes and insurance? ☐ Yes ☐ No ☐ N/A

Do you currently have homeowner insurance? ☐ Yes ☐ No ☐ N/A

Insurance Company Name: _____

Agent Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

*** You must attach a copy of your current Homeowner's Insurance Declaration Page to verify coverage.

Has there been a judgment lien (including, but not limited to, a tax lien and/or a mechanic's lien) at anytime within the past three (3) years? ☐ Yes ☐ No ☐ N/A

If you answered yes, please provide the name of the lien holder and the amount of the lien:

Name of Lien Holder	Amount of Lien

Have you had any repairs within the past three (3) years done to the property exceeding $1,000.00? ☐ Yes ☐ No ☐ N/A

If you answered yes, have the repairs been paid in full? ☐ Yes ☐ No ☐ N/A

Do you use the property for business purposes? ☐ Yes ☐ No ☐ N/A

If yes, please describe the type of business performed on the property? _____

_____

_____

PART 6- CERTIFICATIONS:

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application and that the lead hazard control/healthy homes loan and/or rehabilitation loan will be used only for work, materials, and closing fees necessary to meet the rehabilitation or building code standards and lead hazard control work/healthy homes intervention as applicable, and which are recommended for the property in this application. If Summit county Department of Community and Economic Development/Summit county Public Health (Summit County Staff) determines that the lead hazard control and/or rehabilitation loan cannot be used for the purpose described herein, the Applicant(s) agree(s) that the funds earmarked for this project shall remain with the Summit county Public Health's Lead Hazard control Grant. The Applicant(s) acknowledge(s) and agree(s) that he/she/they has/have no interest, right, or claim with respect to said funds that the Summit County Public Health/Summit County Community and Economic Development shall not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understand(s) that a submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by Summit County staff will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance, and the property maintenance codes.
- He/she/they understand(s) that the main objective of the program is to correct safety and health issues and/or code violations within the home, and that funds will be sued to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of Summit County staff, contractors, or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant's expense.

The Applicant(s) convents and agrees that he/she they will comply with all local, state, and federal laws, including, but not limited to, all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat.252). The Applicant(s) agree(s) not to discriminate upon the basis of race, color, creed, age, sex, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provision both of an in its own right, and also for the propose of its protecting the interests of the community and other parties, public or private, in which favor or for whose benefit these provisions have been provided and shall have the right in the vent of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

GENERAL INFORMATION: The Applicant(s) acknowledge(s) and understand(s) that if qualified based on income, a lead risk assessment must be completed on the unit. The lead risk assessment is completed by staff from the Summit County Department of Community and Economic Development and/or Summit County Public Health Department. Results from the lead risk assessment will be shared with the applicant(s) and will determine what, if any lead assistance may be provided. It is also understood by the Applicant(s) that in order to complete the lead risk assessment, the lead risk assessor will need access to each room of the home (including attic and basement) and must have a clear path to each window. Any animals must be kept outside or off the premises during the lead risk assessment. If it is determined by the lead risk assessor that access is not attainable to each room and window, and/or pets are not contained, the lead risk assessment will be canceled until such time that the lead risk assessor feels that they have appropriate access and that the animals have been contained.

_____

Signature of Applicant Date

_____

Signature of Co-Applicant Date

Part 7- AUTHORIZATION TO RELEASE INFORMATION:

PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH, AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worth customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant(s) give(s) permission to the County of Summit to check his/her/their credit, order a lien search, and/or verify other information used to determine eligibility as outlined and initialed below. He/she/they understand that this information is used to determine if he/she/they qualify for assistance through the Summit County Public Health Lead Hazard Control Program.

PRIVACY ACT NOTICE STATEMENT: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant's eligibility to participate in the Summit County Public Health Lead Hazard Control Program. This information will be used to establish the level of benefit from the Summit County Public Health Lead Hazard Control Program to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigators and to prosecutors.

Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made about items listed below for the applicant, co-applicant, and/or other members of the household age 18 and over.

Alimony or Separation Payments	Full-Time Student Status	Pension and Annuities
Assets (all sources)	Handicap Assistance Expense	Social Security Benefits
Assets on Deposit	Income (all sources)	Tax Returns (Federal, State, Local)
Bank Accounts	Income from Business	Unemployment Benefits
Child Care Expense	Liens	VA Benefits
Child Support Payments	Medical Expenses	Other: (List Below)
Employment		

I authorize and release the County of Summit and/or HUD to obtain information about me and my household that is pertinent to my eligibility for participation in the Summit County Public Health Lead Hazard Control Program and to verify the information that I provided.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. All adult household members will sign this form and cooperate with the owner in this process.

_____ _____

Signature of Applicant Date Signature of Other Adult Member of Household Date

_____ _____

Signature of Co-Applicant Date Signature of Other Adult Member of Household Date

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

ACKNOWLEDGEMENT OF POSSIBLE NEED FOR TEMPORARY RELOCATION

THE OWNER/OCCUPANT, LANDLORD, AND TENANT MUST SIGN AND DATE THIS DOCUMENT

I/We have been informed by the Summit County Public Heath Lead Hazard Control Loan Program, and I/we do understand that as a result of the lead hazard control work being performed, the occupants of the property may be temporarily relocated during this process.

_____ _____

Signature Date

_____ _____

Signature Date

_____ _____

Signature of Landlord Date

_____

Phone Number of Landlord

EQUAL HOUSING LENDER

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

VISITING CHILDREN DOCUMENTATION

THE OWNER/OCCUPANT AND/OR TENANT MUST SIGN AND DATE THIS DOCUMENT

I, _____, do hereby affirm that the following child(ren) under the age of six (6) years of age, visit my residence located at:

_____

_____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Sunday: _____ hours

Monday: _____ hours

Tuesday: _____ hours

Wednesday: _____ hours

Thursday: _____ hours

Friday: _____ hours

Saturday: _____ hours

Total hours per week: _____

The above identified child(ren) visit for a minimum of _____ weeks per year.

I certify that all information in support of this document is true and complete to the best of knowledge and belief. Verification may be obtained from any source herein.

_____ _____

Signature Date

****** NOTE: BIRTH CERTIFICATES MUST ACCOMPANY THIS FORM.**

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM
COMPLIANCE WITH STIPULATIONS

OWNER/OCCUPANT AND/OR TENANT

I, _____, do hereby agree to the following stipulations as a result of receiving the Summit County Public Health Lead Hazard Control Loan Program for lead hazard control work performed on the property located at:

_____
_____.

STIPULATIONS:

1. The assisted unit must be the principal residence of the family.
2. The property tax on the unit assisted must be either paid up-to-date or be in arrears no more than one (1) year. If in arrears more than one (1) year, arrangements must be made with the County's Fiscal Office for a tax payment schedule.
3. The owner-occupant will have to comply with the lead hazard control strategy.

LANDLORD

I, _____, do hereby agree to the following stipulation as a result of receiving the Summit County Public Health Lead Hazard Control Loan Program for the lead hazard control work performed on the property located at:

_____
_____.

STIPULATIONS:

1. The landlord must not raise the rent on the above-described property by a substantial amount for a period of three (3) years. This three (3) year period will not begin until the hazard control process has been completed and accepted.
2. If the occupied unit(s) should become vacant during the three (3) year period, the landlord must give priority/preference (document a good faith effort) in renting these unit(s) that are assisted, to families at or below the 80% level of the median income (low and very-low income families). This priority would be for a period of not less than three (3) years following completion of the lead hazard control activities.
3. A landlord must not terminate the tenancy of a tenant of rental housing assisted with the Summit County Public Health Lead Hazard Control Loan Program except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State or local law; or for other good cause.
4. The property taxes on the unit(s) assisted must be paid in full or an arrangement must be made with the County Tax Department. A copy of the arrangement must be presented to the Summit County Public Health Lead Hazard Control Loan Program.
5. The landlord will have to comply with the lead hazard control strategy.

_____ _____
Signature of Owner/Occupant And/Or Tenant Date

_____ _____
Signature of Landlord Date

EQUAL HOUSING LENDER

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

THE OWNER/OCCUPANT, LANDLORD, AND TENANT MUST SIGN AND DATE THIS DOCUMENT

AUTHORIZATION TO OBTAIN VERIFCATION OF INFORMATION AND AUTHORIZATION TO SHARE INFORMATIN WITH WORKING PARTNERS

I/We authorize the Summit County Public Health Lead Hazard Control Loan Program to obtain any verification of information that is necessary to process my application for the Summit County Public Health Lead Hazard Control Loan Program; and to share information that is necessary for the operation of the Summit County Public Health Lead Hazard Control Loan Program with our working partners.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Co-Applicant	Date
_____	_____
Signature of Landlord	Date

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

PERMISSION TO PERFORM A PAINT INSPECTION/RISK ASSESSMENT

THE OWNER/OCCUPANT AND/OR LANDLORD MUST SIGN AND DATE THIS DOCUMENT

Case No. _____

I, _____, hereby authorize the Summit County Public Health Lead Hazard Control Loan Program to perform a Paint Inspection/Risk Assessment at the following address:

_____

_____

_____ _____

Signature of Owner/Occupant Date

_____ _____

Signature of Landlord Date

EQUAL HOUSING LENDER

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

ACKNOWLEDGEMENT OF NON-GUARANTEE OF FUNDING

THE OWNER/OCCUPANT, LANDLORD, AND/OR TENANT MUST SIGN AND DATE THIS DOCUMENT

Case No. _____

I/We have been informed by the Summit County Public Health Lead Hazard Control Loan Program of the following:

Going through the application process does not guarantee that I/we are eligible for funding from the Summit County Public Health Lead Hazard Control Loan Program.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Co-Applicant Date

_____ _____
Signature of Landlord Date

_____ _____
Signature Date

EQUAL HOUSING LENDER

SUMMIT COUNTY PUBLIC HEALTH

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Child's Name _____

Date of Birth _____

Address _____

City, State Zip _____

Phone Number _____

Parent/Guardian_____

Summit County Public Health will keep your record in their medical files and will keep your record confidential. We must have your permission to give other people or agencies information from your record. Except as otherwise required by law and subject to our professional judgement, you may choose what information the health department can share and who can get the information. **Upon written request,** you have the right to withdraw your consent at any time.

I allow Summit County Public Health to exchange information from my medical records so that I (my family member) can get the care I (they) need. During the next year, I give Summit County Public Health permission to exchange information with the following agencies:

AKRON CHILDREN'S HOSPITAL
AKRON CHILDREN'S HOSPITAL PEDIATRICS
BEACON JOURNAL CHARITY FUND
BLICK CLINIC
BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (ODH)

CHILD GUIDANCE CENTER
COUNTY OF SUMMIT DEVELOPMENTAL DISABILITIES
HELP ME GROW

OHIO DEPARTMENT OF HEALTH (ODH)
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OHIO REHABILITATION SERVICES COMMISSION

PUBLIC HEALTH DEPARTMENT
SOCIAL SECURITY ADMINISTRATION
SUMMIT COUNTY CHILDREN SERVICES
UNITED DISABILTY SERVICE
WIC
OTHER _____

EQUAL HOUSING LENDER

Managing Physician _____Address _____

Primary Care Physician _____ Address_____

Hospital _____Address _____

School _____

Insurance Provider _____

I understand that by signing this consent, I give Summit County Public Health permission to release or obtain any medical information needed for treatment, diagnosis or payment purposes to the above listed agencies. I agree that a copy of this form may be used instead of the original.

This form has been fully explained to me, and I understand its contents.

Self/Parent/Guardian Signature _____

Date _____

Witness_____

Date _____

EQUAL HOUSING LENDER

Summit County Public Health
1867 West Market Street
Akron, Ohio 44313

Notice of Privacy Practices Acknowledgement Cover Sheet

I, _____, agree that I have received the Notice of Privacy Practices.

_____ _____
Client or Client Guardian Signature Date

EQUAL HOUSING LENDER

County of Summit · The High Point of Ohio

ILENE SHAPIRO
COUNTY EXECUTIVE

SUMMIT COUNTY PUBLIC HEALTH

SUMMIT COUNTY PUBLIC HEALTH- LEAD HAZARD CONTROL LOAN PROGRAM

PLEASE RETURN APPLICATIONS TO THE FOLLOWING ADDRESS:
Summit County Public Health
1867 W Market St. Building C, Akron Ohio 44313
Phone: (330) 926-5600 Fax: (330) 923-6436
Website: https://co.summitoh.net
Website: http://www.schd.org

LEAD HAZARD CONTROL/HEALTHY HOMES LOAN REQUIRED DOCUMENTATION

The following documentation will need to be returned along with your application for financial review:

- ☐ HIPPA Consent Form (for Summit County Public Health use only)
- ☐ A current copy of your homeowner's insurance premium that includes the amount of coverage and annual premium amount.
- ☐ A copy of the 2017 and 2016 W-2 Statement of Earnings or #1099 Statement for all individuals residing in the home.
- ☐ A copy of the 2017 and 2016 Federal Tax Return #1040 (must be signed and dated) for all individuals in the home.
- ☐ A notarized letter stating that you do not file Federal income taxes if, in fact, you do not file Federal income taxes. A notarized letter must be done for all individuals who earn an income, but do not file Federal income taxes.
- ☐ A copy of the most recent six (6) pay stubs for all individuals residing in the home.
- ☐ A copy of birth certificates for all children living in the home or visiting more than six (6) hours within a week.
- ☐ Court documents for adoption/legal custody/foster care.
- ☐ A notarized affidavit stating that children under the age of six (6) visit the home more than six (6) hours a week or sixty-two (62) hours a year, if this is in fact the circumstance.
- ☐ Name, address, phone number, and dates of employment with all employer(s) for the past two (2) years.
- ☐ A copy of your Social Security Benefits Statements (Form SSA-1099).
- ☐ A copy of your pension stating monthly or yearly earnings.
- ☐ A copy of your complete divorce documents/decree/separation agreement.
- ☐ Copies of your last three (3) months of checking and/or savings account statements.

NOTE: Not all of the above documents pertain to your personal situation. Please provide ONLY the documents that are applicable to you. If you are married or applying for a joint loan, the above information will be required on all persons living in the home. If you cannot make copies, we are able to make copies for you.

EQUAL HOUSING LENDER