

**MIAMI COUNTY**  
**COMMUNITY HOUSING IMPACT AND PRESERVATION (CHIP) PROGRAM**  
**OWNER HOME REPAIR PROGRAM**

Guidelines

For

Owner Home Repair Assistance

The following guidelines apply to all Home Repair Grants and Deferred Loans to be made by the Miami County Board of Commissioners from federal funds supplied to the County by the Ohio Development Services Agency, Office of Community Development under the Program Year 2020 Community Housing Impact and Preservation (CHIP) Program. A copy of these guidelines shall be given to every applicant.

1. No member of the governing body of the locality and no other official, employee, or agency of Miami County, in a position to make decisions concerning this program, shall directly or indirectly be eligible for this program. This prohibition shall continue for one year after an individual's relationship with Miami County ends.
2. Applicants must have household income at or below 80% of the median income for Miami County based on household size (see Home Repair Program- Income Limits on Page 3) to be eligible for the Home Repair Program.
3. The maximum CHIP investment for home repairs (known as "hard costs") per dwelling unit in the form of a 100% grant is \$19,700. Applicants are not entitled to receive the maximum "hard cost" investment. In addition, the maximum CHIP limit for both "hard costs" and administration expenses (known as "soft costs") is \$22,000 per Ohio Development Services Agency, Office of Community Development (ODSA, OCD) Guidelines.
4. Applicants are not entitled to the maximum amount of assistance, but will receive only the amount necessary to address a limited number of problems (generally two to three problem areas) associated with the property (as defined by ODSA, OCD). Dwellings with an initial bid exceeding all available sources of financing will not receive assistance. Dwellings that need home repair work beyond the one or more specific problems that adversely affect occupant health and safety and/or structural integrity will be required to be in a safe, sanitary, and habitable condition upon the completion of the repair items as selected by the County's Housing Inspector and the Applicant. In addition, home repair funds cannot be used to pay the cost of any Miami County water and sewer assessments.
5. Applicants must be the owner and occupant of a residential dwelling in need of repair.

6. The dwelling must be located within Miami County. Residents of the Village of Bradford on the Darke County side may apply to Darke County for CHIP assistance.
7. The dwelling may either be a single family home or a duplex.
8. Applicants who were awarded FY 2015 or FY 2017 CHIP Home Repair grants are not eligible for PY 2020 CHIP Home Repair assistance.
9. Applicants of dwellings to be repaired may not be delinquent or in default on their mortgage or land contract, property taxes, federal, state and local income taxes, and County and municipal utilities. If applicants are delinquent on property taxes, they may submit a request to the Miami County Auditor to be put on a repayment plan.
10. As-is value of the real estate at the time of application must exceed existing debt on the real estate.
11. All repairs and improvements to the property must be made in compliance with the Residential Rehabilitation Standards (RRS) of the Ohio Development Services Agency, Office of Community Development; and in compliance with applicable local and Miami County codes.
12. Applicants must use Miami County and CHIP Program approved contractors. The home repair contract will be signed by the Applicant and the contractor. Applicants may assist the contractor and the Housing Inspector in the selection and approval of materials to be used in the repair of the property (Example: roof shingles style/color, paint colors, etc).
13. In the event of any dispute between the Applicant and the contractor concerning the completion of the home repairs, the Housing Inspector will work with both parties in the negotiations of a satisfactory solution. If such a solution cannot be found, the County will be the final authority on when the repair work has been satisfactorily completed. The Applicant may then appeal the County's decision as per the process outlined in the County's CHIP Dispute Resolution and Conflict Management Policy.
14. Applicants must permit Miami County to act as their agent in all matters pertaining to rehabilitation carried out under the Owner Home Repair Program.

**MIAMI COUNTY  
CHIP OWNER HOME REPAIR  
ASSISTANCE PROGRAM**

I (we) acknowledge the receipt of the Miami County CHIP Owner Home Repair Assistance Program "Guidelines for Home Repair Assistance".

I (we) understand that I (we) must comply with the Miami County CHIP Owner Home Repair Assistance Program guidelines in order to receive assistance.

I (we) further agree to work cooperatively with Miami County Department of Development staff, and the Contractor selected to perform the work on my (our) home.

I (we) acknowledge that Miami County Department of Development staff, who are the administrators of the Miami County CHIP Owner Home Repair Assistance Program, may elect to terminate the Home Repair assistance at any time during the project for my (our) failure to comply with these guidelines.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Please sign and return just this page along with the  
CHIP OWNER HOME REPAIR ASSISTANCE PROGRAM APPLICATION**

## **MIAMI COUNTY COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM (CHIP)**

**Goal:** Through an efficient, flexible, impactful approach, the CHIP will partner with Ohio communities to preserve and improve the affordable housing stock for low- and moderate- income Ohioans and strengthen neighborhoods through community collaboration

**Application Timing:** The CHIP Grant Award was announced in October 2020. Recipients of CHIP funding will hopefully be determined by January 2021.

### **Eligible CHIP Housing Activities**

The types of work that are generally considered eligible for the **Repair** activity include:

#### **Structural System Repairs**

This type of work involves repairs to eliminate hazardous conditions or serious threats to the integrity of a structural system. Examples of common structural system repairs include, patching or replacing leaking roofs, rebuilding collapsed foundations and replacing weakened or deteriorated framing components. It may also include the replacing individual non-functioning or damaged windows or entry doors.

#### **Mechanical System Repairs**

This type of work involves repairs to eliminate hazardous conditions with the electrical, plumbing or heating systems. Examples of common mechanical system repairs include replacing unsafe or overloaded electrical panels and circuits, repairing or replacing leaking water supply and/or sanitary drain plumbing lines, and repairing or replacing unsafe or inoperable heating equipment.

#### **Plumbing System Tap-ins**

This type of work involves connecting a home's plumbing system to a public water supply and/or public sewage system and paying the associated tap-in fees. Wells and Septic Systems This type of work involves repairing or replacing a home's private well and/or septic system that is malfunctioning or has been cited by local or state health departments or the Environmental Protection Agency as outdated and in need of improvement.

#### **Weatherization**

This type of work involves utilizing cost-effective measures to improve energy efficiency such as insulating uninsulated attics and sidewalls, and related measures to control air movement, such as sealing holes and bypasses and installing exhaust and ventilation fans.

**Accessibility** This type of work involves utilizing measures designed to improve access and mobility for occupants who are physically disabled or infirm. Generally, these measures include exterior ramps, grab bars and specialized bathroom fixtures. In some cases, more extensive work is required to remove architectural barriers, widen doorways, lower cabinets or remodel bathrooms in order to meet household needs. The work completed to improve accessibility must meet or exceed the design and installation standards outlined in the Uniform Federal Accessibility Standards (UFAS).

#### **LBP Hazard Reduction**

This type of work involves measures to eliminate known Lead-Based Paint (LBP) hazards in homes occupied by an Elevated Blood Lead Level (EBLL) child, or in households with children under six years of age. The work must be performed in compliance with all applicable state and federal regulations and guidelines, particularly those outlined in the 'HUD Guideline for the Evaluation and Control of LBP Hazards in the Home'.

### **Rehab Activity**

In addition to the items listed above rehabs can include items such as windows, flooring, siding, porches/concrete work, and demo of accessory structures (**Rehabs require 5 year mortgages to be placed on the property**).

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM (CHIP)  
PROGRAM APPLICATION**

**Purpose**

*The purpose of the CHIP Program is to repair housing conditions that pose a threat to the health and safety of the occupants, or pose an ongoing threat to the structural integrity of the home.*

**Eligibility Criteria**

- Must own and reside in the home as the primary residence (**Rental properties are not eligible for assistance**).
- Must be current with your property taxes, or become current prior to application approval (including being approved for a payment plan by the County Auditor).
- Must be current with mortgage (last 6 months), City Utility Bills and Income Taxes
- All applicants to the program must meet low to moderate income guidelines set forth by the United States Department of Housing and Urban Development as shown below:
- Any Child Working must provide their income documents as well
- If there is no income from an eligible working adult then they will need to fill out a No-Income Sheet.

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
Low and Moderate Income Limits**

| # Persons Living in Household | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Income Limit</b>           | \$47,150 | \$53,850 | \$60,600 | \$67,300 | \$72,700 | \$78,100 | \$83,500 | \$88,850 |

(e.g., mother, father, two children = 4 living in household)

**Important**

Documentation listed below must be included with completed application.  
Missing documents or incomplete applications will not be approved.

**THE FOLLOWING INFORMATION BELOW WILL BE REQUIRED FOR INCOME VERIFICATION (PLEASE NOTE THAT NOT ALL THE INFORMATION WILL PERTAIN TO YOUR CURRENT INCOME SITUATION):**

- **Federal Filed Income Taxes** – A copy of your most recent Federal Filed Income Taxes. If you are self-employed, provide copies of the last two years.
- **Employment** – Copies of either 8 paystubs if paid weekly or 4 biweekly pay stubs reflecting **year to date** total.
- **Unemployment** – A statement from the agency verifying the gross amount of weekly unemployment income received.

- **Pension** – A copy of the pension statement benefit or a check receipt reflecting the gross monthly amount received or a copy of one of the monthly checks.
- **Social Security, SSI, Disability** – A copy of the benefits statement or a printout from the agency. Income must reflect this year, not the previous year income.
- **Bank Statements** – Copies of the last three (3) months statements (savings, checking, CD, stocks, bonds, etc.).

**Other Verifications Needed:**

**Homeowner's Insurance** – A copy of a statement or invoice that reflects the premium amount you pay for homeowner's insurance.

**All income for program eligibility is based on current income. Current income will be projected to yearly gross income. Please refer to IRS Form 1040 Inclusions to see what income will be counted.**

**Complete ALL sections of the application  
Sign and date application where appropriate**

**Mail application and documentation to, or drop it off, at the address below (we can make copies of your information here):**

**Miami County  
PY 2020 CHIP Program  
c/o Miami County Department of Development  
510 W. Water Street, Suite 120  
Troy, OH 45373**

**If you have questions please call  
Miami County Department of Development at  
937-440-8121.**

*As with all federally funded programs and any conventional bank home repair loan program, the County's CHIP Program will require personal financial disclosure. Personal financial information shared with the Miami County/City of Piqua/City of Troy Development Staff is personal and confidential and shall be so designated. The personal and confidential financial files will not be available for public inspection to the extent permitted by law.*

**MIAMI COUNTY, CITIES OF PIQUA, TROY, TIPP CITY  
PY 2020 CHIP PROGRAM**

**Part I – General Information**

**Applicant (Household Head)**

**Co-Applicant**

Full Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone #'s \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**Part II – Household Information**

**Residents**

**Are you a Veteran?** \_\_\_\_\_

Total Number in Household \_\_\_\_\_

Number Disabled Residents \_\_\_\_\_

Is there an expectant mother in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Occupant Information:**

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |



**Part III – Employment Information**

**Applicant (Household Head)**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**Co-Applicant**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**ALL OTHER MEMBERS OF HOUSEHOLD WHOM ARE WORKING**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ # of yrs \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Employer's E-Mail Address (if available) \_\_\_\_\_

**Part IV – Estimated Gross Monthly Income**

|                      | Applicant | Applicant | Other Household Member | Other Household Member | Total |
|----------------------|-----------|-----------|------------------------|------------------------|-------|
| Base Employment      |           |           |                        |                        |       |
| Overtime             |           |           |                        |                        |       |
| Part-Time Employment |           |           |                        |                        |       |
| Social Security      |           |           |                        |                        |       |
| Pension              |           |           |                        |                        |       |
| Dividends / Interest |           |           |                        |                        |       |
| Spousal Support      |           |           |                        |                        |       |
| Net Rental Income    |           |           |                        |                        |       |
| Other                |           |           |                        |                        |       |
| <b>MONTHLY TOTAL</b> |           |           |                        |                        |       |

**NOTE: ALL HOUSEHOLD INCOME MUST BE REPORTED FOR ALL OCCUPANTS**

**Part V – Housing Information**

Homeowner's Insurance Company \_\_\_\_\_

Name of Local Insurance Agent \_\_\_\_\_

Address of Local Agent \_\_\_\_\_

Policy Number \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

What is the amount of your mortgage \_\_\_\_\_ and how much do you still owe on the mortgage \_\_\_\_\_?

Please attach a copy of a statement or invoice that reflects the premium amount you pay for homeowner's insurance.

Do you (or does anyone in your household) own any real estate other than your primary home? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list addresses of other property owned.

\_\_\_\_\_ \$ \_\_\_\_\_  
Address Market Value

\_\_\_\_\_ \$ \_\_\_\_\_  
Address Market Value

**Part VI – Financial Information**

**Attach last 3 months' statements for the following:**

Checking Accounts Balance \$ \_\_\_\_\_

Savings Accounts Balance \$ \_\_\_\_\_

Certificate of Deposit, Bonds, etc. Balance \$ \_\_\_\_\_

401K, Annuity or other Retirement Fund Balance \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

**Part VII – Additional Questions**

**Please circle the appropriate response and provide all requested information:**

Does any applicant own any property that has been cited for being in violation of the rules or regulations of the:

Miami County or City of Piqua/Troy Planning and Zoning Department? YES NO

Miami County or City of Piqua Health District? YES NO

Miami County Auditor? YES NO

Are there any unsatisfied judgments against any applicant? YES NO

Is any applicant a borrower or co-signer on any Promissory Note other than the primary mortgage on the subject property? YES NO

In the last five years, has any applicant declared bankruptcy? YES NO

If yes, give identifying information and information as to the type and status of any such bankruptcy action:

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Has the applicant been served with a Notice of Foreclosure, or notice of any other legal action against the subject property?      YES      NO

If yes, give identifying information and information as to the type and status of any such action:

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Are you behind on your mortgage?      YES      NO

If so, how many months are you behind? \_\_\_\_\_

Are you obligated to pay spousal support?      YES      NO

If so, are you behind on payments?      YES      NO

Have you received in previous CHIP Funding?      YES      NO

If so, what year did you receive funding? \_\_\_\_\_

If you answered **YES** to any of the above questions, **please, explain using additional pages as may be necessary.**

If you answered **YES** to any of the above questions Miami County Department of Development or the City of Piqua/City of Troy has the authority to decline to funds.

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**Part VIII – Needed Repairs to Home**

Please check all that apply

|                          |                         |                          |                        |
|--------------------------|-------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Plumbing – Water Heater | <input type="checkbox"/> | Electrical             |
| <input type="checkbox"/> | Heating                 | <input type="checkbox"/> | Roof                   |
| <input type="checkbox"/> | Insulation              | <input type="checkbox"/> | Foundation             |
| <input type="checkbox"/> | Plumbing System Tap-ins | <input type="checkbox"/> | Handicap Accessibility |

Please describe why the repair(s) need to be completed:

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**Note: The following repairs are generally NOT eligible for this program, unless they are a part of or necessary to facilitate more extensive repairs.**

- Installation of storm windows and storm doors
- Bedroom additions (unless there is overcrowding)
- Mobile Home repairs are limited to plumbing system Tap-Ins and/or well and septic system repairs

Is there an emergency health and / or safety issue that needs addressed?

YES NO

If yes, please explain below:

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- ❖ Note: CHIP Program funds cannot be used for the payment of a Miami County or City of Piqua water or sewer assessment.

Additional Response:

Lined area for providing an additional response.

**Part X – Certification of Applicant(s)**

**Please read the following statement below. If you do not understand any part of it or have any questions about what you are being asked to sign, please ask someone from the Miami County Department of Development or the City of Piqua Development Program Manager to help you. Each applicant must sign below. Note: If any information on this application is found to be false or incomplete, such findings may be grounds for denial to the requested assistance.**

I (we) certify that all information in this application is true and complete to the best of my (our) knowledge and belief. I (we) understand this information is subject to verification.

I (we) further certify that I (we) own the property identified in this application as my (our) principal residence and that any and all funds provided to me (us) will be used only for the labor and materials necessary to accomplish the work that will be described in the construction contract.

I (we) authorize the Miami County Department of Development or the City of Piqua Development Department, or its representatives or designees, and representatives or designees of the Office of Community Development (OCD) and the United States Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me (us). I (we) understand that any and all information provided in this application may be used for that purpose.

I (we) understand that the personal financial information contained in this application is necessary for evaluation of my (our) application for assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I (we) further understand that my (our) name, address, and total amount of assistance will be subject to public disclosure since public funds are being utilized to assist in the improvement of my (our) property.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents, 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."

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against borrowers / grantees on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, and age (provided the borrower / grantee has the capacity to enter into a binding contract), because all or a part of the borrower's / grantee's income derives from any public assistance program, or because the borrower / grantee has in good faith exercised any right under the Consumer Credit Protection Act.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
Miami County Representative or City of Piqua/Troy Representative

\_\_\_\_\_  
Date