



2520 Noble Rd. Cleveland Heights, Ohio 44115
216-381-1111

Dear Applicant,

Thank you for your interest in Home Repair Resource Center's Financial Assistance Program (FAP). This program is designed to help you complete important repairs to your home. HRRC will determine what financial assistance options are available and will help to guide you through the process, but you will make the key choices along the way about which financial products, programs, and contractors to use. Depending on the scope and complexity of your project, the process can take from several weeks to several months.

To begin the process, we need to obtain certain personal and financial information as part of your application. The information we ask for is required by HUD, but is also an important part of putting together an accurate and complete range of options for you and your project.

Included with this letter is a checklist of documents that you will need to review and provide to your HRRC counselor as part of the application process. Please review this checklist carefully and make sure you provide all of the documentation – if anything is missing, it may delay your application.

When you next meet with your HRRC counselor, they will review these documents with you and answer any questions you have about them.

Also included with this letter are the following:

1. An overview of the current programs, grants, and loans offered as part of the FAP – you may qualify for some of these. Your counselor will review your application and documents and help you to determine your eligibility. As part of that process, your counselor will explain the rules and conditions for each of the applicable programs so that you can make an informed choice.
2. A community resource guide. This is a list of other agencies, programs, and assistance that may be available to you. If HRRC does not offer programs and services to meet your needs, your counselor will help to connect you with other sources of assistance.
3. A model bid packet. Your counselor will help you determine your repair needs – once you know what needs to be done, you can begin seeking bids. HRRC will not provide you with a contractor, and we do not endorse or recommend particular contractors, but we do provide a range of information and resources to help you find experienced and professional contractors. The packet includes information and resources for finding contractors, as well as a list of what you need to request when getting a bid. Make sure you go through the bid checklist—your HRRC counselor will need copies of written bids, registrations, insurance and bonding information before we can green-light a project.

If you have been referred to us by the court, do not waste time. We cannot report to the court of your progress if there is none. Also, do not delay until the day before court to initiate the process. This is not a favorable way of proceeding in the eyes of the court.

Please let me know if you have questions. I am here M-F 10am-6pm 216-381-6100 x22.

Sincerely,

Wesley B. Walker
Senior & Financial Programs Coordinator
216-381-6100 x 22

INFORMATION SHEET **Referred By: _____ Date: _____

Household/Home Information ___ **LMI** ___ **AMI**

Last Name: _____ First Name(s): _____ / _____

Address: _____ Single ___ Double ___ Year Built _____

Phone: (home) _____ (work) _____ / _____ Note: _____

Email address: _____

Ages: ___/___ Date of Birth: ___/___/___ Soc. Sec. #: ___/___/___

Marital Status: _____ # of Dependents ___ Ages: _____

Others in Home (do they contribute?): _____

Repair Work (explain MPS process)

Cited? ___ yes ___ no If violations remain, status: ___ Inspections ___ Housing Court

Work to be Done (if ASSIST-need contractor ID #)	Cited?	Contractor Selected	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Bids: _____ **Total Cost \$** _____

Purchase/Financing/Value

Years Owned: _____ Type Purchase: _____

Purchase Price \$ _____ Amount Down \$ _____ Amount Financed \$ _____

Current Mortgage Holder: _____ Interest Rate ___ % (fixed ___ variable ___)

If refinanced (date/amount refinanced/reason/# times) _____

Included in Mortgage: property taxes ___ property insurance ___

Titleholders (list all): _____

Title clear? ___ If no, list all other Mortgages/Liens (original amount/balance/purpose/lender):

Employment Information

Head of House Employer: _____

Address: _____

Position: _____ # Years _____

Notes—job security/layoff/seniority/job reference and phone etc.:

If new job, previous employer (position/time there/reason for leaving):

Spouse Employer: _____

Address: _____

Position: _____ # Years _____

Notes—job security/layoff/seniority/job reference and phone etc.:

If new job, previous employer (position/time there/reason for leaving):

Income Information

<i>Head of House</i>	Average Gross/pay	Average Net/pay	Gross/year	Net/Month
# pays per year _____	\$ _____	\$ _____	\$ _____	
Other pay (overtime/bonus etc.) Source: _____ mount included: \$ _____				
List special deductions (loans etc.): _____				
<i>Calculation:</i>				total \$ _____

<i>Spouse</i>	Average Gross/pay	Average Net/pay	Gross/year	
# pays per year _____	\$ _____	\$ _____	\$ _____	
Other pay (overtime/bonus etc.) Source: _____ Amount included: \$ _____				
List special deductions (loans etc.): _____				
<i>Calculation:</i>				total \$ _____

<i>Other Income:</i>	Source	Documentation	
1)	_____	_____	\$ _____
2)	_____	_____	\$ _____
			TOTAL NET/MONTH \$ _____

Gross Annual Income

Note: for household size of _____, maximum income is \$ _____

Income Stability

Has applicant(s) income been reasonably steady the past 5 years? If not, explain:

Credit History

Is applicant's credit established and satisfactory: yes___ no ___

If credit is satisfactory and application is for the Challenge Fund, reason for guarantee: _____

If applicant has credit problems, check all that apply:

___ previous slow pay (paid or being paid regularly) ___ current slow pay on credit (or some w/no payments)
___ suits ___ judgments ___ bankruptcy (___ Chapter 7) (___ Chapter 13: completed? ___/___%)

Explain what happened to cause credit problems, when problems began, what will prevent reoccurrence, and note creditors involved. If bankruptcy, note if/when discharged (and if Chapter 13, percent of debt paid):

Miscellaneous Information

Assets

Checking Account: ___ If yes, location _____

Savings Account: ___ If yes, location _____ balance: \$ _____

(include credit union) location _____ balance: \$ _____

Retirement Pension/Savings, if yes specify: _____

Other Assets (own another property etc.): _____

Automobile

Make/Year of car _____ paid for ___ car loan/lease ___

Make/Year of car _____ paid for ___ car loan/lease ___

Medical Insurance

Yes ___ No ___ If yes, provided: through work ___ pay on own ___ other _____

Are all in household covered? _____

Monthly Debt Obligations (mortgages, loans, charges, tax payments—all bills):

Creditor	Pay/Mo.	Balance	Original	Purpose	Current
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	_____	_____

Total monthly debt \$ _____

- Are State/Federal taxes current? _____ If not, status ? _____
- Co-signed Loans (if balances): For whom/purpose _____
 Creditor _____ Balance \$ _____ Current/paid well ? _____

Taxes CH Income Tax \$ _____ Balance, if any \$ _____

Property Taxes \$ _____ (if not paid in mortgage)

Total Taxes \$ _____

Utilities

	Average/month	Balance	
Gas (Dominion)	\$ _____	\$ _____	Budget payment: yes ___ no ___
Telephone/Internet Service	\$ _____	\$ _____	
Electricity	\$ _____	\$ _____	
C.H. Water	\$ _____	\$ _____	
Regional Sewer	\$ _____	\$ _____	

Total Utilities \$ _____

Insurance

	Amount/month
Homeowners Insurance	\$ _____
Life Insurance	\$ _____
Disability Insurance	\$ _____
Automobile Insurance	\$ _____
Medical Insurance	\$ _____

Living Expenses

- \$ _____ Groceries/Household Supplies (everything at grocery store)
- \$ _____ Car Repairs _____ Gas for Car _____
- \$ _____ Clothing: Adult _____ Children _____
- \$ _____ Child Care/Babysitting/Preschool
- \$ _____ Children's Expenses (Activities / Allowance / Bus Fare / Recreation / School Supplies / Lunches)
- \$ _____ Cable T. V.
- \$ _____ Cell Phones
- \$ _____ School Tuitions (including help for kids in college)
- \$ _____ Bus Fare/Parking at Work
- \$ _____ Adult Spending (work related—lunches etc.)
- \$ _____ Medical (doctor/dentist/co-pays/deductibles)
- \$ _____ Prescriptions/Medications
- \$ _____ Dry cleaning/Laundry
- \$ _____ Drug Store Items (if not in groceries)
- \$ _____ Hair Care
- \$ _____ Gifts (birthdays/all religious holidays, etc.)
- \$ _____ Newspapers/Magazines
- \$ _____ Contributions (religious/other)
- \$ _____ Recreation
- \$ _____ Household Misc. (pet expenses/minor repairs/
license plates/driver's license, etc.)
- \$ _____ Misc., if applicable (cigarettes/alcoholic beverages/
adult pocket money/lottery spending, etc.)

\$ _____ Living Expenses + \$ _____ Debt (page 1) = Total Expenses \$ _____

SUMMARY OF INCOME & EXPENSES

Net Income - Debt/Expenses/Savings = Funds Available

NET INCOME:	Source	Average/month	Total NET INCOME	\$ _____
_____		\$ _____	minus -Total EXPENSES	\$ _____
_____		\$ _____	Net Cash:	\$ _____
_____		\$ _____	-set aside for Savings \$	_____
_____		\$ _____	= Funds Available	\$ _____

.....
 I/we have reviewed the information herein and it is correct to the best of my/our knowledge. I/We authorize you to discuss the information with the bank, with HRRC's Loan Review Committee, and with Housing Inspections or Housing Court, if applicable.

Signature _____

Date: _____