



**HOUSEHOLD INCOME:**

All income sources for all persons of the household that are age 18 or over must be stated. Please include Employers, Pensions, Social Security, VA Benefits, Child Support, Alimony, Disability, Welfare, Unemployment, etc.

<b>OWNER'S ANNUAL EMPLOYER INCOME:</b>	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
<b>CO-APPLICANT ANNUAL EMPLOYED INCOME:</b>	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
<b>ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:</b>	(Name)
Annual Employed Income:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
<b>ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:</b>	(Name)
Annual Employed Income:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$

If additional household members are employed, please attach another sheet and provide employment information.

**HOUSEHOLD ASSETS (CHECKING/SAVINGS/ETC):**

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

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Do you own life insurance that allows you to borrow cash before death?  Yes  No

Name and Address of Financial Institution:	Type of Policy:
	Policy Number:
	Telephone Number:
	Name of Representative:

Are there any revocable trusts that are available to the family?  Yes  No

**FINANCIAL INFORMATION (STOCK/BONDS):**

\_\_\_\_\_  
Name & Address of Agent    Certificate No.    Approx. Value    Annual Income

\_\_\_\_\_  
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**FINANCIAL INFORMATION (LIABILITIES):**

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due:  Yes  No

\_\_\_\_\_  
If yes, please explain:

**PROPERTY INFORMATION:**

Name of owner as it appears on the property's title:  
\_\_\_\_\_

Is there a mortgage on the property?  Yes  No

If yes, type of mortgage:    \_\_\_ FHA    \_\_\_ VA    \_\_\_ Conventional    \_\_\_ Other

Purchase Price of Home: \$ \_\_\_\_\_    Year Purchased \_\_\_\_\_

**FIRST MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Balance Owed Now

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**SECOND MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Balance Owed Now

**MISCELLANEOUS:**

Have you any past obligations owed to the City of Canton in the past five (5) years?

Yes     No

Have you received previous Homeowner Rehab, Emergency or First Time Homebuyer Assistance from the City of Canton or Stark County Out of Poverty Partnership (SCOPP)?

Yes     No

If yes, what type and when: \_\_\_\_\_

**PROBLEMS WITH THE REHAB PROPERTY:**

Furnace/Heating \_\_\_\_\_

Plumbing/Water Leaks \_\_\_\_\_

Raw Sewage \_\_\_\_\_

Sidewalks/Driveway \_\_\_\_\_

Roof/Chimney \_\_\_\_\_

Electrical \_\_\_\_\_

Gutters/Downspouts \_\_\_\_\_

Steps (inside/outside) \_\_\_\_\_

Foundation \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton's Housing Rehabilitation Loan Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. 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 statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-OWNER

\_\_\_\_\_  
DATE

