MAHONING COUNTY COMMISSIONERS
HEALTHY HOMES & LEAD HAZARD CONTROL PROGRAM

In Partnership With The
CITY OF CAMPBELL AND CITY OF STRUTHERS
COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAMS
(2018 CHIP)

PROGRAM SUMMARY
COMMUNITY DEVELOPMENT BULLETIN #1

Thank you for our interest in Mahoning County Community Housing Impact and Preservation Program (CHIP) in partnership with the City of Campbell and the City of Struthers. The attached information will briefly describe the following programs and the requirements for participation: 1. Owner Home Repair Program; 2. Owner-Occupied Rehabilitation Program; and included are the household income guidelines that apply for each of the programs. An application is attached for those interested in applying, please indicate the assistance you are applying for. Contact the Mahoning County Healthy Homes & Lead Hazard Control Program by calling either of the following extensions (330) 740-2124 Ext. 7174 or 7181.

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 County will use OCD Residential Rehabilitation Standards to prioritize work. No general property improvements will be undertaken. The Home Repair Program will only assist eligible homeowners with repair replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety. This could also include handicapped accessibility and tap-ins. Application to this program is available county wide including the Cities of Campbell and Struthers for those households that have incomes of less than 80% of the area median income (AMI) - (see page 3). **SPECIAL NOTE: ALL THOUGH THIS PROGRAM IS COUNTY WIDE, IT DOES NOT INCLUDE PROPERTIES LOCATED IN THE CITY OF YOUNGSTOWN.** In no instance will the amount of assistance exceed the following limits.

Other Key Features Include:

Maximum Level of Assistance: $15,000.00 (Including Soft Costs)

Approximate No. of Homes To Be Assisted: Mahoning County – 29

Eligible Properties: Single-Family, Owner-occupied units in Mahoning County Including the City Limits of CAMPBELL AND STRUTHERS, AND **EXCLUDING PROPERTIES WITH THE CITY OF YOUNGSTOWN.**

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 single-family, owner-occupied housing units that have incomes of less than 80% of the area median income (AMI) - (see page 3). All of Mahoning County including the City Limits of Campbell and Struthers are eligible; but (**EXCLUDES PROPERTIES WITHIN THE CITY LIMITS OF YOUNGSTOWN**). **Eligible repairs can include roof, gutters, windows, doors, furnace, electrical, hot water tanks, structural deficiencies and plumbing.** The Grant anticipates assisting a total of 11 homeowners. The County's Housing Specialist will contact you to evaluate your home as part of the application process. Upon final ranking of applications, homeowners will then 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 and/or sale of the property. **No interest or no payment due until the transfer and/or sale of the property.** 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 upon needed improvements. The average amount of assistance per unit is expected to be $33,000.00

Other Key Features Include:

Maximum Level of Assistance: $46,000.00 (Including Soft Costs)

Maximum Level of Assistance with Lead-Based Paint Hazards Present: $35,000.00

Approximate No. of Homes To Be Assisted: 11

Eligible Properties: Single-Family, Owner-occupied units in Mahoning County Including the City Limits of CAMPBELL AND STRUTHERS, AND **EXCLUDING PROPERTIES WITH THE CITY OF YOUNGSTOWN.**

Finance Mechanism: 5 year 0% interest deferred partially forgivable loan (85% forgiven over time)

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

Work on all homes must be competitively bid. The County expects work on the selected homes to begin in the winter of 2018.

Household Income Limits by Family Size FOR ALL APPLICANTS		
Family Size (Persons)	Low Income (80% of AMI)	Very Low Income (50% of AMI)
1	$34,400	$21,500
2	$39,300	$24,600
3	$44,200	$27,650
4	$49,100	$30,700
5	$53,050	$33,200
6	$57,000	$35,650
7	$60,900	$38,100
8	$64,850	$40,550

SOURCE: HUD FY 2018

All applications must be completed in full with all requested documentation included and submitted to any of the following locations:

Mahoning County Healthy Homes & Lead Hazard Control Program
ATTN: Phillip O. Puryear
108 Westchester Drive
Austintown, Ohio 44515

Campbell City Hall
351 Tenney Avenue
Campbell, Ohio 44405

Struthers Administration Building
6 Elm Street
Struthers, Ohio 44471

Or you may drop off your application to:

Mahoning County Commissioners
21 W. Boardman Street 2nd Floor
Youngstown, Ohio 44503

The Home Repair Program Applications and Rental Home Repair Applications must be completed In full with all requested documentation and will be considered on a first-come first-served basis.

Private Owner-Occupied Rehabilitation applications must be completed in full with all requested documentation and mailed by 5:00 p.m. – December 1, 2018 to be considered for the program. The order of receipt of applications will be considered as a final factor when all other factors are equal.

Questions regarding the program should be directed to the attention of Mr. Phillip O. Puryear, Mahoning County Healthy Homes & Lead Hazard Control Program (330) 740-2124 Ext. 7172.

FREQUENTLY ASKED QUESTIONS

Q. How do I apply?
A. You must complete an official application form available for pick up at the following locations:

Mahoning County Healthy Homes & Lead Hazard Control Program
108 Westchester Drive - Austintown, Ohio 44515

Mahoning County Commissioners' Office
21 W. Boardman Street 2nd Floor - Youngstown, Ohio 44503

Campbell City Hall
351 Tenney Avenue - Campbell, Ohio 44405

Struthers Administration Building
6 Elm Street - Struthers, Ohio 44471

Or you may contact Mr. Phillip Puryear, Mahoning County Healthy Homes & Lead Hazard Control at (330) 740-2124 ext 7172 to obtain an application.

For handicapped or elderly persons only, arrangements can be made for a home visitation by contacting Phillip Puryear at 330-740-2124 ext. 7172.

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 without addressing Lead Based Paint hazards and $35,000 per unit if addressing Lead Based Paint hazards for private homeowner rehabilitation. 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 County 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 <u>not</u> 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. Mahoning County 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 and/or to meet rehabilitation standards.

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

GENERALLY ELIGIBLE	GENERALLY INELIGIBLE
Roofs	Air Conditioning
Gutters	Detached Garages
Windows	Room Additions
Doors	General Property Improvements
Furnaces	Cosmetic Items (carpeting, wallpaper)
Hot Water Tanks	
Structure Deficiencies (Porches, Floors)	
Walk Stairs	
Plumbing	
Electrical including new 100 AMP Service	

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.

MAHONING COUNTY COMMISSIONERS
HEALTHY HOMES & LEAD HAZARD CONTROL PROGRAM
IN PARTNERSHIP WITH THE CITIES OF CAMPBELL AND STRUTHERS

2018 CHIP

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

Complete	Not Applicable	
☐	☐	**All** persons living in the household must be included in the application.
☐	☐	**All** persons in the household receiving income must be indicated on the application.
☐	☐	The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can **also** submit a copy of your pay stubs for the past 6 months.
☐	☐	Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. **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.** or request it on the internet at www.ssa.gov.
☐	☐	Self-employed - provide complete copies of 3 most current Federal Tax Returns filed;
☐	☐	Receiving unemployment - provide copy of the current Unemployment Benefit Statement.
☐	☐	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.
☐	☐	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.
☐	☐	Not employed. Please provide signed statement regarding same.
☐	☐	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.
☐	☐	The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement.

PLEASE DROP YOUR APPLICATIONS AT ANY OF THE FOLLOWING LOCATIONS

Mahoning County Healthy Homes & Lead Hazard Control Program
ATTN: Phillip O. Puryear - 108 Westchester Drive - Austintown, Ohio 44515

Campbell City Hall - 351 Tenney Avenue - Campbell, Ohio 44405

Struthers Administration Building - 6 Elm Street - Struthers, Ohio 44471

Mahoning County Commissioners - 21 W. Boardman Street 2nd Floor - Youngstown, Ohio 44503

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MAHONING COUNTY

MAHONING COUNTY COMMISSIONERS
HEALTHY HOMES & LEAD HAZARD CONTROL PROGRAM
IN PARTNERSHIP WITH
CITIES OF CAMPBELL AND STRUTHERS
PY 2018 CHIP PROGRAM APPLICATION

Programs You Are Applying For:

☐ OWNER HOME REPAIR

☐ OWNER-OCCUPIED HOUSING REHAB

For Office Use Only
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 _____

Cell Phone: _____ No. of Dependants: _____ 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 Pacfic 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 _____

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Applicant #2 Employer: _____

_____ _____
(address) (phone number)

Position: _____ No of years _____

Other Employment (name of person employed): _____

Employer Name: _____ Address: _____ Phone: _____

Position: _____ No of years _____

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: _____ $_____

In addition, please provide documentation for any of the following typical sources of assets:

- **Cash (e.g., checking and/or savings)**
- **Equity**
- **Stocks**
- **Retirement Accounts**
- **Pension Funds**
- **Life Insurance**
- **Personal Property**
- **Lump Sums**
- **Deeds**

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IV. Indebtedness** (OWNER-OCCUPIED REHAB & HOME REPAIR APPLICANTS ONLY)

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: $** _____

IV. Indebtedness** (RENTAL HOME REPAIR APPLICANTS ONLY)

Rehab Address: _____

Landlord (Property Owner) Name: _____

Address: _____ Phone: _____

Tenant Monthly costs: (only what tenant provides)

Rent: $_____Gas: $_____ Oil: $_____
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?	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?

_____
_____
_____

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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 County, 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."

ALL APPLICANTS MUST SIGN IN BLUE INK BELOW

Address: _____

_____
Signature of Applicant

_____
Signature of Applicant

_____
Date:

_____
Date:

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COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM

APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the County'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.

ALL APPLICANTS MUST SIGN IN BLUE INK BELOW.

_____
Signature

_____
Date

_____
Signature

_____
Date

Form Approved
OMB No. 0960-0567

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 County 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 County staff to seek competitive bids from qualified contractors for all the rehabilitation work. Bids will be requested according to the procedures established by the County 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 County 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 County staff until all work under the Contract is satisfactory and closing inspections are completed. The Mahoning County 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 County 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.

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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

_____ _____

Phillip O. Puryear, Program Director Date

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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 Mahoning County 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 County 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 County 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 County 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

_____ _____

Phillip O. Puryear, Program Director Date

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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 ANNA DEASCENTIS AT MAHONING COUNTY COMMISSIONERS OFFICE (330) 740-2130 EXT. 8181

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CONFLICT OF INTEREST DECLARATION
IN COMPLIANCE WITH Do
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 Mahoning County

a) Name of Relative _____
b) Position Held _____

_____ 2) NOT related to an employee of the Mahoning County

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

Dated: _____ _____

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Ohio | Development Services Agency

Office of Housing and Community Partnerships

Telephone: (614) 466-2285
E-Mail: ohcp@development.ohio.gov

Know Your Rights:
A Summary of Fair Housing Laws

The purpose of this brochure is to summarize your right to fair housing. Federal, state, and local fair housing laws contain more detail and technical information.

Discrimination in the Home Purchase Process

Fair housing is an absolute right throughout this country. Federal laws, as well as state and local laws, were enacted to provide a method of enforcement of this right. These laws cover virtually all housing – private housing, apartment buildings, condominiums, shelters, nursing homes, and nearly all housing transactions, including the rental and sale of housing and the provisions of mortgage loans.

The Federal Fair Housing Act (Title VIII of the Civil Rights Act of 1968 as amended in 1988) prohibits discrimination in housing because of race or color, national origin, religion, sex, familial status (including children under age 18 living with parents or legal custodians, and pregnant women or people securing custody of children under 18), and disability. The Ohio Fair Housing Law (Ohio Revised Code Section 4112) includes ancestry and military status as additional protected groups. Many local governments also have fair housing laws that include additional protected groups.

Despite the passage of various fair housing laws, housing discrimination remains rampant in the housing market. Housing discrimination is sometimes difficult to detect because of the subtle techniques used by real estate agents, managers, financial people, insurance providers, and others in the marketplace.

Discrimination includes not only denial of dwelling units but also withholding or misrepresenting information about the available housing, steering, setting higher standards of creditworthiness for minorities, quoting different prices, terms, or conditions for financing, insurance, or sale. Any kind of differential treatment based upon the home seeker's protected group is prohibited. In some instances, actions which have a discriminatory impact or effect may also violate the law.

Access to residential housing depends on available financing, insurance, and related services. If a person is denied the opportunity to obtain financing, then it will not matter much whether the seller will sell to the home seeker. Similarly, the related services (i.e., homeowners insurance, fair appraisals, fair secondary market loans, mortgage insurance, and brokerage services) must be available without regard to any prohibited characteristics such as race, color, religion, sex, national origin, ancestry, military status, disability, or familial status.

As diverse as this country is, there were more than 10,000 housing discrimination complaints filed annually. Forty percent alleged racial discrimination, while nearly the same percentage alleged discrimination against persons with disabilities. Complainants most often alleged discrimination in the terms and conditions of the sale or rental of housing, or refusal to rent. Equal access to housing insurance and lending is far from a reality for many. Not only is that not acceptable morally, it is against the law.

In addition, it is illegal for anyone to:

- Coerce, intimidate, threaten, or interfere with anyone exercising their rights granted under the Fair Housing Act or assisting others who are exercising that right
- Make, print, publish, or post statements or advertisements that a house or an apartment is available only to persons of a certain race, color, religion, sex, familial status, or disability

Insurance Discrimination

There has been discrimination in insurance, in part, because the insurance contract appears complicated. The most common form of insurance discrimination is redlining (neighborhood-based discrimination). It has been defined as: Discrimination in insurance based on prohibited characteristics of the area, the neighborhood, the applicant, or the location of the property. There are variations on this theme that are included in differences in treatment. The most common of these is providing persons in minority areas with policies that pay losses to the home up to a certain dollar limit while providing persons in non-minority communities with replacement policies.

In the insurance marketplace, the following policies and practices may be discerned as violations of fair housing laws:

- Charging higher premium based on race rather than risk
- Refusal to write insurance in a minority and/or integrated neighborhood
- Refusal to write standard or guaranteed replacement cost coverage in minority and/or integrated neighborhoods
- Establishing minimum insurance amounts in minority and/or integrated neighborhoods
- Limiting protection or benefits because of age/location of property for protected groups and not for others
- Using credit reports to restrict or deny insurance
- Refusal to renew policies because of age/location of property for protected persons or neighborhoods
- Canceling policies because of age/location of property for protected persons or neighborhoods

If housing discrimination is suspected, make immediate detailed notes of your experience, including:

- the date of the alleged violation;
- the name and address of the person your complaint is against (the respondent);
- the address or other identification of the housing involved; and
- a short description of the alleged violation (the event that caused you to believe your rights were violated).

Who to Contact

- Ohio Civil Rights Commission at 1-888-278-7101 or
- U.S. Department of Housing and Urban Development Fair Housing Complaint Hotline toll free at 1-800-669-9777 or Midwest Office at 1-800-765-9372 or TTY 1-312-353-7143.

To file a complaint online, visit http://portal.hud.gov/portal/page/portal/HUD/topics/housing_discrimination.