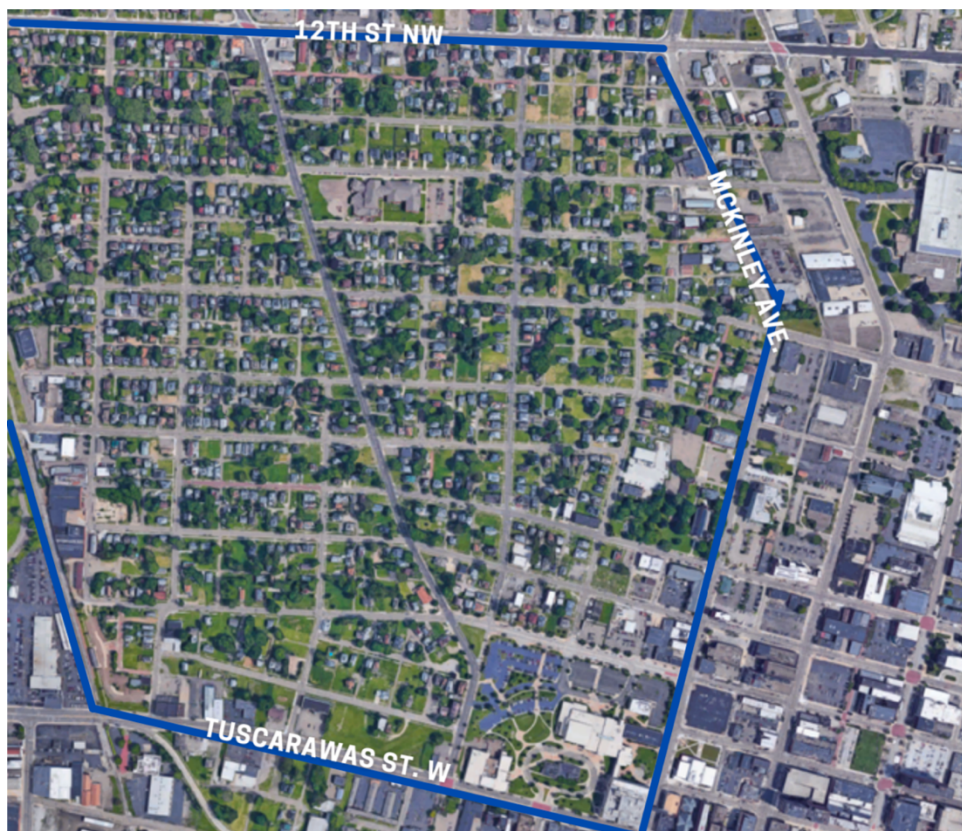


Neighborhood Home Owner Application

Canton for All People works to create quality affordable homeownership opportunities for individuals and families at 80% or below of the Area Median Income (See chart below). This is in keeping with our value in providing support in ways that lift up individuals and communities. Please fill out the following application and provide the needed documents so we can help you along with your home-ownership goals.

Eligibility Requirements:

- Must be able to qualify for a mortgage through a traditional lender. We have relationships with a number of lending institutions and would be happy to provide them if you need recommendations.
- Must be purchasing a C4AP home in the area below.
- Total household income may not exceed 80% of the Area Median Income (AMI) as determined annually by HUD. See page 2 for current guidelines.
- You may not have an undischarged bankruptcy.
- Must possess homeowner's insurance at the time of application and throughout the duration of the grant.
- Be willing to sign a restrictive covenant prior to closing helping to keep the property affordable for future buyers.





Neighborhood Home Ownership Application

Income Limits

Eligible applicants must earn at or below 80% of the Area Median Income (AMI), as determined annually by HUD, adjusted for family size. The total household income, including income from salaries and/or wages, Social Security, child support, SSI, disability, retirement, unemployment, Workers Comp, adoption subsidy, rental income, other, is used when calculating gross income. The following chart outlines program income limits for 2023.

FY 2023 Income Limit Area
Canton, Ohio HUD Metro FMR Area

Household Size	1	2	3	4	5	6
80% AMI						
Max Gross Income	\$45,600	\$52,100	\$58,600	\$65,100	\$70,350	\$75,550

Document Checklist

Refer to the below checklist to determine the required documents you must submit to process your application. Please read through your application carefully to ensure that you have completed each section correctly.

Required Application Documents	Attached	N/A
Completed Application (all sections signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
4 most recent pay stubs for <u>all</u> jobs for <u>all</u> members over age 18	<input type="checkbox"/>	<input type="checkbox"/>
2023 issued award letter for any social security, benefit, disability, pension, etc.	<input type="checkbox"/>	<input type="checkbox"/>
If Self-Employed – Federal Income Tax form Schedule C’s for 2020, 2019, 2018	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy Decree/ Settlement Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Copy of homeowner’s insurance, declaration page, (needed before closing)	<input type="checkbox"/>	<input type="checkbox"/>

Completed applications and required documents can be returned by either in person, mail, or email:

Mail: Canton for All People 120 Cleveland Ave. SW Canton, Ohio 44702

Email: don@cantonforallpeople.org

Completing and returning this application is the first step in the application process, but it does not guarantee acceptance into the home repair program. If you have any questions or if you need assistance completing the application, please do not hesitate to call my office at (330) 455-0153 or email me at don@cantonforallpeople.org.

Thank you,

Don Ackerman

Don Ackerman
Canton for All People – Director
(330) 455-0153



Neighborhood Home Ownership Application

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Co-Applicant Name _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone(s): _____ Email(s): _____

Have you filed for bankruptcy in the past 7 years? Yes No (If yes, provide the bankruptcy discharge paperwork)

How did you hear about this program? _____

Applicant Demographics

Applicant		Co-Applicant	
Ethnicity:	Race:	Ethnicity:	Race:
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Asian		<input type="checkbox"/> Asian
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:
	<input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Prefer not to answer

Household Members

PLEASE LIST ALL OCCUPANTS OF THE HOME STARTING WITH THE HOMEOWNER(S)

Full Name: _____ Relationship: **SELF** Gender: M F Other
Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other
Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other
Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other
Age: _____ Senior? Yes No Disabled? Yes No



Neighborhood Home Ownership Application

Full Name: Relationship: Gender: M F Other
Age: Senior? Yes No Disabled? Yes No

Full Name: Relationship: Gender: M F Other
Age: Senior? Yes No Disabled? Yes No

If you need space for additional household members, please attach a separate sheet.

Household Monthly Pre-tax Income (for ALL household members 18 years and older)+

Table with 6 columns: Income Source, Applicant, Adult 1, Adult 2, Adult 3, Adult 4. Rows include Wages, Retirement/Pension, SSI/Social Security, Alimony/Child Support, JFS Benefits, Disability, Rental Income, Other, and Total.

Total Gross Household Monthly Income \$

If you need space for additional household members, please attach a separate sheet. Refer to checklist for required documentation.

What kind of home are you looking for? We may have homes we are working on but are not listed that may suit your needs. This information helps us find or design a home for you.

of bedrooms (circle one) 1 2 3 4 5

of bathrooms (circle one) 1 1.5 2 more than two

Parking needs street parking is fine 1 car garage 2 car garage

Handicap Accessible needs? (Please describe)

Other needs or desires? (Please describe)



Neighborhood Home Ownership Application

I understand that by signing this application, I grant C4AP or its agents access to my employment, utility company or other records needed for verification and evaluation of my eligibility. By signing this application, I give C4AP Realty Collaborative or its agents the right to inspect my home and any work performed on my home.

I understand that filing this application does not guarantee that my household will receive a home. I understand that C4AP may rescind approval if information is acquired which determines that my household is not eligible for services according to the rules of the program, or that I provided false information.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. I understand that all facts are open to investigation and that upon investigation, anything contained in this application that is found to be false or misleading may lead to me not being considered for the program or I may be required to return all monies granted to me through the program.

C4AP does not discriminate based upon race, color, religion, sex, disability, familial status, or national origin.

ALL INFORMATION PROVIDED BY APPLICANT, AND THE RESULTS OF ALL INQUIRIES SHALL BE TREATED IN CONFIDENCE BY HNHF REALTY COLLABORATIVE.

Applicant Signature: X	Date:
Co-Applicant/Spouse Signature: X	Date:

FOR OFFICE USE ONLY

Date Received: _____ Reviewed by: _____ Date: _____

Application Status: Approved Rejected Approved by: _____ Date: _____

Comments: _____
