

*Vinton County Commissioners*  
*Development Department*

TERRI FETHEROLF  
Director

205 South Market Street  
McArthur, Ohio 45651  
dev.dept@vintonco.com

Phone: 740-596-3529  
740-596-0329  
Fax: 740-596-3529

Dear Homeowner:

Thank you for expressing an interest in the Vinton County Home Repair Program. Eligible activities under this program include: Emergency Home Repairs, Well & Septic Systems, Handicapped Accessibility, HVAC, and Roofing.

It is important to note that assistance provided under this Program may be in the form of a grant, a low interest loan or a combination grant/loan.

Enclosed you will find the application for the Home Repair Program. Please complete this application and return it with **proof of income, 6 months of bank checking and savings statements, and proof of property ownership**. Proof of income must be in the form of a current Social Security award letter, current annual pension report, and/or current check stubs for the past two consecutive months for **all residents** in the home over 18 years of age. Proof of property ownership is deed, manufactured home title and the deed for the property that the manufactured home sits on. Six months of bank statements are now required by our funder.

Failure to provide the proof of income, proof of ownership, bank statements and fully completed application will result in your application being placed in the inactive file. **Your application will not be moved to the active waiting list file until it is complete.**

Please note, that completed applications can be dropped off in person and we can make copies of your documents for you. Our office is located at 205 South Market Street, McArthur, Ohio 45651

If you have any questions regarding the Housing Repair Program, locating any of the requested documentation or need assistance in completing the application please call Alice Lowery the Office Manager or myself at 740-596-3529.

Sincerely,



Kenny Holley, Housing Program Manager  
Development Department

**VINTON COUNTY COMMISSIONERS  
HOME REPAIR PROGRAM APPLICATION  
FOR GALLIA and VINTON COUNTIES**



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or call (800)795-3272(voice), or (800)877-8339 (TDD)."

*"This institution is an equal opportunity provider and employer"*

**General Information**

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Are your property taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_ Under a current repayment plan \_\_\_\_\_

Have you received assistance from the Vinton or Gallia County Development Department Before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_ Type of work done? \_\_\_\_\_

Do you own the home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when did you buy the home? \_\_\_\_\_

Including yourself, how many people live in the household: \_\_\_\_\_

*(household is defined as all persons occupying the same household unit, regardless of their relationship to each other)*

**Building Information**

STRUCTURE TYPE: Frame \_\_\_\_\_ Brick/Block \_\_\_\_\_ Trailer/Doublewide \_\_\_\_\_ Other \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_ Year house was built? \_\_\_\_\_

WATER SOURCE: Well \_\_\_\_\_ Public Water \_\_\_\_\_ If public water, name of supplier? \_\_\_\_\_

WASTE WATER: Private Septic System \_\_\_\_\_ Public Sewer System \_\_\_\_\_

TYPE OF REPAIRS NEEDED: Heating System \_\_\_\_\_ Plumbing System \_\_\_\_\_ Roofing \_\_\_\_\_

Handicap Accessibility \_\_\_\_\_ Electrical Issues \_\_\_\_\_ Water/Sewer \_\_\_\_\_ Other \_\_\_\_\_

*Please Note: The type of repairs checked above is for informational purposes only. All repairs are subject to the funding limitations and grant agreements and our staff reserves the right to choose which repair to address.*

## Income Information

List the total household income and all persons in the household 18 years of age and older even if they have no income and regardless of their relationship to you. This information must be accurate and will be verified. If the person has no income, enter \$0.00 and attach a signed zero income statement form (please request one from our office). **Include income from all sources for all household members over 18:** (income includes wages, social security, AFDC, TANF, child support, alimony, insurance policies, disability, workers compensation, self-employment, unemployment, retirements, pensions, military pay, annuities, interests, dividends, rental income, etc.) Attach a new page if additional room is needed.

_____	_____	_____
Name	Gross Monthly Income	Source
_____	_____	_____
Name	Gross Monthly Income	Source
_____	_____	_____
Name	Gross Monthly Income	Source
_____	_____	_____
Name	Gross Monthly Income	Source
_____	_____	_____
Name	Gross Monthly Income	Source

## Assets Information

List the total household assets for all persons in the household 18 years of age and older even if they have no income and regardless of their relationship to you. This information must be accurate and will be verified. Include assets for all household members over 18: (cash, savings and checking accounts, online accounts, PayPal, Vimeo, equity in rental property, capital investments, stocks, bonds, CD's, treasury bills, mutual funds, money market accounts, individual retirement, 401K, Keough accounts, retirement and pension funds, cash value of life insurance if available before death, personal property held as investment, lump sum receipts, mortgage or deed of trust held, etc.) Attach a new page if additional room is needed.

Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any online accounts? Such as Vimeo, PayPal, Cash app, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Note:** If you answered yes to any of the above, enter the current balance below and provide 6 months of statements for verification (This is a new requirement from our funder and failure to so will make you ineligible)

_____	_____	_____
Name	Asset Value	Type/Source
_____	_____	_____
Name	Asset Value	Type/Source
_____	_____	_____
Name	Asset Value	Type/Source

I understand that Vinton and Gallia County have received federal assistance and I may be offered a grant/loan to pay for the home repairs on my home. I have had these terms explained to me; I understand them and if funded, will cooperate with the Vinton County Housing Program staff regarding the home repairs on my home. **I understand that neither County is obligated to offer me any assistance whatsoever.** By signing below, I attest that the information that I have given is true to the best of my knowledge and that providing false information is a violation of U.S.C. Title 18, Sec. 1001.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

The following information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname. This is an equal opportunity program. Discrimination is prohibited by Federal Law. I understand that the information provided is on a voluntary basis to enable monitoring and compliance with Federal laws prohibiting discrimination. If you have any questions regarding this application, please call Alice Lowery or Kenny Holley at 740-596-3529.

Please list all household members, age, relationship and race

White (not Hispanic origin)    Black (not Hispanic origin)    Am.Indian/Alaskan Native    Asian/Pac. Islander  
Hispanic

_____ Name	_____ Age	_____ Self	_____ Race
_____ Name	_____ Age	_____ Relationship	_____ Race
_____ Name	_____ Age	_____ Relationship	_____ Race
_____ Name	_____ Age	_____ Relationship	_____ Race
_____ Name	_____ Age	_____ Relationship	_____ Race
_____ Name	_____ Age	_____ Relationship	_____ Race

Please complete and return this application with proof of income, property ownership and bank statements to:

Vinton County Commissioners Development Department  
Attn.: Alice Lowery  
205 S. Market Street  
McArthur, Ohio 45651

***Proof of income must be in the form of a current Social Security award letter, current annual pension report, and/or current check stubs for the past two months for all residents in the household 18 years and older. Proof of property ownership is a deed or a manufactured home title AND the deed for the property that the manufactured home sits on. Completed applications can be dropped off in person at the address listed above and we can make copies of your documents for you***

**Note:** FAILURE TO PROVIDE CURRENT PROOF OF INCOME, PROOF OF OWNERSHIP, 6 MONTHS OF BANK STATEMENTS AND FULLY SIGNED AND COMPLETED APPLICATION WILL RESULT IN YOUR APPLICATION BEING PLACED IN THE INACTIVE APPLICATIONS FILE.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Dept. of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C, 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."

**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 BELOW.

I/We certify that all the information in this application is true and complete to the best on my/our knowledge. I/We understand this information is subject to verification and that it is given for the purpose of obtaining assistance for housing rehabilitation and or home repairs.

The applicant(s) further certify that they are the owner(s) 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. The applicant(s) further certify that they occupy this property as their principal residence.

I authorize this agency or its representatives and designees of the Ohio Development Services Agency (OSDA), U.S. Department of Agriculture Rural Development (USDA) 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 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 assistance will be subject to public disclosure since public funds are being utilized.

**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 \$10,000.00 or imprisoned not more than five years, or both".

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## CERTIFICATION AND WAIVER

I (We) hereby waive any all present and future claims against Vinton and/or Gallia County and any individual either in the employ of Vinton and/or Gallia County or any of the above-named entities or currently working under a contract with Vinton County, or the above-named entities, for damages in any way connected with the repairs for which I am making application as a condition of receiving home repair assistance.

I (We) understand that the contractor is insured against damage to my home as well as against injuries to me, members of my family or any other individual about the premises of my home; that he/she is insured through the Ohio Bureau of Worker's Compensation for injuries sustained by his/her employees and subcontractors; and that the contractor and all subcontractors release all mechanics liens prior to any and all payments made to them.

I (We) understand that all items and fixtures specified to be replaced or removed will become the property of the contractor unless agreed to otherwise before bidding takes place.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **Terms and Conditions for Owners Accepting Housing Repair Assistance**

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing repair assistance. These terms and conditions will become 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 Vinton County Development staff, public building, electrical, plumbing and health department officials, inspectors and contractors who are bidding on the proposed repair work.
2. Competitive Bidding. I will permit the VCD to seek competitive bids from qualified contractors for all the repair work. Bids will be requested according to procedures established by the VCD 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 VCD does not approve the next highest or other than the low bidder.
4. Side Agreements. 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 VCD until all work under the Contract is satisfactorily completed. VCD 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 home repair assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or VCD employee who exercised any functions or responsibilities in connection with the administration of this Housing Repair Program to have any interest in or benefit from a repair 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 repair work.



8. 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 client that no financial information will be disclosed or released to another government agency (except the Ohio Development Services Agency (OSDA) 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 OSDA 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 home repair program must contain a signed Authorization to Release Information.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
VCD Representative/Title

\_\_\_\_\_  
Date

**TECHNICAL ASSISTANCE FORM**

I (We) \_\_\_\_\_, request  
*Printed Name(s) Of Applicants*

Technical assistance from Vinton County Development in procuring a contractor for the rehabilitation/repair to my/our home.

I (We) \_\_\_\_\_, understand  
*Printed Name(s) Of Applicants*

That technical assistance limited to:

1. Preparation of the work write up and detailed cost estimates
2. Provision of a list of qualified contractors.
3. Collecting and summarizing contractor bids.
4. Making sure bids are responsive and include everything in the work write up.
5. Advising the owner on how to evaluate a contractors proposal.
6. Providing information on past work on specific contractors.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**CERTIFICATION OF UNDERSTANDING**

I understand that by making this application for rehabilitation assistance, may at some future date be offered a range of such rehabilitation assistance, including, but not limited to, a deferred payment and forgivable loan in the amount necessary to bring my property up to minimum standards, or a loan, either from Vinton and/or Gallia County or from a bank, with interest to be determined by my ability to pay.

I understand that I may refuse the assistance offered, and if the type of assistance offered does not meet my needs, I may so state in writing, why the conditions placed upon the assistance offered to me places an undue hardship on me and have my application reconsidered by Vinton and/or Gallia County.

I understand that Vinton and/or Gallia County is under no obligation to provide me with any type of assistance whatsoever.

I understand that more applications are likely to be received that can be accommodated under this program. Vinton and/or Gallia County has therefore established guidelines for the type of rehabilitation that can be done, developed a priority selection system for selecting among the applications received, and maximum amounts of money that can be awarded per house. I have had these explained to me and I fully understand them.

I understand that Vinton and/or Gallia County is constrained by its agreement with the State of Ohio to offer only certain types of assistance, and to conform to pre-determined rehabilitation standards. I have had these types of assistance and rehabilitation standards explained to me and I fully understand them.

I understand that my failure to provide current proof of income, proof of ownership and fully signed and completed application will result in my application being placed in the inactive applications file and that my application will not be moved to the waiting list nor will move forward until all of the information is provided. I have had this explained to me and I fully understand.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Press/Media/Marketing Release

The Vinton County Commissioner's Development Department respects your privacy and will not share or use your information in any manner not stated within.

Please fill out this form completely and sign and date below.

- *Can we use your name in our National Community Development Marketing Campaign, which may include printed, digital, website, and social media?*  
 Yes | No
- *Can we use your picture in our National Community Development Marketing Campaign, which may include printed, digital, website, and social media?*  
 Yes | No
- *Can we use "before" and "after" pictures of your home and/or the work performed on your home in our National Community Development Marketing Campaign, which may include printed, digital, website, and social media?*  
 Yes | No
- *Would you be willing to talk to the Press and/or Government Officials regarding how the Program benefited you, your family, and your home?*  
 Yes | No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Comments