



HOME REPAIR APPLICATION

INSTRUCTIONS

1. Complete the application.
2. Sign and Date the **Lead Based Paint Statement** certifying you have been given information regarding Lead Based Paint. The notice **Protecting Your Family from Lead** is attached for you to keep as required by HUD.
3. Gather all required documentation as listed on the “**Required Documentation**” list. **THIS IS VERY IMPORTANT!** This is crucial in determining if you qualify for our programs. The Grant Processor will ensure original documents get returned to you if mailed.
4. Read, Sign and Date the **Verification/Authorization/Photo Release/Privacy Form, Walk Away Policy and the Affidavit.**

This information may be mailed to the address listed on the cover letter.

You may also email your application and required documentation to:
communitydevelopment@cantonohio.gov

If you have a child under 6 years of age or have a pregnant woman in the house you may be interested in our Lead Hazard Reduction Grant Program titled “Lead Safe Canton” check it out at www.cantonohio.gov/lead

RECEIPT OF THE PROTECT YOUR FAMILY FROM LEAD PAMPHLET

SUMMARY:

The City of Canton uses federal U.S. Department of Housing and Urban Development (HUD) funding to finance the Housing Rehabilitation Programs such as the Minor Home Repair and Roof Replacement Programs. When government money is involved, housing built prior to 1978 is assumed to have lead-based paint hazards. Some exemptions may apply. The City of Canton will ensure that lead safe work practices are implemented and only contractors with the EPA Lead Safe Renovator Certification will be utilized.

I hereby certify that I have received the publication entitled Protect Your Family from Lead in Your Home (EPA 747-K-94-001) and that I have read and understood the information.

Signature of Owner: _____

Date: _____

Witness: _____

Date: _____

THIS MUST BE TURNED IN WITH YOUR APPLICATION



CITY OF CANTON
Mayor Thomas M. Bernabei

**COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB PROGRAMS**

FOR

HOMEOWNERS

Guidelines & Application

**Department of Development
Housing Rehab Division
City of Canton
218 Cleveland Ave SW, 5th Floor
Canton, OH 44702
330-489-3330**

**Rollin Seward, Director
Tammy Hajdu, Housing Program Manager
Pam Walker, Loan/Grant Processor
Kim Fox, Loan/Grant Processor
Tom Flanigan, Project Manager
Karla Heinzer, Construction Coordinator**



HOUSING REHAB PROGRAMS

The City of Canton has been designated by the United States Department of Housing and Urban Development (HUD) as a participating jurisdiction for the receipt and use of funds as provided by Title 1 of the Housing and Community Development Act of 1974, as amended, the City of Canton receives an allocation of funds from HUD for the Community Development Block Grant Program (CDBG).

The following housing rehab programs have been made possible by HUD's CDBG Program:

Minor Home Repair Program

This program is intended to correct one in-home code compliance issue, which if neglected could adversely affect the health, safety and welfare of the low-income homeowner.

Eligible Repairs: Major electric work, major plumbing work, repair or replace basement or exterior steps, porch repairs, energy conservation, installation of ramps and exterior concrete work. Only one critical repair item can be addressed.

A rating system based on health, safety and code violations will be used during the inspection to prioritize the most urgent repairs needed. All homes will receive carbon monoxide detectors and smoke detectors installed to manufacturer's specifications and HUD regulations.

Housing constructed prior to 1978 that is rehabilitated with the use of CDBG funds is subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of assistance necessary to correct one in-home code compliance issue will be awarded.

Maximum CDBG Grant/Loan: \$5,000

Financing: Deferred Loan; 5-year lien declining 20% per year

Roof Replacement Program

This program assistance is established by actual repair/replacement needed to correct roofing, gutter and fascia problems from the gutters up. Only the minimum dollar amount required to correct the roofing needs of the single-family structure shall be awarded. Garages will only be included if they are attached to the single-family structure.

Eligible Repairs: Roof repair/replacement, sheathing, rafters, flashings, vents, structural members, soffits, fascia, gutters, downspouts and chimneys.

Housing constructed prior to 1978 that is rehabilitated with the use of CDBG funds is subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992. A lead-based paint clearance will be required if a painted surface is disturbed.

Maximum CDBG Grant/Loan: \$10,000

Financing: Deferred Loan; 10-year lien declining 10% per year

Emergency Repair Program

This program assists low-income homeowners with emergency rehabilitation immediately threatening to health and safety of human life. Each repair will be reviewed and considered individually.

Eligible Repairs: Immediate threat to health & safety arising from natural gas leaks, carbon monoxide emissions, sewage back-up, broken water lines, leaking or inoperable water heaters, inadequate or lack of heat when temperature is below 60 degrees, hazardous or defective heating system, inoperable toilet when there is only one in the home, and lack of electricity.

Note: If a wall must be opened to make repair we do not repair the wall.

Emergency Rehabilitation does not consist of whole house, multiple repairs and/or any non-emergency related rehabilitation, or any rehabilitation that invokes the requirements of the Federal Residential Lead-Based Paint Hazard Reduction Act of 1992.

Any individual or family may only receive assistance through the Emergency Repair Program once every five years. Previous Assistance through another housing rehabilitation program does not disqualify you from this assistance.

Maximum CDBG Grant: \$5,000

You cannot apply for Emergency Assistance through this application. You must contact Tammy Hajdu, Housing Program Manager, at 330-489-3040 for verification of emergency.

PROGRAM SUMMARY

Purpose: To assist low income households who own a home with minor home repair, and roof repair/replacement so homeowner may reside in a decent, safe and sanitary environment.

Assistance: A homeowner may only receive assistance through one home repair program once in a lifetime. Previous assistance through the Emergency Repair Program will not disqualify you from these programs.

Eligibility Guidelines:

- The applicant must not have received previous assistance through a housing rehabilitation program or have a current mortgage with the City of Canton. Previous emergency assistance is acceptable.
- Must be a homeowner within the City of Canton corporation limit
- Applicant must reside in and have owned the home for at least one year
- Land Contracts are not eligible
- Must be current with home mortgage (We will not approve assistance while undergoing a mortgage modification)
- Applicant must have homeowner’s insurance
- Applicant must be current in the payment of City Income Tax, County Real Estate Tax, City of Canton Utilities, and Federal, State or City of Canton funded loan programs.
- Title search is required
- Applicant cannot have more than \$5,000 in short term assets such as cash, savings, and checking.

Income Eligibility: Household income cannot exceed 80% of area median income. The total household income is based on the number of people living in the home. The City of Canton follows the HUD Part 5 Definition of Income.

Please review the following Income Max per household size

FAMILY SIZE	1	2	3	4	5	6	7	8
ANNUAL INCOME	\$38,950	\$44,500	\$50,050	\$55,600	\$60,050	\$64,500	\$68,950	\$73,400

FY 2020 Income Limits

Application Priority and Selection: The city has established a priority rating system combined with staggered review and award periods to allow for meeting demands in an equitable fashion. A priority rating means that each application is assigned points and ranked on the basis of such household characteristics as to income, household size, elderly, disabled, and housing condition to assure that resources are going to the highest priority cases since demand typically exceeds resources.

Non-Eligible Applicant: No applicant is eligible to receive assistance through these programs if they are in the process of bankruptcy, foreclosure, mortgage modification and/or an unsettled divorce.

Access: Applicants must allow access to their residence for the purpose of inspecting and noting of code violations and deficiencies to be addressed.

Substandard and Unsanitary Conditions: There must be no accumulation of trash, animal feces, garbage, or excess amounts of debris accumulated within the unit at time of inspection. The homeowner must correct existing conditions within one (1) month from the date of initial inspection, or they will not be eligible to participate in the program.

Contracting: The City of Canton shall provide the owner with a list of contractors for selection to receive an Invitation to Bid. The city will prepare the bid packets and notify the contractors to bid the work. At least three (3) bids must be received, and the lowest and best bidder will be awarded the work.

Disputes: In the event there should be a dispute between the owner and the contractor concerning the completion of the rehabilitation work, the City of Canton shall make the final determination whether the rehabilitation contract has been violated, and will work with both parties to find a satisfactory and timely solution.

CDBG Repair Program Procedure: This is a general outline of the functions to be performed by the City of Canton.

1. Receive Application and enter into database, determine ineligible applicants at the earliest point possible.
2. Score applicant (30 day open application process)
3. Based on score either schedule interview or notify applicant on waiting list.
4. Interview, verify income, property ownership, assets, city verifications
5. Determine eligibility
6. If eligible, schedule inspection
7. Prepare a work-write up and cost estimate of the work.
8. Consult with applicant and obtain signature that the work write up was reviewed.
9. Contractors selected by homeowner, walk-thru and bid opening scheduled
10. Historic and Environmental Review
11. Bid Packet Prepared, walk-thru scheduled with contractors
12. Bid Opening
13. Purchase Order Requested (assuming funding is available)
14. Closing documents prepared
15. Pre-Construction Meeting with Contractor and Homeowner
16. Mortgage Recorded
17. Issue Order to Proceed
18. Perform progress inspections and process request for payment
19. Obtain owner's signature on completion of work.
20. Make final inspection
21. Order Lead Clearance if required
22. Verify building permits have been finalized
23. Release final payment

HOUSEHOLD SIZE INFORMATION:

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

NAME	AGE	RELATIONSHIP	FULL TIME STUDENT?	SOCIAL SECURITY No.
		Owner		
		Co-Owner		

HOUSEHOLD INCOME:

Provide information on all household income sources. Income includes the following for all persons of the household that are age 18 or over: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, and other income. Food benefits are NOT considered income.

OWNER'S ANNUAL INCOME:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
Alimony	\$
Child Support	\$
CO-APPLICANT ANNUAL INCOME:	\$
Employer:	\$
Pension::	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
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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	Balance:

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	Account Number:
	Balance:

Do you own any other real estate? Yes No

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

If yes, please list the equity in the real property _____

(Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs that would be incurred in selling the asset (e.g., broker fees).

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:

LIENS ON PROPERTY:

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

If yes, please explain:

PROPERTY OWNERSHIP INFORMATION:

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

Is there a mortgage on the property? Yes No

Are you current on your mortgage? Yes No

Is your primary residence currently in foreclosure? Yes No

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

HOMEOWNER'S INSURANCE:

Insurance Company Homeowners Policy is through Expiration Date of Insurance

PROPERTY TAXES:

Are you current on your property taxes: Yes No

If no, please explain: _____

If on a payment arrangement, please attach a copy of the payment arrangement

ADDITIONAL PROPERTY INFORMATION:

QUESTION	YES	NO
Is your property in a flood zone?		
Is your property listed as a Historical Property?		
Has your property been cited for code violations within the last 12 months? If yes, please include the letter.		
Has your insurance company asked you to make property improvements? If yes, please include their letter.		

PREVIOUS ASSISTANCE:

Have you received previous Assistance from the City of Canton? Yes No

If yes, what type and when: _____

PROPERTY REPAIR REQUEST:

Electrical ___ Plumbing ___ HVAC ___
Doors ___ Roof ___ Steps ___

EXPLAIN: _____

Which program do you wish to apply for (Circle One):

Minor Home Repair Roof Replacement

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 Housing Rehabilitation Loan 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 SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE

Mail the completed application to:

**City of Canton
Department of Development
Attn: Loan Processor
P.O. Box 24218
Canton, OH 44701-4218**



REQUIRED DOCUMENTS:

- Last 6 checking account statements and current savings statement** for all adult occupants

Please write source of income for all unidentified bank deposits.

- Photo ID** - Copy of Photo ID of the Head of Household.
- Federal Tax Return with W-2** - a copy of the most current tax return with all Schedules which must be signed and dated for all adults 18 years and older. Self-employed individuals must turn in three most current returns.
- Last 6 pay stubs (3 months)** for all adults 18 years and older who are employed.
- Social Security Benefits Statement** (Form SSA-1099) or award letter and/or **Pension Doc** with yearly amount.
- Full-Time Student Status** - If you have a working 18-year-old or older who is a dependent and he/she is a student, please submit a copy of their school registration or grades showing student status. Only \$480 of earned income will be counted toward total income per HUD guidelines.
- Alimony or Child Support** - proof of amounts received such as a court order or 12-month child support printout.
- Determination of Unemployment Compensation Benefits** document with date first paid out.
- Unemployed Certificate** signed and dated for every person living in the home over age 18 years with no income if applicable (Attached).
- Mortgage Statement** - most recent statement reflecting balance and payment owed.
- Declaration of Insurance** showing property address and policy period.
- Quarterly Statement regarding Money Market funds, Certificates of Deposits, Mutual Funds, Individual Retirement Account (IRA), 401(K) plans, or any interest-bearing account.
- Divorce documents**/decree/separation agreement if spouse is on deed but not occupying the property.
- Property Tax** - must be current, if delinquent must be on payment arrangement with proof of 3 current payments.
- Utility Bill** - most recent water, electric, phone or gas bill.

The above information will be required for all adults living in the home. Please provide only the documents that are applicable to you. Additional documents may be requested as your application is reviewed. If you cannot make copies of documents, we can make copies for you.

PLEASE MAIL or EMAIL, THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO THE FOLLOWING ADDRESS:

City of Canton

Department of Community Development

P.O. Box 24218

Canton, Ohio 44701-4218

ATTN: Pam Walker - Intake Specialist

PH (330) 489-3040 FAX (330) 580-2070

Email: communitydevelopment@cantonohio.gov

UNEMPLOYMENT CERTIFICATION

_____ - Name of household member over 18 Years old claiming zero income

I, _____ certify that as of _____ (date last income source stopped; I have no source of income. I understand that I must report to the City of Canton all sources of income. I do hereby swear and attest that all of the information reported herein is true and correct. I also understand that any and all income for myself and any additional household members must be reported to the City of Canton within ten (10) calendar days of the change.

Signature of Household Member

Date

Signature of City Representative

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S.

Because you have reported to City of Canton that you have zero (0) household income, you are required to report to the City of Canton what resources are available to meet your family's needs. This includes: money from wages, self-employment, child support, cash contributions, non-cash contributions, Social Security benefits, disability payments (SSI), Worker's Compensation, retirement benefits, AFDC OWF, Veteran's benefits, rental property income, stock dividends, income from any bank accounts, alimony, and any other sources of assistance.

1. Do you own a car? ___yes ___no Do you make car payments? ___yes ___no
 What is your monthly payment amount? _____
 How do you pay for gasoline? _____ Estimate amount you pay \$ _____
 How do you pay for insurance? _____ Estimate amount of bill \$ _____
2. Do you pay a portion of the house payment? ___yes ___no How much do you pay? _____
3. Are you paying for utilities? ___yes ___no How much do you pay?
 How do you pay for it? _____
4. Do you have a phone? ___yes ___no Is it a home or cell phone? ___home ___cell
 How do you pay for it? Estimate amount of your service \$ _____
5. Do you have cable, digital or satellite services? ___yes ___no How do you pay for it?
 Estimate amount of your service \$ _____
6. How do you purchase personal necessities such as soaps, toilet papers, cleaning supplies, etc?
 _____ Estimate value of items \$ _____
7. Do you have any credit card bills? ___yes ___no How do you make your monthly payments? _____

WHEN AND IF YOU BEGIN TO RECEIVE INCOME, YOU MUST CONTACT CITY IN WRITING.



VERIFICATION AUTHORIZATION, PRIVACY & RELEASE FORMS



Address

PURPOSE: Your signature on this eligibility Release Form and the signatures of each member of your household who is 18 years of age or older, **authorizes the City of Canton Community Development Department to obtain information regarding my income, employment, bank accounts, outstanding debts (including mortgage), to order a consumer credit report and to acquire other information relative to eligibility and continued participation in any of Community Development assistance programs.**

PRIVACY ACT NOTICE STATEMENT: The City of Canton Department of Development and the Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility in a Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit in the Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. Your name, address and the amount of assistance funds that you receive are considered public data. Other information provided regarding you and your household are considered private data which will only be used when it is required for administration and management of the program. We cannot release private data or use the private data in any other way unless you give us permission by completing a consent form that is provided by Community Development. Public information may be released to appropriate Federal, State, prosecutors and local agencies when relevant to civil, criminal or regulatory investigation; as well as, all staff/persons involved in program administration, local loan committee member (s) who approve applications, the Auditor(s) who perform required audits of this program, member(s) of the Appeals Committee for the purpose of address/resolving applicant complaint(s) as addressed in the Project Policy and Procedural Manual, and Law Enforcement personnel and other enforcement authorities, as required. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made in regards to all sources of Income, Assets, and Deductions received from any person or Dependent in the household (i.e. Full-Time Student, Handicap/Disability of Family Member or Minor children, etc.), as well as other information required to determine eligibility.

INSPECTION AND PHOTO RELEASE: I/We hereby authorize the Department of Community Development staff to enter my home for the purposed of taking photographs and inspecting to identify rehabilitation work that is necessary to bring the house up to Residential Rehabilitation Standards.

AUTHORIZATION: I authorize the City of Canton Department of Community Development and HUD to obtain information about me and my household this is pertinent to eligibility for participation in the Program.

I acknowledge that:

- A photocopy of this form is as valid as the original form
- I have the right to review my file and the information received using this form (accompanied by a person of my choosing)
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate
- All adult household members will sign this form and cooperate with the owner and the Department of Community Development in this process.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date





CITY OF CANTON

Walk Away Policy Acknowledgment

The mission of Housing Rehabilitation is to assist low-to-moderate income homeowners located within the City of Canton, to address code deficiencies in their home. **Regardless of eligibility, an applicant may not receive assistance when the owner or occupant is responsible for conditions that obstruct that mission.** Such conditions include, but are not limited to:

1. When an owner or occupant knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
2. When, following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound or cannot be rehabilitated economically.
3. When the applicant/homeowner fails to demonstrate normal and responsible care of the property. Such failure would include willingly allowing:
 - a. Abuse by animals: evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
 - b. Illegal or improper use of the property: use of the property for purposes other than as a residence in violation of building and zoning ordinances and/or criminal statutes.
 - c. Deliberate abuse: excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
 - d. Poor housekeeping and maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
 - 1) constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
 - 2) will severely hamper or increase the cost of rehabilitation work; and/or
 - 3) would adversely impact the appearance of the neighborhood after rehabilitation work is completed.
4. The homeowner misuses and/or deals in drugs and weapons.
5. The homeowner, resident or applicant's agent becomes verbally or physically abusive and/or threatens City of Canton staff members, contractors, subcontractors or employees of contractors.
6. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs City of Canton staff, the contractors, their subcontractors or employees as they attempt to discharge their required responsibilities in good faith under the written terms of the Lead *Safe* Canton Program.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the City of Canton staff. By my signature below, I acknowledge that I have received a copy of this policy.

Applicant Owner/Occupant

Date

Co-Applicant Owner/Occupant

Date



INSTRUCTIONS TO COMPLETE AFFIDAVIT

To complete this form:

- Fill in applicant's name as indicated on deed
- Fill in address of property
- Complete the following for each applicant even if you **do not** have a relative working for the City of Canton:

D.O.B./Age
Social Security Number
Employment
Source of Income
Property Status

- Each applicant must sign Affidavit before a notary

Under complete only if relationship exists:

- Complete section 1 & 2 **only** if you have a relative working for the City of Canton

Please return to the City of Canton, Department of Development.

AFFIDAVIT

PROGRAM NAME: **MINOR HOME REPAIR OR ROOF REPLACEMENT**

APPLICANT'S NAME: _____
APPLICANT'S ADDRESS: _____

STATE OF OHIO:
COUNTY OF STARK:

TO WHOM IT MAY CONCERN:

The undersigned certifies that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members (are/are not) delinquent in the payment of any indebtedness to the City of Canton, including City Income Tax, real estate taxes, personal property taxes, water and sewer charges or other City assessments for any properties owned within the City of Canton.

The undersigned hereby authorizes the City of Canton Community & Economic Development Department of the City of Canton, to be given information concerning income tax filing status, real estate taxes, personal property taxes, water and sewer charges or other City assessments, and the existence of any delinquencies.

Further, the undersigned states that (he/she) or that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members is (related/not related), personally and/or through business, to the following City of Canton employee (s) or elected official (s):

COMPLETE ONLY IF RELATIONSHIP EXISTS:

1. _____
RELATIVE'S NAME RELATIVE'S TITLE/DEPT.

2. _____
RELATIVE'S NAME RELATIVE'S TITLE/DEPT.

D.O.B./AGE _____
SOC. SEC. NO. _____
EMPLOYMENT _____
SOURCE OF INCOME _____
PROPERTY STATUS _____
APPLICANT SIGNATURE

APPLICANT SIGNATURE

Sworn to before me and signed in my presence this _____ day of _____, 2020.

SIGNED _____

MY COMMISSION EXPIRES _____

COMPLETE ONLY IF APPLICABLE:

The applicant/co-applicant _____ is an employee of the City of Canton and assigned to the _____ Department.

