

City of Willowick

Referral Form

Please complete ALL Sections of this Referral

Name: Mr & Mrs _____ Mr _____ Mrs _____ Ms _____

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____ Home Phone _____

Age of Applicant(s) ____ / ____ Social Security Number _____

Please list everyone, including applicant, who lives in the house (use extra sheet if necessary)

Name	Age	Relationship	Employed?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

Total Annual Household Income in 2007 \$ _____ (Include income from all people living in the house)

Total Annual Household Income in 2008 \$ _____ (Include income from all people living in the house)

Please use the attached detailed income information form

APPLICANT MUST SUBMIT COPIES (not the originals) of W-2 form, SSI statement, Pension/retirement VA benefit statements, AFDC statement, child support statement, alimony statement

Property Information

Number of Bedrooms _____ Number of Bathrooms _____ Number of Stories _____ Approx Age of Home _____

Do you own your home? _____ Do you plan to sell your home within the next 5 years? _____ Do you own any other property? If so, please describe the property and give location _____

Have you received help from any community service organization before? _____ If so, circle which agency
 Hearts & Hammers Lake County Rehab Program, Habitat, Rebuilding Together Lake County, Lake County Development Corp, Ashtabula Community Action Other _____ List what help you received and when

Homeowner's Insurance Agent _____ Policy Number _____

Purchase Price of Home _____ Year Built _____ Year Purchased _____

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Do you have any disabilities that we should be aware of when evaluating the repairs to your home? Yes No
If yes, please explain _____

What are the four most important repairs needed on your home to make it safe, warm and dry?

We expect able-bodied members of your family to help the volunteers accomplish the repairs on your home. Is this something that you can assure will happen? Yes No If not, please explain why

Who helps maintain your home today? _____

I/we certify that the above information is true and correct to the best of my/our knowledge I/we realize that failure to provide all the information requested could result in our application being disqualified Repairs provided under false pretenses may result in the repayment of money spent on my house I/we give you permission to check all information as needed to complete the processing of this application for the purpose of receiving housing rehabilitation through non-profit organizations

I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for any such program

Signature(s) of Homeowner(s)

Date _____

Date _____

Note. If your circumstances change (you move, put your house up for sale, go into a nursing home, experience an extended hospital stay, etc), please notify the Building Department immediately

Also due to the many requests we receive, selection of participants in various programs is very limited and solely up to the organization The submission of a referral does not guarantee your participation in a program, even if you meet all of the guidelines

Return Application to:

**Building Department
Attn: Janet Buccì
31230 Vine Street
Willowick, OH 44095**

(440) 516-3000 x330
(440) 585-3776 fax
jbucci@cityofwillowick.com

Financial Information

Please show income and asset amounts for the owner(s) and everyone living in the house. Send written proof for each amount listed (Written proof pay stubs, Social Security statement(s), Disability, etc.)

<u>Income</u>	<u>Total monthly amount Before deductions</u>	<u>Person Receiving Income</u>
Wages of Salaries from Employment	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Wages from Self-Employment	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Social Security	\$ _____	_____
	\$ _____	_____
(SSI) Supplement Security Income	\$ _____	_____
Pension or Annuities	\$ _____	_____
Veteran's Benefits	\$ _____	_____
Other Retirement Benefits	\$ _____	_____
(TANIF) Temp. Assistance to Needy Families	\$ _____	_____
Child Support	\$ _____	_____
Alimony	\$ _____	_____
Property Rental Income	\$ _____	_____
Dividend Interest	\$ _____	_____
Food Stamps	\$ _____	_____
Other Income	\$ _____	_____

Please report only the INTEREST for the following Assets.

Checking Account	\$ _____	_____
Savings Accounts	\$ _____	_____
	\$ _____	_____
IRA's	\$ _____	_____
Mutual Funds	\$ _____	_____
Stocks	\$ _____	_____

**ALL INFORMATION ON THIS FORM CONCERNING YOUR FINANCES IS KEPT IN
COMPLETE CONFIDENCE**