



APPLICATION FOR CANTON FURNACE PROGRAM



APPLICANT(S):

Owner Last Name	First	Init.	Social Security #	Birth date
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Co-Owner Last Name	First	Init.	Social Security #	Birth date
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Address	City	ZIP	Phone Number ()
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Is this address your Principal Residence? Yes No

STATISTICAL DATA:

Single Family Home? Yes No

Single Head of Household? Yes No Male Female

Are any members of the household disabled/handicapped? Yes No

Select One or More: _____ Hispanic or Latino _____ American Indian or Alaska Native
 _____ Asian _____ Black or African American
 _____ White _____ Hawaiian or Pacific Islander
 _____ Other

HOUSEHOLD INFORMATION:

Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.
		Owner	
		Co-Owner	

Do you own any other real estate? Yes No

If yes, please list the address or parcel#: _____

HOUSEHOLD INCOME:

All income sources for all persons of the household that are age 18 or over must be stated. Please include Employers, Pensions, Social Security, VA Benefits, Child Support, Alimony, Disability, Welfare, Unemployment, etc.

OWNER'S ANNUAL EMPLOYER INCOME:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
CO-APPLICANT ANNUAL EMPLOYED INCOME:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	
Employer Address:	
Other Annual Income/Source(s):	\$

If additional household members are employed, please attach another sheet and provide employment information.

HOUSEHOLD ASSETS (CHECKING/SAVINGS/ETC):

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

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Do you own life insurance that allows you to borrow cash before death? Yes No

Name and Address of Financial Institution:	Type of Policy:
	Policy Number:
	Telephone Number:
	Name of Representative:

Are there any revocable trusts that are available to the family? Yes No

FINANCIAL INFORMATION (STOCK/BONDS):

Name & Address of Agent Certificate No. Approx. Value Annual Income

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FINANCIAL INFORMATION (LIABILITIES):

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due: Yes No

If yes, please explain:

PROPERTY INFORMATION:

Name of owner as it appears on the property's title:

Is there a mortgage on the property? Yes No

If yes, type of mortgage: ___ FHA ___ VA ___ Conventional ___ Other

Purchase Price of Home: \$ _____ Year Purchased _____

FIRST MORTGAGE:

Name of Lending Institution

Account #

Address

City

ZIP

Balance Owed Now

SECOND MORTGAGE:

Name of Lending Institution

Account #

Address

City

ZIP

Balance Owed Now

MISCELLANEOUS:

Have you any past obligations owed to the City of Canton in the past five (5) years?

Yes No

Have you received previous Homeowner Rehab, Emergency or First Time Homebuyer Assistance from the City of Canton or Stark County Out of Poverty Partnership (SCOPP)?

Yes No

If yes, what type and when: _____

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton's Furnace Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. 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 statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

OWNER

DATE

CO-OWNER

DATE



EQUAL HOUSING
OPPORTUNITY