

**Ohio Tornado Survivor Pathway to Homeownership Program (PTHO Program)  
CDBG-DR Housing Recovery Programs Application**

**Traducción al español está disponible a petición/  
Spanish translation is available upon request.**

**Instructions for Application**

**General Instructions**

- Read the instructions for this application.
- Please type or use Blue or Black ink. Do not use pencil.
- Please fill out this entire application and submit copies of required documents. Incomplete applications and those missing documentation cannot be fully processed until all required paperwork has been submitted. Please refer to the attached Required Document Checklist for a list of all required paperwork.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date this application.

**Required Documents:**

The PTHO Program assistance is restricted to applicants who were renters at the time of the tornado and whose primary residence was impacted by the tornado (May 27, 2019). The following documents are preferred options as proof of residency:

- Documentation of Residency** (please provide one of the following with your application);
  - Lease for the impacted dwelling in the applicant's or co-applicant's name valid during the time period encompassing May 27, 2019
  - Verification of utility service for the impacted dwelling in the applicant's or co-applicant's name - electric (DP&L/AES) or natural gas (Vectren/Centerpoint) bill or verification letter that encompasses service for May 27, 2019. The bill or verification letter must match a name and address on the PTHO program application. (Instructions on how to obtain a copy of your bill or verification letter from this timeframe are detailed on "How to Get Verification of Your Utility Service" posted on the HomeOwnershipDayton.org website).
  - FEMA letter addressed to the applicant or co-applicant showing payment received for impacted dwelling contents.
  - 2018 or 2019 tax return listing the impacted dwelling address valid at the time of the storm
  - Copy of driver's license, state or federally issued photo ID, valid at the time of the storm and listing the impacted dwelling address

If there are circumstances that make obtaining any of these documents for proof of occupancy difficult, the PTHO case manager can provide you with a list of alternative documents that may satisfy the requirement for proof of residency at the time of the storm.

**Once you have completed your application:**

Mail or drop the following to the HomeOwnership Center of Greater Dayton, 130 West Second Street, Suite 1420, Dayton OH 45402 or email to [ContactUs@hocgd.org](mailto:ContactUs@hocgd.org)

- Completed application, signed and dated.
- Verification of residency at a tornado impacted property as of May 27, 2019 (one of the options from the Documentation of Residency list above).

**PTHO Application – Eligibility Information**

**Instructions:** Please complete this entire application and submit with copies of required residency and occupancy documents.

<b>Section A: ELIGIBILITY INFORMATION</b>	
<b>Name</b>	<b>Date of Birth</b> ____/____/____
Do you require language translation assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you living in a rental unit that was impacted by the Memorial Day Tornadoes (May 27, 2019)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Was your (or your co-applicant's) name on the lease for the rental property at that time (May 27, 2019)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your (or your co-applicant's) name on the accounts for DP&L/AES or Vectren/Centerpoint for the rental property at that time (May 27, 2019)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
How many people reside in your household?	
Are you currently receiving subsidized housing assistance? (Section 8, Housing Choice Voucher, or any other subsidized housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your household currently meet the income eligibility guidelines as detailed on the Program Income Limit chart below?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**Program Income Limit Per Household Size**

The Pathway to Homeownership Program has been developed to serve low to moderate income households. The table below indicates the 120% Average Median Income thresholds based on household size. Eligible applicants will typically have income at or below 120% AMI.

	Number of People in Household							
	1	2	3	4	5	6	7	8
<b>Household Income Threshold (120% AMI)</b>	\$70,725	\$80,775	\$90,900	\$100,950	\$109,050	\$117,150	\$125,250	\$133,275

**ADDRESS AT TIME OF DISASTER** - Provide basic information concerning the **property you were residing in on May 27, 2019.**

Disaster Impacted Property Address:		
Disaster Impacted Property Address Line 2:		
City:	County:	Zip:
Are you currently living in the disaster impacted property?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**PTHO Application – Primary Applicant**

**Section B: Primary Applicant (Head of Household) - Complete the following section for the Primary Applicant**

Name		
Date of Birth ____/____/____	Gender	
Phone (____) _____ - _____	Email	
Address:		
Address Line 2:		
City:	State:	Zip:
Is this person currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who is the Employer:	If yes, what is this person's Occupation:	
Does this person receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list all sources of income:		
What is this person's estimated total monthly income from all sources?		
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single	Military Service <input type="checkbox"/> Active Duty/Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> None	
Does this person have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest level of education? <input type="checkbox"/> Graduate School <input type="checkbox"/> College <input type="checkbox"/> Junior/Community College	<input type="checkbox"/> High School/GED <input type="checkbox"/> Junior High School <input type="checkbox"/> Other	
<b>This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.</b>		
<b>E16 - RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):</b>		
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial	
<b>E17 - ETHNICITY FOR HEAD of HOUSEHOLD (Check one):</b>		
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."		
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
<b>E18 - Is the Head of Household female?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PTHO Application – Additional Adult Household Members (as applicable)**

<b>Section C1: Co-Applicant (if applicable)</b>	
Name	
Date of Birth _____/_____/_____	Gender
Is this person currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who is the Employer:	If yes, what is this person's Occupation:
Does this person receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list all sources of income:	
What is this person's estimated total monthly income from all sources?	
Does this person have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.</b>	
<b>RACE AND ETHNICITY FOR OTHER ADULT HOUSEHOLD MEMBER (Check one):</b>	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
<b>ETHNICITY FOR CO-APPICANT (Check one):</b>	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

<b>Section C2: Other Adult Household Members in Household</b> - Complete the following section for all household members age 18 or older who occupy the property as their primary residence. Make copies, if necessary, for any additional adult household members.	
Name	
Date of Birth _____/_____/_____	Gender
Is this person currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who is the Employer:	If yes, what is this person's Occupation:
Does this person receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list all sources of income:	
What is this person's estimated total monthly income from all sources?	

**PTHO Application – Child Household Members Residing in the Household (as applicable) & Alternate Contact**

**Section D: Other Child Household Member** - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional child household members.

Name	
Date of Birth ____/____/____	Gender
Number of months during the year the child lives in the Household?	

**Section D2: Other Child Household Member** - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional child household members.

Name	
Date of Birth ____/____/____	Gender
Number of months during the year the child lives in the Household?	

**Section D3: Other Child Household Member** - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional child household members.

Name	
Date of Birth ____/____/____	Gender
Number of months during the year the child lives in the Household?	

**Section D4: Other Child Household Member** - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional child household members.

Name	
Date of Birth ____/____/____	Gender
Number of months during the year the child lives in the Household?	

**PTHO Application – Alternate Contacts (Optional)**

**Section E: Alternate Contact** - This information is being collected to assist in locating you in the event that you move or are living temporarily in another location. You may also list a contact that is helping you through this process.

<b>Alternate Contact (Optional)</b>		
Name		
Phone (____) _____ - _____	Email	
Mailing Address:		
Mailing Address Line 2:		
City:	State:	Zip:

## PTHO Application – Certification and Authorization

Please read the following carefully and in acknowledgement of this policy, please sign your name(s) and date where indicated.

**I/We certify the following:**

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the Tornado Survivor Pathway to Homeownership Program and may result in legal action against me/us.
- I/We understand that completion of this application does not guarantee that my/our eligibility for the Tornado Survivor Pathway to Homeownership Program.
- I/We certify that I/we were living in the disaster impacted property address I/we provided on our application and that it was my/our primary residence on May 27, 2019.
- I/We authorize the staff of the HomeOwnership Center of Greater Dayton and County Corp to obtain specific reports, such as credit reports, which said staff deems necessary to perform its functions. I/We understand that information in this application may be shared with funders for the purpose of 3<sup>rd</sup> Party verification and funding compliance.
- My/Our signature below indicates that I/we have read, understood, and agree to all statements on this application.

**Applicant's Authorization:**

I acknowledge that a photocopy of this form is as valid as the original; I have the right to review information received using this form; I have the right to a copy of information provided to the HomeOwnership Center of Greater Dayton and to request correction of any information I believe to be inaccurate; AND All adult household members will sign this form and cooperate with the HomeOwnership Center of Greater Dayton in the eligibility verification process.

<i>Signatures:</i>		
<i>Signature-Applicant/Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Co-Applicant (if applicable)</i>	<i>Print Name</i>	<i>Date</i>
<i>Additional Adult Household Member (if applicable)</i>	<i>Print Name</i>	<i>Date</i>

**Equal Opportunity:** In accordance with the provisions of the Equal Opportunity Act and the Tornado Survivor Pathway to Homeownership Program (PTHO) policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The PTHO Program Grantees and subcontractors are committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

**Confidentiality:** In order to process an application, the HomeOwnership Center of Greater Dayton and County Corp may supply and receive information as detailed in the “Consent to Release” clause that you will execute. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

