

**CLARK COUNTY COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM**  
*In Partnership with the City of New Carlisle*

**2022 CHIP HOMEOWNERSHIP ASSISTANCE PROGRAM**  
*Downpayment Assistance or Downpayment with Property Rehabilitation Assistance*

**Preliminary Qualification Checklist for Applicants**

**In Order To Qualify:**

- You must be a first-time homebuyer (not owned a home in the last 3 years)
- Your total household income must be 80% or less of Area Median Income (AMI)

<b>2022</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>LIMITS</b>	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

- Have the ability to be approved for a mortgage loan with a fixed rate
- Have the ability to execute a purchase contract through a licensed realtor
- Property must be located anywhere in Clark County (outside of Springfield City limits)
- Property must be a Single family home on a modest lot (not income producing/farm)

**If You Responded Yes To All The Above:**

- Call Neighborhood Housing Partnership (NHP) with any questions
- Download and complete the application from the County Website, or
- Pick up an application at NHP or Clark County Community Development Offices
- Return your completed application to one of the following:

**Clark County Community Development**

Attn: Dirk Lackovich-Van Gorp  
 3130 East Main Street, Suite 1A  
 Springfield, OH 45503  
 Phone: 937 521 2164  
[www.clarkcountyohio.gov](http://www.clarkcountyohio.gov)

**Neighborhood Housing Partnership of Greater Springfield**

Attn: Kerri Brammer  
 527 East Home Road  
 Springfield, OH 45503  
 Phone: 937 322 4623  
[www.springfieldnhp.org](http://www.springfieldnhp.org)



# CLARK COUNTY COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM

*In Partnership with the City of New Carlisle*

## 2022 CHIP HOMEOWNERSHIP ASSISTANCE PROGRAM

### APPLICATION CHECKLIST

Please read the following statements regarding the 2022 CHIP application for Homeownership Assistance. **The items in bold print (Pages 5-14) are required to be returned with your application.** Failure to include all necessary items or submitting the wrong items will delay your application and may cause it to be rejected. Any questions concerning the application can be directed to Neighborhood Housing Partnership at 937-322-4623, Or to Dirk Lackovich-Van Gorp, Clark County Community Development at 937-521-2164.

- All** persons who will live in the purchased residence must be included on the application.
- All** persons who will live in the purchased residence that receive income from any source (employment, Social Security, Disability, Unemployment, etc.) must list that income on the application.
- All** occupants receiving income must list the employers/providers name and address on the application. Use additional sheets of paper, if necessary.
- Any** children over eighteen (18) who are not full-time students and are employed must be included in your household income.

#### **REQUIRED documentation to be included with application:**

- Include copies of your last twelve (12) week's pay stubs reflecting year-to-date total (either 12 pay stubs if paid weekly or 6 if paid bi-weekly.)
- Persons receiving Social Security, Disability or VA Income must include a copy of the current year benefit statement. If you do not have this statement, contact Social Security at 1-877-405-1451, the local office (1610 North Limestone, Springfield, OH 45503), or on-line at [www.ssa.gov](http://www.ssa.gov) and request it. For VA, call 937-521-2030, local office Clark County Veterans Services (120 South Center Street, Springfield, OH 45502) or on-line at [www.va.gov](http://www.va.gov)
- Persons receiving unemployment Income must provide a copy of their current unemployment Benefit Statement.
- Child Support must be included in income. Please include documentation of child support.
- Copy of your recent three months bank account statement (savings, checking, CD's, stocks, etc.). Statements MUST come from bank – print outs WILL NOT be accepted.
- Copy of the most current year federal income tax return with W-2's/1099 statements.
- The applicant (property owner) and all persons in the household receiving income must sign the Applicant Release form. This form allows the Program Administrator to contact all employers, banks, social service agencies, or any other appropriate person or company to verify information supplied.

#### **OPTIONAL documentation to be included with application:**

- Copy of the purchase contract for the home. (If Available, Not Required for Application)
- Copy of the mortgage pre-approval from your lender. If Available, Not Required for Application)

These forms will be used to determine basic eligibility for participation in the *Clark County Community Housing Impact & Preservation (CHIP) Homeownership Assistance Program*. Your name will be placed on a list based on the availability of funding. Funding is on a first come first serve basis with a completed application.



**APPLICANT AND CO-APPLICANT EMPLOYMENT DATA:**

(If employed less than two (2) years, also give name of previous employer).

**Applicant**

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Salary: \_\_\_\_\_

**Co-Applicant**

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Salary: \_\_\_\_\_

**Please list additional household members with income.****Household Member 1**

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Salary: \_\_\_\_\_

**Household Member 2**

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ Salary: \_\_\_\_\_

**Other Household Income and Source:**

Social Security: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Retirement or Veteran: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Welfare, Case No.: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Rental Property Income: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child Support/Alimony: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other: \_\_\_\_\_ Amount: \_\_\_\_\_

Savings Account: Yes ( ) No ( ) Current Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**Copies for EACH household member over 18** (3 months recent)

Checking Account: Yes ( ) No ( ) Current Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**Copies for EACH household member over 18** (3 months recent)

Is this your primary residence: Yes ( ) No ( )

Other Real Estate Owned: \_\_\_\_\_ Value: \$ \_\_\_\_\_

(A property search will be conducted to verify)

Investment Accounts (Bonds, Stocks, Mutual Funds, Retirement, Whole Life Insurance): Yes ( ) No ( )

Name/Source: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**If no income is documented – How is household supported?** \_\_\_\_\_

**If no income is documented - Signed self-certification affidavit is required.**

**NOTE:** Gross Household Income (total income *before* taxes/adjustments) and includes every person living in the home, including unearned income of minors. All income is counted (Employment, overtime, unemployment, child support, alimony, social security, SSI, disability, Pension, other cash assistance/welfare, etc).

## EMPLOYMENT AND ASSET CERTIFICATION

### EMPLOYMENT CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

I hereby certify that the following adult household members are **not** presently employed and do not intend to resume employment in the foreseeable future:


I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify immediately when they become reemployed:


I hereby certify that the following adult household members are currently employed. I agree to notify should their employment status change:


\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

**SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILL- FULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, 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 UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."**

## ASSET CERTIFICATION

I hereby certify that all nonretirement assets of all household members (adults and children) are listed below. Nonretirement assets include, but are not limited to, savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, and cash value of life insurance policies.

The nonretirement asset levels are as follows:

Household Member	Nonretirement asset(s) - Total \$

I also hereby certify that within the past two years, I have \_\_\_or have not \_\_\_ Disposed of assets for

Less than the fair market value through a sale or a gift. If "have" is marked, provide the following pertinent information.

Asset	Disposition Date	Value of Asset	Amount Received
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\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date

**SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILL- FULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, 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 UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."**

## INFORMATION ON PROPERTY & ANY IDENTIFIED HOMES FOR PURCHASE

1. Have you previously owned a home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If So During What Dates? \_\_\_\_\_  
 If So What Address? \_\_\_\_\_
  
2. Have you applied to the CHIP Program for assistance before? Yes \_\_\_\_ No \_\_\_\_  
 If yes, when did you apply? \_\_\_\_\_ Did you receive Assistance? Yes \_\_\_\_ No \_\_\_\_
  
3. Did you file federal income tax for the last year? Yes \_\_\_\_ No \_\_\_\_  
**If yes, you must include a copy of this return with your application**  
**Or a copy of your last federal income tax return filed.**
  
4. Were you referred to the CHIP Program? Yes \_\_\_\_ No \_\_\_\_  
 If so, by who or what agency? \_\_\_\_\_  
 \_\_\_\_\_
  
5. Do you have a potential home identified for purchase? Yes \_\_\_\_\_ No: \_\_\_\_\_  
 If so, what is the address? \_\_\_\_\_  
 If so, who is your realtor? \_\_\_\_\_  
 If so, what is the listed price? \_\_\_\_\_
  
6. Have you applied for a mortgage to purchase a home? Yes \_\_\_\_\_ No: \_\_\_\_\_  
 If so, who is your mortgage company? \_\_\_\_\_  
 If so, are you preapproved for a mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Other Pertinent Information:

1. Does the Applicant Have a Disability? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. If yes, explain the Disability: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Is there an expectant mother in the household? Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Has any child in the household had a blood test which indicates that the child has an elevated lead blood level? Yes \_\_\_\_\_ No \_\_\_\_\_

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5. If Yes, Explain: \_\_\_\_\_



## IDENTIFIED HOME/PROPERTY INVENTORY

Please indicate the repairs or rehabilitation work you feel are needed to any home/property you have already identified for purchase (Check all that apply), and which may be required to be completed as part of the CHIP Homeownership Assistance Program. The NHP Housing Rehab Specialist will make the final determination.

Heating	_____ Electrical	_____ Plumbing/ Water Tank
Roofing/Gutters	_____ Accessibility	_____ Lead Paint
Septic System	_____ Private Well	_____ Utility/Water/Sewer Line

Any Other Housing Issues: \_\_\_\_\_

### Certification by 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 SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLACK 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.

The Applicant(s) further certify that he/she is the owner of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize this agency or its representatives and designees of Ohio Department of Development Office of Community Development (ODOD/OCD), 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 this 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 or imprisoned not more than five years, or both."

\_\_\_\_\_  
Signature of Applicant (Required)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (Required)

Date \_\_\_\_\_

**OFFICE USE ONLY**

ANNUAL ADJUSTED GROSS INCOME (1040)	\$	# OF HOUSEHOLD MEMBERS		BEFORE REHAB VALUE	\$
MONTHLY GROSS INCOME	\$	HEAD OF HOUSEHOLD TYPE			
AGE OF HOUSE		ETHNICITY/HISPANIC		# OF BEDROOMS	
INCOME CATEGORY	E-0-30%	V - 31-50%	M - 51-60%	L - 61-80%	

NOTES:


## CLARK COUNTY 2022 COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM

### Applicant Release to Obtain Verification of Information

As an applicant for Clark County's Community Housing Impact & Preservation Program, I do hereby give my permission to the Program Administrator of Clark County, to contact my employer(s), bank(s), Social Service Agencies, or any other appropriate person(s) or companies to verify information that I have supplied concerning my employment, income, assets, and/or any other applicable information as reported by me herein.

Each person listed on the application as receiving income must sign below and returned with your application.

_____	_____
Printed Name	Printed Name
_____	_____
Signature	Signature
_____	_____
Date	Date
_____	_____
Printed Name	Printed Name
_____	_____
Signature	Signature
_____	_____
Date	Date

## Verification of Receipt of Fair Housing Booklet and Renovate Right Booklet

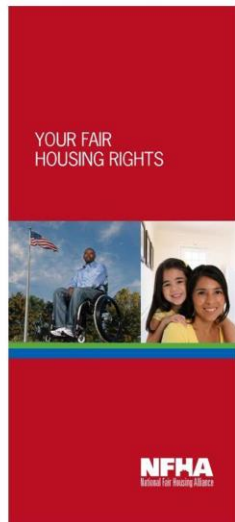
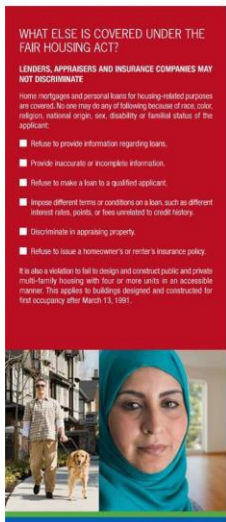
My signature below acknowledges that I have received the Clark County Fair Housing Booklet and the Lead-Based Paint Renovate Right Booklet. This form must be returned with your application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Clark County**  
**Terms and Conditions for Owners Accepting**  
**CHIP Homeownership Assistance**

These are the terms and conditions which you as Owner(s) must agree to in order to receive CHIP Homeownership 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 County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on any rehabilitation work required. I additionally agree to have the property inspected by a lead-based paint risk assessor to ascertain lead-based paint hazards. 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 County to seek competitive bids from qualified contractors for any rehabilitation work required. Bids will be requested according to procedures established by the County and in accordance with applicable 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 County does not approve the next highest or other than low bidder.
4. **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 County until all work under the Contract is satisfactorily completed. The County assumes no responsibility for the cost or quality of work not covered by the Agreement or approved 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 LPA 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 to be 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. **Homeowner Modifications.** Owner agrees **NOT** to make any changes to the home that will affect the estimate of any rehabilitation that may be required i.e., removing kitchen cabinets, removing carpeting, removing walls, etc. Doing so may result in denial of assistance.
- 10. **Right to Financial Privacy.** The Federal Financial Privacy 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 Development Services Agency (ODSA) 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 ODSA 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.
- 11. **Any Fraudulent Information Discovered Will Result in an Automatic Denial.** Applicant Initial \_\_\_\_\_ Co-applicant Initial \_\_\_\_\_

**(ITEMS 12 THROUGH 14 APPLY ONLY TO OWNER REHABILITATION GRANTS)**

- 12. **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 County may subordinate its loan if, in its judgment, it is in the best interests of both the County and the Owner and approved in writing. Subordinations shall be based upon the County Subordination Policy.
- 13. **Loan Repayment.** I agree to a mortgage and promissory note, and further agree to all the payment schedules, if any, which are detailed in the Promissory Note and Truth-in-Lending Statement. I agree that the total amount of the mortgage and note shall include all rehabilitation costs, lead based paint reduction costs, and lead based paint risk assessment and clearance costs.
- 14. **Change Orders:** I agree to execute a supplemental mortgage and note to cover and secure the cost of rehabilitation change orders of should such change orders exceed \$1,000.00 of the original rehabilitation contract.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
LPA Representative/Title

\_\_\_\_\_  
Date

## WALK AWAY PROVISION

Clark County reserves the right to "Walk Away" from a housing unit that poses undue threat to health or safety of the program representative, inspector, or contractor at any time. Housing units that violate the following will not be assisted:

- Structurally unsound dwellings that are or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects, and other vermin.
- Excessive odors, clutter, garbage, or other unsanitary conditions in any area of the unit.
- Negligent housekeeping practices that limit access /create a cumbersome working environment presence of/and or use of any controlled substance before or during rehabilitation/repair.
- Suspected manufacturing of a controlled substance before or during rehabilitation/repair.
- Threat of violence.
- Occupants allowing only limited access to the dwelling
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehabilitation/repair work is scheduled to start.
- Rehabilitation Specialist cost estimate exceeds maximum amount of per unit limits.
- The presence of animal feces in any area of the dwelling unit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Have you included the following?

- 1) Proof of monthly income include copies of pay stubs (12 pay stubs if paid weekly, or 6 if paid bi-weekly), benefit letter for Social Security, any other retirement income statements, all other household income including rental property, child support, welfare, SSI, investments, etc. \_\_\_\_\_
- 2) Copy of recent savings and checking account statements (3 months' worth) for **ALL** Accounts \_\_\_\_\_
- 3) Copy of recent tax return or W-2's/1099 statement (Social Security). \_\_\_\_\_
- 4) Copies of two utility bills for proof of residence. \_\_\_\_\_
- 5) Employment Certification – SIGNED \_\_\_\_\_
- 6) Asset Certification – SIGNED \_\_\_\_\_
- 7) Applicant Release to Obtain Verification of Information – Signed by all household members. \_\_\_\_\_
- 8) Verification of Receipt of Fair Housing Booklet and Renovate Right Booklet – SIGNED \_\_\_\_\_
- 9) Terms and Conditions for Owners Accepting Housing Rehabilitation/Repair Assistance – SIGNED \_\_\_\_\_
- 10) Walk Away Provision - SIGNED \_\_\_\_\_
- 11) Have you reviewed the application and everything is signed/dated and necessary paperwork included?

**\*\*\*Please refer to the application checklist to be sure you have included everything needed to return with your application. Any questions on this application that are not answered, or necessary information not supplied, will result in the application being delayed or returned to you. Be sure to sign the Certification by Applicant. \*\*\***



## FOR MORE INFORMATION

# 2022 CHIP Homeownership Assistance Program



### **CHIP 2022 Programs**

Clark County Community Development

Dirk Lackovich-Van Gorp, CHIP Program Administrator/Grants Manager

3130 East Main Street - Suite 1A, Springfield, OH 45503

Phone: 937 521 2164

Email: [dlackovich-vangorp@clarkcountyohio.gov](mailto:dlackovich-vangorp@clarkcountyohio.gov)

Website: <https://www.clarkcountyohio.gov/156/Community-and-Economic-Development>

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### **CHIP 2022 Programs**

City of New Carlisle

331 South Church Street, New Carlisle, OH 45344

Phone: 937 845 9492

Website: <https://newcarlisle.net/>

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Neighborhood Housing Partnership  
OF GREATER SPRINGFIELD

### **CHIP 2022 Homeownership Assistance Program**

Neighborhood Housing Partnership of Greater Springfield

Kerri Brammer, HomeOwnership Center Manager

527 East Home Road, Springfield, OH 45503

Phone: 937 322 4623

Email: [kbrammer@springfieldnhp.org](mailto:kbrammer@springfieldnhp.org)

Website: <https://springfieldnhp.org/>