



# Housing Market Reinvestment Program Application

## Owner Information

Note: Property listed in application must be owner's primary residence

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

.....  
Co-Owner/Co-Signer (If Applicable. Include address if different from property)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Property

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Property Tax Amount: \_\_\_\_\_

Type of Purchase:  Target Area Purchase  Foreclosure Purchase

Have you received HMRP funds in the past?  Yes  No If Yes, what years? \_\_\_\_\_

Note: Target Map can be found on the HMRP page at <https://www.massillonohio.gov>

## Intent of Use Notice

For your application to be valid the applicant must satisfy **Sub-Section B of Ordinance 108-2015 - Exhibit A**, which states that homeowners must occupy the property for which they are applying for as their primary residence for a minimum of 3 years after purchase. During those three years, homeowners may be eligible to receive HMRP funds. By submitting this application, you are hereby acknowledging that the property listed above is currently, and will continue to be, your primary residence. If a homeowner takes any action as listed in Section 3 (A) of **Ordinance 108-2015 - Exhibit A** or violates any provision of the HMRP, the City shall move to recover funds from the homeowner.

## Disclaimer and Signature

By submitting this application to the City of Massillon you certify that the information provided is true and accurate to the best of your knowledge. You agree that submitting false or misleading information will void this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_