

2021 HOME REPAIR GRANT APPLICATION

Administered by Home Repair Resource Center

The City of Shaker Heights funds a series of grant programs to help owner-occupants correct exterior violations and address safety or accessibility improvements. All applicants must meet program and income guidelines to participate. In 2021, these programs are being administered by Home Repair Resource Center. Below is an outline of each program available and instructions to apply.

GRANT PROGRAMS AVAILABLE:

1. **Exterior Maintenance Grant** – Up to \$2,500 per property toward repair cost of ONLY exterior code violations cited by the Building and Housing Department.

2. **Free Paint Voucher** - To acquire paint and supplies required to correct exterior *scrape and paint* violations cited by the Building and Housing Department.

 For programs 1 and 2:
 - Eligible homeowners can only receive grant assistance once within each inspection cycle.

3. **Senior Safety Grant** – Up to \$500 to address immediate health and safety improvements in your home. Projects can include bathroom repair, roof repair, accessibility modifications, plumbing repairs, and more. Resident must be 62 years old or older to qualify. One-time use only.

GRANT PROGRAM GUIDELINES:

- Property must be owner-occupied.
- Property taxes must be current or in an approved Cuyahoga County repayment plan.
- Owner must either:
 - Live in Ludlow, Moreland, Lomond or Sussex **OR**;
 - Be at least 62 years old or permanently disabled.
- The property cannot be listed for sale at the time of application or construction.
- Grant programs cannot be used to address Point-of-Sale violations.
- A homeowner contribution of 10% of the total project cost or the *average* above grant ceiling is required, whichever is greater.
- Contractors must be registered with the City prior to work commencing.
- Household gross income must be at or below the federally established income limits:

2021 Income Eligibility Guidelines Chart
Household Size with Maximum Income Limit

1	\$44,050	4	\$62,900
2	\$50,350	5	\$67,950
3	\$56,650	6	\$73,000

APPLICATION INSTRUCTIONS:

If you believe you are eligible for one of these programs and would like to apply:

1. Complete the enclosed application and attach ALL supporting documents listed
2. Submit documents to Home Repair Resource Center by:
 - **Mail:** 2520 Noble Road, Cleveland Heights, Ohio 44121
 - **Fax:** 216-381-6683
 - **Email:** stthomas@hrrc-ch.org

QUESTIONS? Call Sharra at (216) 381-6100, ext. 13 (dial *8 then 13)

Supporting Documents Checklist: provide one item from each category
Don't forget to attach anything! Missing items may delay processing of your application.

Application Documents (enclosed):

- 1. Signed Application** (page 3) with all information completed
 - 2. Signed Homeowner Responsibilities Checklist** (page 5)
 - 3. Signed Lead Certification form** (page 6)
 - 4. Signed Privacy Policy form** (page 7)
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Supporting Documents (applicant to collect and submit):

Proof of Income: Please submit documents showing your household gross monthly income. Every household member over the age of 18 must provide proof of income and complete the Declaration of Income Statement.

- If you receive monthly income, submit (all that apply):
 - pension and/or social security statements showing current monthly benefit amount
 - 90 days of consecutive pay stubs
 - rental receipt(s) **OR** signed lease
 - proof of other income (e.g. dividends from stocks, alimony, child support, etc.)
- If you are unemployed, submit:
 - Notarized Declaration of No/Zero Income (enclosed)
 - Current/most recent year tax return **OR** IRS Form 4506-T
- If you are self-employed, submit:
 - Most recently filed 1040 including all schedules

Proof of Age if you are at least 62 (homeowner/applicant only):

- Copy of state ID, birth certificate, etc.

Proof of Residence:

- Copy of most recent gas, electric, or phone bill; must show applicant name and address

Proof of Housing Code Violation Notice:

- Copy of most recent violation report cited by the Building and Housing Department

Proof of Homeowner's Insurance

- Copy of Declarations Page showing current policy

Please note:

- If approved, you will receive written notification. Funds are not reserved at the time of approval.
- Work cannot commence until a Notice to Proceed is issued; funds are reserved at this time.
- Applicant must submit three (3) comparable bids (only one (1) bid is required if total work is less than \$500).

Work cannot commence until a Notice to Proceed is issued (funds are reserved at this point).

1. APPLICATION – HOME REPAIR GRANT PROGRAMS

I am applying for: EXTERIOR MAINTENANCE GRANT FREE PAINT VOUCHER SENIOR SAFETY GRANT

NAME OF HOMEOWNER(S): _____ DATE: ___/___/___

PHONE #: _____ CELL #: _____ E-MAIL: _____

PROPERTY ADDRESS: _____ ZIP _____ PROPERTY TAXES CURRENT? _____

TYPE OF HOME: Single-family Multi-Family (if so, is unit currently occupied? _____)
 *Rental receipts **OR** copy of signed lease required*

EMERGENCY CONTACT NAME _____ PHONE# _____

How did you hear about the program? City Staff Internet HRRC Violation Notice Other _____

Have you ever received City of Shaker Heights home repair grant funding? Yes No If yes, what year? _____

Are you currently a defendant in Shaker Municipal Court for housing violations? Yes No

Race: White Black or Af.-American Hispanic/Latino Asian American Indian/Alaska Native Other

HOUSEHOLD INFORMATION and DECLARATION OF INCOME

How many people reside in the home? _____

List below all persons living in the house and **indicate income received for all occupants over 18 years of age.**

NAME	BIRTHDATE <i>(mm/dd/yyyy)</i>	SOURCE OF INCOME (job, Social Security, pension, rental income, etc.)	PAY FREQUENCY <i>(Weekly, bi-weekly, monthly, etc.)</i>	MONTHLY GROSS INCOME <i>(Amount BEFORE taxes and deductions)</i>

All income must be shown, including but not limited to employment income, rental income, Social Security, Supplemental Social Security, pension, worker' compensation, child support, alimony, and unemployment insurance. Use additional page if needed.

I certify that the information provided above is true and correct to the best of my knowledge and I understand any false statement will be grounds for the immediate termination of my application and subject me to civil and criminal liability.

SIGNATURE: _____

SIGNATURE: _____

DATE: ___/___/___

DATE: ___/___/___

2. HOMEOWNER RESPONSIBILITIES

Application & Approval Phase

1. Submit application and ALL supporting documents.
2. If approved, you will receive notification. Funds **are not** set aside at this point.
3. Obtain 3 estimates for review (if project is under \$500 only one estimate is required).
4. Select contractor and inform Home Repair Resource Center (HRRC) of your selection.
 - a. *Always check references first! Contact BBB #216-241-7678 or request contact information for client(s) who received similar jobs.*
 - b. Selected contractor must become registered with the City prior to release of Notice to Proceed.
5. Once the total project cost has been confirmed, homeowner contribution of 10% of the total project cost or the *overage* above grant ceiling, whichever is greater, must be made payable to Home Repair Resource Center prior to the release of the Notice To Proceed.
6. Wait for written Notice to Proceed from HRRC. Funds **are** set aside at this point.

Construction Phase

7. Set up work start date with contractor. **Work cannot commence prior to a Notice to Proceed.**
8. Make sure the contractor has all needed permits and approvals before work starts.
9. **Monitor work!** Remember, it is your responsibility to be on-site and oversee work. Contact Home Repair Resource Center (216-381-6100 ext. 13) if you have any concerns while work is underway. *Don't wait until the job is complete!*
10. If there are any changes to the quoted total, the homeowner and HRRC should be notified prior to moving forward with repair work.

Payment Phase

11. Once work is complete, it needs to be inspected:
 - a. Did the work require a permit? If so, Building Department will need to inspect.
 - b. Contact Home Repair Resource Center (216-381-6100 ext. 13) to schedule a post-project inspection. Payment to contractor is contingent upon successfully passing inspections.
12. If satisfied with completed project, applicant must sign Client Satisfaction Letter which will be provided after post-inspection. No payments will be generated until all permits and sign-offs have been received.
13. Contractor should submit invoice and W-9 to Home Repair Resource Center for payment in full.

I have read the above and understand my responsibilities to participate in the City's Home Repair Grant Programs.

Print Name

Signature

____/____/____
Date

3. LEAD CERTIFICATION FORM

NAME OF HOMEOWNER(S): _____

DATE: ___/___/___

PROPERTY ADDRESS: _____ ZIP _____

TYPE OF HOME: Single-family Multi-Family

Lead-based Paint Warning: "Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to children and pregnant women."

Year house built _____ Is this prior to 1978? Yes No

Are there children in the household age 5 or younger? Yes No

Has paint testing, a lead inspection, or a risk assessment been performed at the property?

Paint testing Yes No

Lead Inspection Yes No

Risk Assessment Yes No

1. Child's name- _____

(If age 5 or younger) Has testing been done? Yes No

Existing elevated blood lead level? - Yes No

(For any "yes" response, a copy of the report must be provided to Home Repair Resource Center as part of the application.)

To Home Repair Resource Center:

I/we certify that the above information is true; that I/we have been told about the dangers of lead-based paint and have been given a copy of the booklet "Protect Your Family From Lead in Your Home" from the EPA; and, if there are children in the household age 5 or younger.

SIGNATURE: _____

DATE: ___/___/___

4. PRIVACY POLICY

The Home Repair Resource Center (HRRC) has developed this privacy policy to assure our clients that personal information collected will be treated with a high level of confidentiality, and will only be used for program related purposes.

HRRC strictly protects the security of your personal information and honors your choices for its intended use. HRRC has established and maintains reasonable procedures to protect the confidentiality, security and integrity of your personal information. HRRC carefully protects your data from loss, misuse, and unauthorized access. Your personal information is never shared outside the agency without your written authorization.

HRRC will not sell your personal identifiable information to anyone.

HRRC will send you unsolicited information including emails, flyers, event announcements, and newsletters, unless you advise us that you do not want to receive these types of correspondence.

If you have any questions about our privacy policy, please call our office at 216-381-6100.

The Home Repair Resource Center reserves the right to change this policy whenever deemed necessary without prior notification.

SIGNATURE: _____

DATE: ____/____/____

SIGNATURE: _____

DATE: ____/____/____