

# City of Lima, Ohio

Department of Community Development  
50 Town Square, Lima, Ohio 45801-4900 Tel: 419/221-5146 Fax: 419/221-5144

## APPLICATION PACKET City of Lima HOME Update Repair Loan Program

Dear Applicant,

This packet includes the following:

The **Housing Program Flyer** lists the programs currently available through the Department of Community Development. It briefly describes the programs as well as lists the current household income limits (yearly gross).

The Application Process **Checklist**

The **Application for the City of Lima HOME Update Repair Loan Programs** will need to be completely filled out. Income from all sources and from all household member 18 years and older will need to be included. If you need additional forms or have any questions please contact the Housing Loan Originator at the number listed below.

**PLEASE NOTE:** Due to limited funding, the HOME Update program will be focusing on serious life and safety repairs such as applications for furnace, water line, sewer line or gas line repairs. The Housing Rehabilitation Inspector will determine if it is a serious life of safety repair during the preliminary inspection.

Please call if you have any questions.

Laurel McGee  
Housing Loan Originator  
Phone: 419-221-5147  
Office Hours: Monday – Friday 8:00 am to 5:00 pm  
Email: laurel.mcgee@cityhall.lima.oh.us



# HOUSING PROGRAMS - LIMA, OHIO

The following programs are available through the Department of Community Development (DCD)

**HOME Update** - a repair loan program designed to assist resident homeowners by repairing major health and safety violations, up to a maximum of \$24,000. The home must meet City of Lima Property Maintenance Code Standards at completion of repairs.

Household income cannot exceed the amounts listed on the Income Chart for HOME update and Emergency repair below. The amount of existing mortgage plus repair mortgage cannot exceed the value of your home.

Repayment amount for the repair loan reduces at the rate of 20% per year if the homeowner maintains insurance coverage, retains ownership, and resides in the home for a period of 5 years.

**Emergency Repair** - a repair loan program designed to assist low income resident homeowners by repairing emergency major health and safety issues, up to a maximum of \$5,000.

Household income cannot exceed the amounts listed on the Income Chart for HOME Update and Emergency Repair below.

Repayment amount for the repair loan reduces at the rate of 20% per year if the homeowner maintains insurance coverage, retains ownership, and resides in the home for a period of 5 years.

Priority review will be given to applicants who are referred to the City by Adult Protective Services.

To determine eligibility for these loans, you must complete the Loan Application with supporting documents including:

- Recorded deed to the property and mortgage information
- Current homeowner's insurance policy
- Household income documentation
  - employer information
  - benefit information
  - bank account information

You must also complete the 6 hour Wealth Prep class on budget and finance.

**Income Chart for HOME Update and Emergency Repair:**

Household Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
50% of Median	\$23,500	\$26,850	\$30,200	\$33,550	\$36,250	\$38,950	\$41,650

**First Home Lima** - A down payment loan program for households buying their first home in Lima with income below 80% of the median income. Household income cannot exceed the amounts listed on the chart below. Homebuyers may earn up to \$6,000 toward down payment and closing costs by participating in the First Home Lima Housing Counseling Program.

Repayment amount of the down payment loan reduces at the rate of 20% per year if the homeowner maintains insurance coverage, retains ownership, and resides in the home for a period of 5 years.

To determine eligibility for the loan, you must complete the Loan Application with supporting documents including:

- household income documentation
- personal credit documentation
- employer information
- benefit information
- bank account information

You must also complete the First Home Lima Housing Counseling Classes.

**Income Chart for First Home Lima:**

Household Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
80% of Median	\$37,600	\$43,000	\$48,350	\$53,700	\$58,000	\$62,300	\$66,600

For further details concerning these programs, call 419-221-5147, or stop by the DCD offices at the Lima Municipal Center, 50 Town Square, Lima, Ohio.



# HOME Update Program



The Home Update Program is designed to assist lower income homeowners in repairing major health or safety issues in their home, which will correct ALL code violations, up to a maximum of \$24,000. Many lower income homeowners cannot repay a loan, therefore the Home Update Program eliminates repayment of the repair loan if the homeowner maintains ownership and resides in the home for a period of 5 years.

### Income Eligibility Guidelines

The household income of an eligible homeowner cannot exceed 50% AMI (Area Median Income) for the Lima area. All financial information provided by applicants will be verified with written consent from the applicant.

### Maximum Incomes by Household Size Are:

Persons in Household	Maximum Income	Persons in Household	Maximum Income
1 Person	\$ 23,500	5 Persons	\$ 36,250
2 Persons	\$ 26,850	6 Persons	\$ 38,950
3 Persons	\$ 30,200	7 Persons	\$ 41,650
4 Persons	\$ 33,550	8 Persons	\$ 44,300

### Limits of Assistance and Repairs

All update repair work will be based on an on-site assessment by The City’s rehabilitation staff, with detailed specifications prepared for eligible repairs. The maximum amount available to a qualified homeowner will be \$24,000, which will be used to resolve health and safety issues and bring the entire property up to property maintenance code, as determined by the housing rehab inspector.

### Eligible Repairs Could Include:

- hazardous or non-operational electric service
- blocked or broken sewer lateral
- leaking gas lines or main
- broken water service line
- leaking roof (limited to area)
- severe leaking water or drain lines
- any issues that would need to be addressed to comply with all property maintenance codes
- severely damaged window/door
- inoperable water heater
- visible hazardous wiring or components
- hazardous floor/wall/ceiling areas
- improperly vented fuel-burning appliances
- non-operational toilet

**For more information contact DCD’s Housing Division (419-221-5147)**

## CHECKLIST

### City of Lima HOME Update Repair Loan Program

#### A. The Application Process. Applicant Must:

- To qualify the applicant must be within the income guidelines, please refer to the Housing Programs flyer (page 2) included in the application packet.
- The applicant must own the home, live in the home and the home must be located within the City limits of Lima.
- The applicant does not qualify if they have received prior funding from the home update or emergency repair program
- Property taxes must be current.
- Applicant must have a Current Homeowners Insurance. Provide proof of homeowner's insurance with the application or have your insurance agent fax a declaration page to fax number: **419-221-5144** to the attention of Housing Loan Originator
- If the applicant has a mortgage, mortgage payments must be up to date, provide information with the application showing the mortgage payments are current.
- The balance of the mortgage plus repairs cannot exceed the value of your home.
- If applicable provide a copy of the recorded deed to the property with the application. All persons recorded on the deed must be income qualified and living in the home.
- If applicable, provide a copy of a current award/benefits letter if receiving Social Security (SSA or SSI)
- If applicable, provide child support payment records for the past 3 months.

Recipients of SSA & SSI need to attach your most recent award letter, which states that their monthly benefits are for the current year. If you do not have one, you will need to contact Social Security and ask them to send you one; SSA/SSI 800-772-1213 or [www.ssa.gov](http://www.ssa.gov).

For Child Support verification, please provide payment records for at least the past 3 months by accessing your account at <http://jfs.ohio.gov/ocs>. If you are unable to access your account, please call 1-800-860-2555.

**ALONG WITH THE APPLICATION AND VERIFICATION FORMS, PLEASE SUBMIT:**

1. Copy of the Deed to your property
2. Proof of Homeowners' Insurance
3. Property taxes must be current. The City of Lima will verify if Property Taxes are current through the Allen County Auditor's website. If recent payments have been made, please provide a copy of your paid receipt.
4. Mortgage payments must be current. The City of Lima will verify using the Mortgage Verification form.

I understand the information contained on this form will be used in determining my/our eligibility for my/our request for a loan under HOME Update and hereby certify the information is true and correct to the best of my knowledge and belief. I understand that I may be required to complete other forms and supply additional information in the processing of this application. I authorize the City of Lima to obtain verifications, employment verification, account balances and credit reports. I authorize the City of Lima official to enter onto my property and inspect the interior and/or exterior of structures for purposes of processing this application.

SIGNATURE OF APPLICANT(S) \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

How did you hear about the City of Lima Housing Programs?

(circle) Newspaper - TV - Radio - Word of Mouth - Other \_\_\_\_\_

**If you have questions when filling out this application, call 419-221-5147**





**MUST BE FILLED OUT COMPLETELY**

FOR OFFICE USE ONLY	
REC'D _____ # _____	
INSPECTION DATE _____	
D _____ U _____ E _____ DATE _____	

1st APPLICANT

LAST NAME FIRST NAME INITIAL SOCIAL SECURITY # BIRTH DATE

2nd APPLICANT

LAST NAME FIRST NAME INITIAL SOCIAL SECURITY # BIRTH DATE

MARITAL STATUS ADDRESS ZIP

PHONE (home) (work) (cell)

EMAIL ADDRESS

Other occupants and ages in household - DEPENDENTS

FULL NAME	AGE	RELATIONSHIP

Other occupants and ages in household - NON-DEPENDENTS

FULL NAME	AGE	RELATIONSHIP

Do you own the home at the address shown above? ( ) YES ( ) NO

How long have you occupied the home? \_\_\_\_\_ YEARS

Is this a single family dwelling? ( ) YES ( ) NO

If not single family, how many units? \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

<b>DEMOGRAPHICS</b>
Ethnicity (Choose One)
( ) Hispanic or Latino
( ) Not Hispanic or Latino
Race (Choose those that apply)
( ) American Indian or Alaskan Native
( ) Asian
( ) Black or African American
( ) Native Ahwaiian or Pacific Islander
( ) White

Give the name and address of the person, institution or bank who holds the mortgage, note or contract on the home:

Present Balance: \$ \_\_\_\_\_ Estimate of Value: \$ \_\_\_\_\_ MIV \_\_\_\_\_ YEAR BUILT \_\_\_\_\_

List repairs or improvements which may be necessary to update or correct health or safety hazards:

## EMPLOYMENT INFORMATION

1st APPLICANT

2nd APPLICANT

OCCUPATION _____ EMPLOYER'S NAME _____ EMPLOYER'S ADDRESS _____ <hr/> GROSS PAY PER MONTH \$ _____ DATE STARTED _____	OCCUPATION _____ EMPLOYER'S NAME _____ EMPLOYER'S ADDRESS _____ <hr/> GROSS PAY PER MONTH \$ _____ DATE STARTED _____
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### MONTHLY INCOME INFORMATION

### ASSETS

Gross wages for 1st Applicant	\$ _____
Gross wages for 2nd Applicant	\$ _____
Pensions or Annuities	\$ _____
Social Security	\$ _____
Child Support	\$ _____
Income from Other Adults	\$ _____
Rental Income (gross)	\$ _____
Other Income (Explain)	\$ _____
<hr/>	
TOTAL Gross Monthly Income	\$ _____

Checking	\$ _____
Savings	\$ _____
Automobiles	\$ _____
U.S. Savings Bonds	\$ _____
Other Real Estate (Present Market Value)	\$ _____
Stocks, Bonds, Other	\$ _____
<hr/>	
TOTAL Assets	\$ _____

### MONTHLY HOUSING EXPENSE

### OTHER MONTHLY EXPENSES

Mortgage Payment	\$ _____
House Insurance	\$ _____
Property Taxes	\$ _____
Utility Costs:	
Gas/Heat	\$ _____
Electric	\$ _____
Water/Garbage	\$ _____
TOTAL Housing Costs	\$ _____

Name of Account	Monthly Pmt.	Balance
<hr/>		
Automobiles		
	\$ _____	\$ _____
<hr/>		
Loans or Other Notes		
	\$ _____	\$ _____
<hr/>		
Charge/Installment accounts		
	\$ _____	\$ _____
<hr/>		
<hr/>		
Other Monthly Expenses		
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL Other Monthly Expenses		\$ _____

If more room is needed, please place additional information on the back of the application form.

REQUEST FOR VERIFICATION OF ACCOUNTS

APPLICANT

YOUR BANK

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I understand that the City of Lima will need to verify the information provided in the Housing Repair Loan Application in order to ascertain my/or eligibility to participate in the program. I hereby authorize the release of information, including employment history, credit history and other appropriate information necessary for the processing of my/our application

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\***APPLICANT DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

RETURN IT WITH THE APPLICATION TO THE  
CITY OF LIMA DEPARTMENT OF COMMUNITY DEVELOPMENT

The requested information in this Verification of Accounts is for the confidential use of the City of Lima, Ohio and its Agents in processing the Housing Repair Loan Application. We will appreciate your cooperation in supplying the information requested below.

Sincerely,

City of Lima  
Department of Community Development  
50 Town Square  
Lima, OH 45801  
Phone: 419-221-5147 Fax: 419-221-5144  
email: don [laurel.mcgee@cityhall.lima.oh.us](mailto:laurel.mcgee@cityhall.lima.oh.us)

Laurel McGee  
Housing Loan Originator

SAVINGS ACCOUNT

Account # \_\_\_\_\_

Balance \_\_\_\_\_

Account # \_\_\_\_\_

Balance \_\_\_\_\_

CERTIFICATE OF DEPOSIT

Account # \_\_\_\_\_

Balance \_\_\_\_\_

Maturity Date \_\_\_\_\_

Account # \_\_\_\_\_

Balance \_\_\_\_\_

Maturity Date \_\_\_\_\_

CHECKING ACCOUNT

Account # \_\_\_\_\_

Balance \_\_\_\_\_

Account # \_\_\_\_\_

Balance \_\_\_\_\_

INFORMATION PROVIDED BY:

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



REQUEST FOR VERIFICATION OF EMPLOYMENT

APPLICANT

WHERE DO YOU WORK

Name \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Social Security # \_\_\_\_\_

I understand that the City of Lima will need to verify the information provided in the Housing Repair Loan application in order to ascertain my/our eligibility to participate in the program. I hereby authorize the release of information, including employment history, credit history and other appropriate information necessary for the processing of my/our application.

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

\*\*\*\*\* APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

RETURN IT WITH THE APPLICATION TO THE
CITY OF LIMA DEPARTMENT OF COMMUNITY DEVELOPMENT

The requested information in this Verification of Employment is for the confidential use of the City of Lima, Ohio, and its Agents in processing the Housing Repair Loan Application. We will appreciate your cooperation in supplying the information requested below.

Sincerely,

City of Lim:
Department of Community Development
50 Town Square
Lima, Ohio 45801
Phone: 419-221-5147 Fax: 419-221-5144
email: laurel.mcgee@cityhall.lima.oh.us

Laurel McGee
Housing Loan Originator

Position Held \_\_\_\_\_ Compensation: (Actual amounts received past 12 mos.)
Dates of Employment \_\_\_\_\_ Base Salary or Wages \_\_\_\_\_
Hourly Rate of Pay \_\_\_\_\_ Overtime \_\_\_\_\_
Approximate Hours Per Week \_\_\_\_\_ Commissions \_\_\_\_\_
If seasonal employment, please indicate layoff period. \_\_\_\_\_ Bonus \_\_\_\_\_
Probability of Continued Employment \_\_\_\_\_ TOTAL \_\_\_\_\_

Information provided by: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

REQUEST FOR VERIFICATION OF BENEFITS

APPLICANT

BENEFIT PROVIDER

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I understand that the City of Lima will need to verify the information provided in the Housing Repair Loan application in order to ascertain my/our eligibility to participate in the program. I hereby authorize the release of information, including employment history, credit history and other appropriate information necessary for the processing of my/our application.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\***APPLICANT - DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

RETURN IT WITH THE APPLICATION TO THE CITY OF LIMA  
DEPARTMENT OF COMMUNITY DEVELOPMENT

The requested information in this Verification of Benefits is for the confidential use of the City of Lima and its Agents in processing the Housing Repair Loan Application. We will appreciate your cooperation in supplying the information requested below.

Sincerely,

City of Lima  
Department of Community Development  
50 Town Square  
Lima, OH 45801  
Phone: 419-221-5147 Fax 419-221-5144  
email: dor [laurel.mcgee@cityhall.lima.oh.us](mailto:laurel.mcgee@cityhall.lima.oh.us)

Laurel McGee  
Housing Loan Originator

A.	Welfare Assistance (per month)	\$ _____
B.	Social Security Income: Gross Amount	\$ _____
	Medicare Deduction	\$ _____
	Net Amount	\$ _____
C.	Supplemental Security Income (per month)	\$ _____
D.	Military or Veteran Pension (per month)	\$ _____
E.	Pension (per month)	\$ _____
F.	Other Income (per month)	\$ _____

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

REQUEST FOR VERIFICATION OF MORTGAGE

APPLICANT

WHO HAS YOUR MORTGAGE

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I understand that the City of Lima will need to verify the information provided in the Housing Repair Loan application in order to ascertain my/our eligibility to participate in the program. I hereby authorize the release of information, including employment history, credit history and other appropriate information necessary for the processing of my/our application.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\***APPLICANT - DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

RETURN IT WITH THE APPLICATION TO THE  
CITY OF LIMA DEPARTMENT OF COMMUNITY DEVELOPMENT

The requested information in this Verification of Mortgage is for the confidential use of the City of Lima, Ohio and its Agents in processing the Housing Repair Loan Application. We will appreciate your cooperation in supplying the information requested below.

Sincerely,

City of Lima  
Department of Community Development  
50 Town Square  
Lima, OH 45801  
Phone: 419-221-5147 Fax: 419-221-5144  
email: don [laurel.mcgee@cityhall.lima.oh.us](mailto:laurel.mcgee@cityhall.lima.oh.us)

Laurel McGee  
Housing Loan Originator

\*\*\*IF THERE IS A FEE TO BE CHARGED FOR THIS DATA, PLEASE CONTACT DONNA LAUREL MCGEE AT 419-221-5147 BEFORE PROCESSING. THANK YOU!

MORTGAGE DATA

PRPPERTY ADDRESS \_\_\_\_\_

MORTGAGE DATE \_\_\_\_\_ ORIGINAL AMOUNT \$ \_\_\_\_\_

MATURITY DATE \_\_\_\_\_ PRESENT BALANCE \$ \_\_\_\_\_

TYPE OF MORTGAGE: CONVENTIONAL \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_

MONTHLY PAYMENT: Principal & Interest \$ \_\_\_\_\_  
Mortgage & Insurance \$ \_\_\_\_\_  
Real Estate Tax Escrow \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

ARE PAYMENTS CURRENT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, AMOUNT IN ARREARS \$ \_\_\_\_\_

HAS THIS ACCOUNT BEEN SATISFACTORY? YES \_\_\_\_\_ NO \_\_\_\_\_

INFORMATION PROVIDED BY: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_