

**CITY OF MEDINA**  
**In Partnership with the CITY OF BRUNSWICK**

**COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAMS**  
**(PY 2016 CHIP)**

**PROGRAM SUMMARY**  
***COMMUNITY DEVELOPMENT BULLETIN #1***

Thank you for your interest in the City of Medina Community Housing Impact and Preservation Program (CHIP). The Cities of Medina and Brunswick in order to maximize funding to our citizens successfully submitted a partnership application with City of Medina as the Grantee. The attached information will briefly describe the following programs and the requirements for participation: 1. Owner Home Repair Program and 2. Owner-Occupied Rehabilitation Program. Included are the household income guidelines that apply for all of the programs. An application is attached for those interested in applying. Please indicate the assistance you are applying for.

**1. OWNER HOME REPAIR PROGRAM**

The intent of this program is to assist those homeowners that lack the resources to address a housing problem that poses an immediate threat to the health and safety of the occupant. The City will use OCD Residential Rehabilitation Standards to prioritize work. No general property improvements will be undertaken. The Home Repair Program will **assist eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety. Handicapped accessibility and tap-ins are also eligible.** This program is available city-wide in the Cities of Medina and Brunswick for those households that have incomes of less than 80% of the area median income (see page 2). The City anticipates the average home repair to be \$9,842. The City anticipates doing fifteen (15) home repairs in the City of Medina and ten (10) home repairs in the City of Brunswick during the grant period. Only single-family, owner-occupied units in the city limits of Medina and Brunswick are eligible for the program. This funding is provided as a grant.

**2. OWNER-OCCUPIED PRIVATE REHABILITATION PROGRAM**

The purpose of the private rehabilitation program is to correct basic building code violations, health and safety issues including lead based paint hazards for qualified homeowners with household incomes at or below 80% of

median income in the Cities of MEDINA and BRUNSWICK. **Eligible repairs can include roof, gutters, windows, doors, furnace, electrical, hot water tanks, structural deficiencies and plumbing.** Only single-family, owner occupied housing units within the City limits of Medina and Brunswick are eligible. The City anticipates assisting a total of eleven (11) homeowners; five (5) in Medina and six (6) in Brunswick. The City’s Rehab Inspector will contact you to evaluate your home as part of the application process. Upon final ranking of applications, homeowners will be selected for assistance. Applications will be ranked in their service area first.

The assistance will be in the form of a 5 year 0% interest deferred loan reduced 17% per year with 15% remaining due upon transfer of the property. **No interest. No payments until transfer.** The loan will be secured by a mortgage and promissory note with a declining repayment agreement. The amount of the financial assistance for each house will vary depending on needed improvements. The average amount of assistance per unit is expected to be \$36,863. In no instance will the amount of assistance exceed \$40,000.00.

A walk-away policy has been established by the City. Should your home be considered a walk-away, you will be notified.

Work on all homes must be competitively bid. The City expects work on the selected home to begin in the spring of 2017.

**Household Income Limits by Family Size  
FOR ALL APPLICANTS**

Family Size (Persons)	Low Income (80% of MI)
1	\$37,350
2	\$42,650
3	\$48,000
4	\$53,300
5	\$57,600
6	\$61,850
7	\$66,100
8	\$70,400

Source: HUD PY 2016

**The Home Repair Program applications must be completed in full with all requested documentation and will be considered on a first come first serve basis.**

**All Owner-Occupied applications must be completed in full with all requested documentation and mailed to:**

CT Consultants, Inc.  
8150 Sterling Court  
Mentor, Ohio 44060  
Attn: Phyllis Dunlap, Program Administrator

**or you may drop off your application to:**

**CITY OF MEDINA**

Sandy Davis  
Community Development Office  
City of Medina  
132 N. Elmwood Ave.  
Medina, Ohio 44256

**CITY OF BRUNSWICK**

Pam Plavecski  
Community Development Office  
City of Brunswick  
4095 Center Road  
Brunswick, Ohio 44212

**Round one applications for this activity are due no later than Tuesday, November 15, 2016 to be ranked in the first round. Round two applications are due no later than January 15, 2017 and are contingent upon funding availability after round one applications have been addressed. Round three will be determined based upon funding availability.**

The order of receipt of applications within each City first and then within the service area will be considered as a final factor when all other factors are equal.

Questions regarding the program should be directed to the attention of Mrs. Phyllis A. Dunlap, CT Consultants at (440) 530-2230.

## FREQUENTLY ASKED QUESTIONS

Q. How do I apply?

A. You must complete an official application form available at the following locations:

City of Medina  
132 N. Elmwood Ave.  
Medina, Ohio 44256

City of Brunswick  
4095 Center Road  
Brunswick, Ohio 44095

Or you may contract Phyllis Dunlap at CT Consultants at 440-951-9000 to obtain an application.

If you are unable to come to this office, arrangements can be made for home visitation by calling (440) 951-900 and request to talk with Phyllis Dunlap. These arrangements are for handicapped or elderly persons only.

Q. How much money can I get to fix up my home?

A. The amount of the deferred loan depends on the extent of work required to bring your property in conformance with the Community Housing Code or OHCP Residential Rehabilitation Standards. However, the deferred loan will not exceed an as-bid price of \$40,000 per unit. Any expenditure in excess of these amounts must be justified and approved by the Community, or paid by the owner.

Q. Does it cost me anything to submit an application or have my home inspected?

A. NO! There are absolutely no charges for this program and your participation is voluntary.

B. The City reserves the right to “Walk Away” from a housing unit that poses undue threat to health or safety of the inspector or contractor at any time. **Housing units that violate the following will not be assisted.** Conditions which may constitute undue threat include, but are not limited to the following:

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- The presence of animal feces in any area of the dwelling unit.
- Excessive garbage build-up in and around the dwelling.
- Negligent housekeeping practices that limit access or create an unwholesome working environment.
- A threat of violence.
- The presence and/or use of any controlled substances before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Occupants allowing only limited access to the dwelling.

Q. What happens after I submit my application?

A. Community Development personnel will review your application and determine if you are eligible for a loan or grant. You will then be notified in writing of your eligibility and if you decide to participate, arrangements will be made to have your home inspected for code violations and rehabilitation standards.

Q. Are there restrictions on how the money is used or the improvements that are to be made?

- A. YES! According to the program guidelines, the money can be spent to correct Code Violations Only, and to meet rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

GENERALLY ELIGIBLE

GENERALLY INELIGIBLE

Roofs

Gutters

Windows

Doors

Furnaces

Hot Water Tanks

Structure Deficiencies (Porches, Floors)

Walk Stairs

Plumbing

Electrical including new 100 AMP Service

Air Conditioning

Detached Garages

Room Additions

General Property Improvements

Cosmetic Items (carpeting, wallpaper)

Only work approved by this department may be performed, and must be completed within a 75-day period.

All work must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.

**CITY OF MEDINA**  
**IN PARTNERSHIP WITH THE CITY OF BRUNSWICK**  
**PY 2016 CHIP**

**COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM**  
**APPLICATION CHECKLIST**  
**PLEASE RETURN THESE ITEMS WITH YOUR APPLICATION**

Complete

Not Applicable

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All persons living in the household must be included in the application.   |
| <input type="checkbox"/> | <input type="checkbox"/> | All persons in the household receiving income must be indicated on the application.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can <b>also</b> submit a copy of your pay stubs for the past 6 months.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. <b>To obtain your Social Security Monthly Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m.</b> or request it on the internet at <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed - provide complete copies of 3 most current Federal Tax Returns filed;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving unemployment - provide copy of the current Unemployment Benefit Statement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support - provide documentation of child support and/or sign the authorization to verify income. Indicate the County your child support payments are received from.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document showing status as full-time student.) Please indicate if student is employed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed. Please provide signed statement regarding same.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Current Bank Statements for Checking and Savings Accounts – two months.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicants must furnish a copy of the property deed prior to receiving assistance. You can obtain a copy of your property deed from the County Recorder's office.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement.   |

**PLEASE DROP YOUR APPLICATION DOCUMENTS AT THE CITY HALL FOR YOUR COMMUNITY  
OR MAIL YOUR COMPLETED APPLICATION TO:**

**CITIES OF MEDINA & BRUNSWICK**

CT CONSULTANTS, INC.  
ATTN: PHYLLIS DUNLAP  
8150 Sterling Court  
Mentor, Ohio 44060



**CITY OF MEDINA**  
IN PARTNERSHIP WITH CITY OF BRUNSWICK  
**2016 CHIP**  
**PROGRAM APPLICATION**

- CITY OF MEDINA  
 CITY OF BRUNSWICK

Programs you are applying for:

- OWNER HOME REPAIR  
 OWNER-OCCUPIED HOUSING REHAB

RECEIVED \_\_\_\_\_

Date: \_\_\_\_\_

**I. Personal Data: (Include all persons living in the household.)**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Is spouse deceased? Yes / No Divorced? Yes / No

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**No. of Persons living in the home:** \_\_\_\_\_ Any person living in Home with EBL? \_\_\_ Yes \_\_\_ No

Are any of the persons living in this household handicapped or disabled: Yes \_\_\_ No \_\_\_ Ages \_\_\_\_\_

Optional: Race or Ethnic Origin Code: \_\_\_\_\_

0-White    1-Black African American    2-Am Indian Alska Na    3-Asian    4-Asian & White  
5-Native Hawaiian Other Pacific Is.    6-Amer Ind. Alska Native & White    7-Blk. African Amer & White  
8-Amer Ind. Alska Native & Blk.Afr Amer    9-Other Multi-Racial

**II. Employment (All Household Members)**

**Applicant #1 Employer:** \_\_\_\_\_

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Applicant #2 Employer:** \_\_\_\_\_

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Other Employment (name of person employed):** \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pension Provider or other income:** \_\_\_\_\_

\_\_\_\_\_ (address) \_\_\_\_\_ (phone number)  
(please put any additional income on the reverse):

**III. Gross Income (INCLUDE ALL HOUSEHOLD MEMBERS)**

		Applicant	Co-Applicant	Other	TOTAL ALL
Base Pay	Hourly				
Hourly Rate					
Pension					
	Amount				
Social Security	Monthly				
Rental Income	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Monthly				
Disability	Monthly				
Other					
Total Monthly Income					

**Assets:**

1. Real Estate Owned other than your principal residence:  
Address \_\_\_\_\_ Value: \_\_\_\_\_  
Address \_\_\_\_\_ Value: \_\_\_\_\_
2. Other Assets: \_\_\_\_\_ \$ \_\_\_\_\_

**IV. Indebtedness\*\***

Rehab Address: \_\_\_\_\_

Mortgager Name: \_\_\_\_\_ Mortgager Address: \_\_\_\_\_

Original Mortgage Amount: \$ \_\_\_\_\_

Pres. Mortgage Balance: \$ \_\_\_\_\_ (Please provide copy of current statement.)

Monthly P&I Payment: \$ \_\_\_\_\_

Property Tax (If not included): \$ \_\_\_\_\_

Utilities: (only what applicant provides)

**Average Monthly costs:**

Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_





**V. Homeowners Insurance - All Applicants**

Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent Name. \_\_\_\_\_

Agent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. Additional Information - All Applicants:**

Age of Unit: \_\_\_\_\_ years

No. of Bedrooms: \_\_\_\_\_

Are all real property taxes paid and current? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your mortgage payments current? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding or delinquent accounts with the City of Medina or Brunswick? Yes \_\_\_\_\_ No \_\_\_\_\_

In the last seven years, have you declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had property foreclosed upon? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding judgments? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you obligated to pay ordinary child support? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you purchasing your home under a land contract: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently under citation for a building or zoning code violation? If yes, please explain.

\_\_\_\_\_

**In general what are the housing rehabilitation needs of the home?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you currently have an application pending with Wayne/Medina Community Action? \_\_\_ yes \_\_\_ no.**

**Are you interested in applying for additional funding through Wayne/Medina Community Action including but not limited to the Weatherization Program? \_\_\_ yes \_\_\_ no.**

**If so, may we share your contact information with Wayne/Medina Community Action for the purposes of additional funding? \_\_\_ yes \_\_\_ no.**

**To be considered for the program, Owner-Occupied Private Rehabilitation applications are due 4:00 p.m., November 15, 2016 for Round One, 4:00 p.m. January 15, 2017 for round two. Applications will continue to be received and will be reviewed should funding remain available. The order of receipt of applications will be considered as a final factor when all other factors are equal.**

**The Home Repair Applications will be considered on a first come first serve basis.**

**Certification of 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 THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE 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.

I further certify that I am the owner(s) of the property identified in this application and that any and all funds provided me 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 the City, through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) 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 the 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 \$10,000.00 or imprisoned not more than five years, or both.”

Address: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

**COMMUNITY HOUSING IMPROVEMENT PROGRAM**  
**APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME**

As an applicant for the City's Owner-Occupied Rehabilitation Program and/or Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the City concerning my income, assets, and expenses as reported herein by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TERMS AND CONDITIONS FOR OWNERS ACCEPTING  
HOUSING REHABILITATION ASSISTANCE**

These are the terms and conditions which you as Owner(s) must agree to in order to receive housing rehabilitation 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 City staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are bidding on the proposed rehabilitation work.  
  
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 City staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by the City staff and in accordance with 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 City staff 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 City staff until all work under the Contract is satisfactory and closing inspections are completed. The City of Medina staff assumes no responsibility for the cost or quality of work not covered by the Agreement or approved by 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 City 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 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. 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 Grantee may subordinate its loan if, in its judgment, it is in the best interests of both the Grantee and the Owner and approved in writing.
10. Loan Repayment. I agree to execute a Promissory Note, Declining Payment Agreement and Mortgage. The specific terms governing the loan are contained in the Promissory Note, Declining Payment Agreement and the Truth-in-Lending Statement.
11. Right to Financial Privacy. The Federal Financial 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 Department of Development (ODOD) 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 ODOD 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.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date

# TERMS AND CONDITIONS FOR OWNERS ACCEPTING HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

**As Applicant, I (we) agree to:**

1. Inspection. I will allow inspection of the property by the City of Medina staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

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 Estimates. I will permit the City staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by the City staff and in accordance with federal, state and local laws.
3. 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 City 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. Right to Financial Privacy. The Federal Financial 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 Department of Development (ODOD) 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 ODOD 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.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date



**CONFLICT OF INTEREST DECLARATION**  
**IN COMPLIANCE WITH**  
**CDBG PROGRAMS - 24 CFR § 570.489(h)**  
**HOME PROGRAMS - 24 CFR § 92.356**

Pursuant to 24 CFR § 570.489(h) and 24 CFR § 92.356 I, \_\_\_\_\_, hereby declare that I, and anyone in my household, is:

- \_\_\_\_\_ 1) related to an employee of City of Medina or CT Consultants, Inc.
  - a) Name of Relative \_\_\_\_\_
  - b) Position Held \_\_\_\_\_
  
- \_\_\_\_\_ 2) NOT related to an employee of the City of Medina or CT Consultants, Inc.

I declare that the forgoing statement is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

**FAIR HOUSING INFORMATION**

This will acknowledge that I received fair housing information with my application.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO MS. SANDY DAVIS, COMMUNITY DEVELOPMENT DIRECTOR, CITY OF MEDINA AT (330) 722-0397.