732 BROADWAY AVE. | SIDNEY, OH

Sidney OHIO
sidneyhousing.com

EQUAL HOUSING OPPORTUNITY

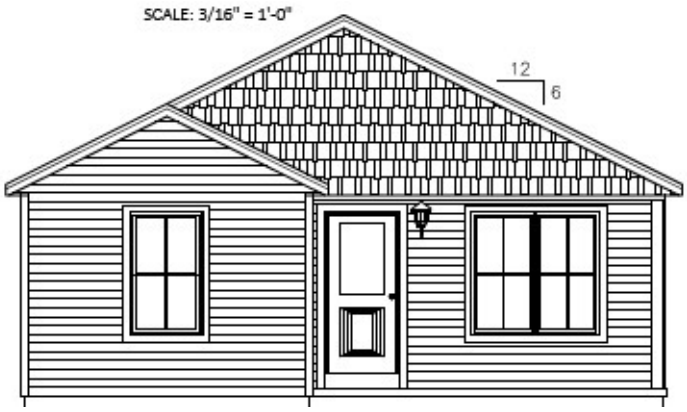
ATTENTION: SHELBY COUNTY HOME BUYERS

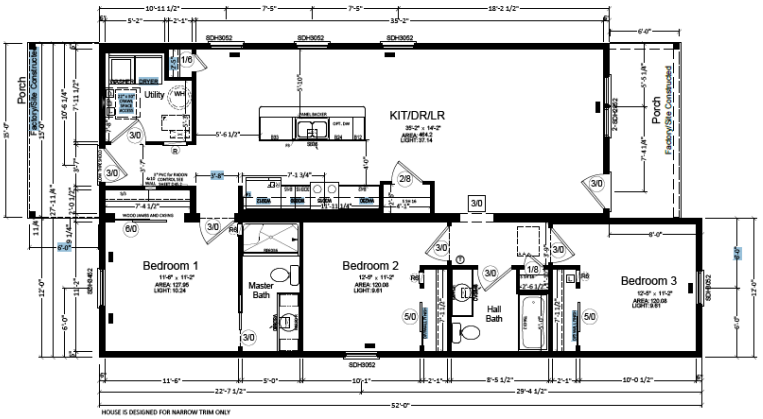
NEW HOME AVAILABLE FALL 2025

1,289 sq. ft. 3 BD, 2 BA high-efficiency ranch home by Unibilt Homes, open concept, microwave and dishwasher included, central air/gas furnace & waterheater.

*Priced below market $~150,000-160,000's for qualifying buyer**

Example of Unibilt 3-bedroom ranch in Columbus, Ohio





Contact Jim Hill

937-498-9554

info@choosesidneyshelby.com

*Occupant owners only. Buyers need complete an application, qualify and secure financing from a bank or mortgage company. Price is approximate and will be finalized at completion, which is estimated to be in the fall of 2025.

This pilot program is brought to you by the Community Improvement Corp. of Sidney, Ohio (Sidney CIC) through the generous funding of the sponsors below. The CIC is a 501©3 charitable organization focused on community revitalization

FUNDED BY OUR GRANT SPONSORS:

CenterPoint Energy FOUNDATION

Cargill

SIDNEY-SHELBY ECONOMIC PARTNERSHIP

Shelby County UNITED WAY

COMMUNITY IMPROVEMENT CORPORATION OF SIDNEY OHIO

101 S. Ohio Ave, Fl 2
Sidney, OH 45365

Dear Home Ownership Applicant,

Thank you for your interest in the Community Improvement Corporation of Sidney's (CIC) homeownership program. Our first home will be built in the fall of 2025 at 732 Broadway Ave. in Sidney.

Through the generous sponsorship of the CenterPoint Energy Foundation, Cargill Corporation, Sidney-Shelby Economic Partnership, and the Shelby County United Way, the CIC will build this home and make it available to an area family at a reduced cost. The purchaser must complete an application, complete an interview in order to qualify for purchase of the home. The purchaser will also need obtain private financing in order to qualify for the program. Preference will be given to families are considered low-moderate income based on income and family size. (See the income table below.)

FY 2024 Income Limits Summary

FY 2024 Income Limit Area	Median Family Income Click for More Detail	FY 2024 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Shelby County, OH	$95,000	Very Low (50%) Income Limits ($) Click for More Detail	33,250	38,000	42,750	**47,500**	51,300	55,100	58,900	62,700
		Extremely Low Income Limits ($)* Click for More Detail	19,950	22,800	25,820	**31,200**	36,580	41,960	47,340	52,720
		Low (80%) Income Limits ($) Click for More Detail	53,200	60,800	68,400	**76,000**	82,100	88,200	94,250	100,350

We anticipate that this home will qualify for a 100% CRA Tax Abatement through the City of Sidney. This program will freeze the real estate tax for up to 15 years, making the home more affordable.

Program Requirements:

- Preference given to those 50% to 80% median household income
- Resident or employed in Shelby County
- Must pass sex offender background check
- First-time home buyers will need to complete a homebuyer education program through the Home Ownership Center of Dayton.
- Buyers are encouraged to utilize FHA, Ohio Homebuyer Plus, Welcome Home Ohio and any applicable programs to reduce the costs of home ownership.

Next Steps:

1. Complete the attached application - fill in the blanks. If a question does not apply to you, mark N/A. Incomplete applications cause delays. Attach additional sheets as needed. (Email info@choosesidneyshelby.com if you prefer to complete a digital version of the application.)
2. Sign and date application (section 10 on the application). If there are co-applicants, both must sign.
3. Additional documentation may be requested by the CIC as needed.

4. Return the application to:

CIC Home Ownership Program
Sidney-Shelby Economic Partnership
101 S. Ohio Ave, Floor 2
Sidney, OH 45365

Contact: info@choosesidneyshelby.com
Phone: 937-498-9554

The information that you provide will be held in strict confidence.

We look forward to receiving your application. The Family Selection Committee will meet periodically. You will be contacted by phone, email or letter if you are selected to interview with the committee.

If you have any questions, please contact Jim Hill at (937) 498-9554. If you leave a message, please leave your full name and daytime phone number. You may also email info@choosesidneyshelby.com

Sincerely,

Family Selection Committee

Community Improvement Corp. of Sidney, Ohio

APPLICATION

Sidney CIC Home Ownership Program

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, handicap, familial status or national origin

Please complete this application truthfully, complexly and accurately to the best of your ability.

1A APPLICANT INFORMATION								
Applicant				Co-applicant				
Applicant's name:				Co-applicant's name:				
Alternative/former names:				Alternative/former names:				
Applicant's Email:				Co-applicant's Email:				
Social Security Number:				Social Security Number:				
Home phone:				Home phone:				
Cell phone:				Cell phone:				
Work phone:				Work Phone:				
Age	Date of Birth (mm/dd/yyyy)			Age	Date of Birth (mm/dd/yyyy)			
☐ Married	☐ Separated	☐ Unmarried*		☐ Married	☐ Separated	☐ Unmarried*		
*If unmarried, fill out Section 12.				*If unmarried, fill out Section 12.				
Dependents and others who will live with you:				Additional dependents & others who will live with you:				
Name	Age	Male	Female	Name	Age	Male	Female	
		☐	☐			☐	☐	
		☐	☐			☐	☐	
		☐	☐			☐	☐	
		☐	☐			☐	☐	
		☐	☐			☐	☐	
Present address (street, city, state, zip code)				Present address (street, city, state, zip code)				
☐ Own	☐ Rent	Number of Years:		☐ Own	☐ Rent	Number of Years:		
If you have lived at your present address for less than 2 years, complete below for all addresses during past 2 years								
Previous address(es) (street, city, state, zip code)				Previous address(es) (street, city, state, zip code)				
☐ Own	☐ Rent	Number of Years:		☐ Own	☐ Rent	Number of Years:		
FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE								
Date received:				Date of selection committee approval:				
Date of notice of incomplete application letter:				Date of board approval:				
Date of loan approval letter:				Date of purchase agreement:				

1B. MILITARY SERVICE		
Did you, your spouse, or someone in the household serve in the US Military?	☐ Yes	☐ No
Please list the name of the person serving, dates of service and note if that person is currently in active service		

2. PRESENT HOUSING CONDITIONS				
Currently, I am:	☐ Renting	☐ Rent-free	☐ Own	Number of bedrooms:
List the other rooms in the place you are living (Kitchen, bathroom(s), Living Room, Dining Room, ect.				
In the space below, describe the condition of the place you live.				
Why are you seeking to purchase a new home?				
If renting, please list the name and contact information of your current landlord:				

3. PROPERTY INFORMATION	
☐ I do not own any real estate (move to Section 4.)	
If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.?) $ _____/month Unpaid balance $_____	If you own any land in addition to your residence, list the monthly payment (including taxes, insurance, etc.) $_____

4. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
☐ I am not employed, please skip to Section 5.		☐ I am not employed, please skip to Section 5.	
Name & Address of CURRENT employer:	Start date: (mm/dd/yyyy)	Name & Address of CURRENT employer:	Start date: (mm/dd/yyyy)
Type of Business: Business Phone:	Annual (gross) wages: $	Type of Business: Business Phone:	Annual (gross) wages: $
If you are a self-employed, please list your monthly income or loss . $_____ (Please note that self-employed may be required to submit additional documentation such as tax returns.)		If you are a self-employed, please list your monthly income or loss . $_____ (Please note that self-employed may be required to submit additional documentation such as tax returns.)	
4a. Non-Employment Details			
Please explain your current non-employment situation: (why you do not work, if that is temporary or permanent.)		Please explain your current non-employment situation: (why you do not work, if that is temporary or permanent.)	

5. MONTHLY INCOME				
Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	$	$	$	$
TANF	$	$	$	$
Alimony	$	$	$	$
Child support	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Housing vouchers	$	$	$	$
Unemployment	$	$	$	$
VA benefits	$	$	$	$
Retirement/pension	$	$	$	$
Military entitlement	$	$	$	$
Other_____	$	$	$	$
Total:	$	$	$	$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
Name	Income Source	Monthly Income	Date of Birth

6. SOURCE OF DOWNPAYMENT AND CLOSING COSTS
Where will you get the money for the down payment and closing costs? If from a gift, family loan or grant, please list the details and how you expect to pay it back?

7. ASSETS					
Type of asset & name of bank, S&L credit union, retirement account, etc.	Address	City, State	Zip	Account #	Current balance/value
					$
					$
					$
					$
					$
					$
					$

8A. LIABILITIES AND EXPENSES						
TO WHOM DO YOU OWE MONEY?	Applicant			Co-Applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	$	$		$	$	
Installment (e.g. boat loan)	$	$		$	$	
Lease/Rent to own	$	$		$	$	
Alimony/separate maint.	$	$		$	$	

(continued) TO WHOM YOU OWE MONEY	Applicant			Co-Applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Child Support	$	$		$	$	
Credit Cards	$	$		$	$	
Student debt	$	$		$	$	
Medical debt	$	$		$	$	
Other	$	$		$	$	
Other	$	$		$	$	
Total	$	$		$	$	

8B. MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	$	$	$
Utilities (elect. gas, water, etc.)	$	$	$
Insurance (car, health, home, etc.)	$	$	$
Child care	$	$	$
Internet service	$	$	$
Phone & Cell phone(s)	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Transportation (gas, repair, maintenance.)	$	$	$
Food & essential supplies	$	$	$
Entertainment	$	$	$
Streaming services	$	$	$
Other (list)	$	$	$
Other (list)	$	$	$
Total	$	$	$

9. DECLARATIONS

Please check the box to answer each for you and the co-applicant.	Applicant		Co-applicant	
a. Are there any court judgements against you?	☐ Yes	☐ No	☐ Yes	☐ No
b. Have you declared bankruptcy within the past 7 years?	☐ Yes	☐ No	☐ Yes	☐ No
c. Have you experienced a property foreclosure in the past 7 years?	☐ Yes	☐ No	☐ Yes	☐ No
d. Are you a party to any type of law suit?	☐ Yes	☐ No	☐ Yes	☐ No
e. Are you currently delinquent or in default on any obligation?	☐ Yes	☐ No	☐ Yes	☐ No

f. Are you a S.S. citizen or permanent resident?	☐ Yes	☐ No	☐ Yes	☐ No

Note: If you answered Yes to any questions in section 9, we may ask for additional information

10. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing the CIC to evaluate my actual need for the Sidney homeownership program, my ability to adequately maintain the property over time.

I understand that the evaluation may Include personal visits, a credit check and employment verification (If applicable). I have answered all the questions on this application truthfully and accurately, and If any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fall to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected for the program. The original or a copy of this application will be retained by the CIC even If the application Is not approved.

If this application Is created as (or converted Into} an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined In and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a} electronic signature or (b} a written signature and agree that If a paper version of this application Is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronlc signature.

I also understand that the CIC screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an Inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date
_____	_____	_____	_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please reference the section you are referencing and mark your additional comments “A” for applicant and “C” for co-application.

11. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this Information Is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic Information (ethnicity, sex and race) In order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for

"Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this Information or on whether you choose to provide It. However, If you choose not to provide the information and you have made this application In person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity (check one or more):	Ethnicity (check one or more):
☐ Hispanic or Latino	☐ Hispanic or Latino
☐ Mexican ☐ Pueto Rican ☐ Cuban	☐ Mexican ☐ Pueto Rico ☐ Cuban
☐ Other Hispanic or Latino -	☐ Other Hispanic or Latino -
☐ Not Hispanic or Latino	☐ Not Hispanic or Latino
☐ I do not wish to provide this information	☐ I do not wish to provide this information
Sex:	Sex:
☐ Female ☐ Male ☐ I do not wish to provide this information.	☐ Female ☐ Male ☐ I do not wish to provide this information.
Race (check one or more):	Race (check one or more):
☐ American Indian or Alaska Native – Name of enrolled or principal tribe: _____	☐ American Indian or Alaska Native – Name of enrolled or principal tribe: _____
☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – race: _____ Example: Hmong, Laotian, Thai, Cambodian, etc.	☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – Race: _____ Example: Hmong, Laotian, Thai, Cambodian, etc.
☐ Black or African American	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – race: _____ Example: Fijan, Tongan, ect.	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – race:_____ Example: Fijan, Tongan, etc.
☐ Caucasian / White	☐ Caucasian/White
☐ I do not wish to provide this information	☐ I do not wish to provide this information

To be completed only by the person(s) receiving the application and conducting the interview

In general, did the interview validate the information collected on the form?	☐	Yes	☐	No
Please note any questions or follow up issues:				

Application received by:	Interviewer's Name	Interviewer's Phone
Application taken by:		Interview Date

12. UNMARRIED DOCUMENTATION
Is there a person who is not your legal spouse but who currently has real property rights similar to a legal spouse
☐ No ☐ Yes
If Yes, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized in the state in which you currently reside or where the property is located. _____ State of _____

Please return your completed application to:

CIC Home Ownership Program
Sidney-Shelby Economic Partnership
101 S. Ohio Ave, Floor 2
Sidney, OH 45365

or email the document to: **info@choosesidneyshelby.com**

Direct any questions to: Jim Hill, (937) 498-9554