

PRE-APPLICATION FOR  
**MEDINA COUNTY/CITY OF WADSWORTH CHIP**  
(COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM)

This form will be used to determine basic eligibility for participation in the ***Medina County (partnered with the City of Wadsworth) Community Housing Impact & Preservation (CHIP) Program.*** Your name may be placed on a waiting list based on the availability of funding. If funding is available, an initial inspection of the property will be performed. After the initial inspection, you will be asked to complete a more detailed application and provide supporting documentation prior to receiving assistance.

\_\_\_\_\_  
Name of Homeowner\*                      Age                      Contact Number

\_\_\_\_\_  
Name of Homeowner\*                      Age                      Contact Number

\_\_\_\_\_  
**Email Address**                              # of People in Household

\_\_\_\_\_  
Mailing Address/P.O. Box (if applicable)                              City/State/Zip

Physical Address of Property to be Assisted (***Must be located in Medina County, and includes the City of Wadsworth***)

\$ \_\_\_\_\_  
Applicant Current Gross Annual Income\*\*                      Source of Income

\$ \_\_\_\_\_  
Co-Applicant Current Gross Annual Income\*\*                      Source of Income

\*Property must be deeded to Homeowner and be Owner-Occupied. Mobile homes are eligible if titled to Homeowner, Owner-occupied, and current on Lot Rent; or, with the owner also owning the land and property taxed as real estate (**Mobile Homes eligible for Home Repair only**). \*\*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.).

***I am most interested in the following:***

\_\_\_\_\_ Owner-Occupied Private Rehabilitation      \_\_\_\_\_ Owner-Occupied Home Repair

***List health and safety issues that you feel your home needs:***

\_\_\_\_\_ Heating/Air                      \_\_\_\_\_ Electrical                      \_\_\_\_\_ Plumbing/Hot Water

\_\_\_\_\_ Roofing/Gutters                      \_\_\_\_\_ Accessibility                      \_\_\_\_\_ Lead Paint

\_\_\_\_\_ Septic System                      \_\_\_\_\_ Private Well                      \_\_\_\_\_ Foundation

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

List Names on Property Deed: \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_ Years

What is the approximate value of your property? \$ \_\_\_\_\_

**(Continued on reverse side)**

How much do you currently owe on the property (all loans)? \_\_\_\_\_

Mortgage Loan(s) paid current/up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Real Estate Taxes paid current/up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Homeowner's Insurance paid current/up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own any other real estate/properties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list addresses of other properties owned: \_\_\_\_\_

**(If any of the above do not apply, please mark "N/A")**

How did you hear about the CHIP Program? \_\_\_\_\_

I/we certify that the information provided on this Pre-Application Form is true and accurate to the best of my/our knowledge. I/We also understand that:

- 1.) This form is not a commitment to provide funding.
- 2.) My/our name(s) may be placed on a Waiting List.
- 3.) A more detailed application and supporting documentation is required prior to receiving assistance.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Please return to the address listed below or send via email:**



***Kleinfelder, Inc.***  
**[bcowell@kleinfelder.com](mailto:bcowell@kleinfelder.com)**  
**CHIP PROGRAM**  
**1168 North Main Street Bowling**  
**Green, Ohio 43402**



Questions may be directed to ***Kleinfelder, Inc. CHIP Program Consultant***  
**Attn: Brandi Cowell, Program Administrator at (567) 331-2679,**  
or Denise Testa, MA Director, Medina County Department of Planning Services, at (330) 722-9291.

**Please note this program EXCLUDES the City of Medina and the City of Brunswick.**