

#### Dear Applicant,

Thank you for your interest in Home Repair Resource Center's Financial Assistance Programs (FAP). These programs are designed to help you complete important repairs to your home. HRRC will determine what financial assistance options are available and will help 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 coordinator as part of the application process. Please review this checklist carefully and make sure you provide all the documentation – if anything is missing, it may delay your application.

When you meet with your HRRC coordinator, they will review these documents with you, answer any questions you have.

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 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. Some initial requirements before you proceed:
  - a. Residents are only eligible for our FAP programs every 3 years.
  - b. Mortgages must be current and no liens held by HRRC.
  - c. Some programs have geographical and income eligibility.
- 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 coordinator will help to connect you with other sources of assistance.
- 3. A model bid packet. Your coordinator will help you determine your repair needs once you know what needs to be done, you can begin seeking bids. HRRC will not select the contractor. While we do not endorse particular contractors, we can provide a range of information and resources to help you find experienced and professional contractors. Make sure you go through the bid checklist—your HRRC coordinator 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 delay in initiating this process. We cannot report to the court of your progress if there is none. Please let us know if you have questions by calling 216-381-6100.

#### HOME REPAIR RESOURCE CENTER PROGRAMS

#### FOR CLEVELAND HEIGHTS RESIDENTS ONLY

**Assist Incentive Grant** – up to \$1,500 for Cleveland Heights homeowners at 80% median income. Repairs include roof replacement, heating system, footer drains, full exterior paint and masonry tear down / rebuild.

**Deferred Loan Match-** Deferred loan for Cleveland Heights homeowners for half of the cost of, roof replacement, heating system, full exterior paint and masonry tear down/rebuild, footer drains, storm or sanitary sewer, or heating system; 0% interest; no monthly payment; loan secured by mortgage. Maximum of \$5,000.

**Senior Grant-** For Cleveland Heights community members who are 62 years or older. \$1,500 grant that is used with our other financial assistance programs that can be used towards the replacement of a roof or furnace.

**Senior Home Stability Grant - 50/50 Grant –**Pays half of the cost of a repair up to \$1,000 for Cleveland Heights Homeowners. For repairs that positively impact upon the health and safety of seniors. HUD Guidelines apply.

#### COUNTY PROGRAMS

**Cuyahoga County Grant Program** – Residents who live in Cuyahoga County Districts 8, 9, or 10 are eligible for up to \$5,000. Grant is on a first come first serve basis and homeowner must contribute 10% of the total project cost or the overage above the grant ceiling is required, whichever is greater. Income eligibility goes up to 300% below poverty level.

**Key Cares Loan Program** – Financing for homeowners who do not qualify for bank loans due to creditworthiness and/or equity. This is an unsecured product financed through Key Bank and requires financial counseling, project management, referral letter and privacy policy from HRRC. Repairs can include garages and driveways, but no cosmetic repairs. No income restrictions.

Classes & Advice - Hands-on Classes that build do-self repair skills and repair advice

Tool Library- Ladders, floor sanders, electric snakes and many other hand & power tools to borrow.

#### CITY OF CLEVELAND HEIGHTS PROGRAMS

# ONLY Information is available through HRRC; To apply, contact Lori Sanford, Housing Preservation Office at (216) 291-4869.

**No Interest Loan** - Loan of \$8,500- \$35,000; 0% interest; 15 year term; low monthly payment; no prepayment penalty; loan secured by mortgage

**Emergency/Short Term Deferred Loan-** Loan of up to \$7,500 for emergency repairs to correct health/safety violations; no payment for up to 2 years while 5% simple interest accrues; Must have owned the home for 3 years.

**Lead Safe Grant-** Grant of up to \$9,500 to remove lead hazards; household must include a child 5 years old or younger; no repayment required. **Clients are able to apply for this program at HRRC.** 

#### City of Cleveland Heights Programs For Seniors (age 62 or older) or Disabled Homeowners:

**Exterior Paint Grant** - Grant of \$3,500 towards the cost of painting; lead-licensed contractor must do painting; applicant must pay costs above the grant (can finance through other programs)

**Deferred Loan** - Loan with payment deferred until house is sold or title transferred; no monthly payment; loan maximum is \$35,000; 5% interest for first 5 years only; secured by a mortgage

**Violation Repair Program Grant** - Grants of up to \$1,000 (\$3,000 lifetime maximum) for most exterior violations; reimburses seniors for pre-approved repairs (before contracting the repair).



Below are the current income guidelines. You must be at or below the maximum income for your household size. All adults living in the home that receive Wages, Government Benefits, and unemployment etc. must be counted. Adults in the household that have no income will be required to provide a notarized statement to that fact.

#### 2022 Gross Income Limits (effective date April 18, 2022) for Cleveland Heights' Assist Incentive Grant Cleveland Heights' Deferred Loan Match Cleveland Heights' Senior Grant Cleveland Heights' Senior Home Stability Grant - 50/50 Grant

Household	Very Low Income	Low Income	Moderate Income
Size*	30 % of Median	50% of Median	80% of Median
1	\$17,950	\$29,900	\$47,850
2	\$20,500	\$34,200	\$54,650
3	\$23,050	\$38,450	\$61,500
4	\$27,750	\$42,700	\$68,300
5	\$32,470	\$46,150	\$73,800
6	\$37,190	\$49,550	\$79,250
7	\$41,910	\$52,950	\$84,700
8	\$46,630	\$56,400	\$90,200

FY 2022 Median Family Income \$ 85,400

\*For Cleveland Heights households larger than 12, go to: <u>www.huduser.gov</u>or contact : Brian Iorio at (216)291- 4845 or <u>biorio@clvhts.com</u>.

2022 Gross Income Limits (effective date April 18, 2022) for Cuyahoga County Grant Program

Household Size**	Income
1	\$40,770
2	\$54,930
3	\$69,090
4	\$83,250

Household Size**	Income
5	\$97,410
6	\$111,570
7	\$125,730
8	\$139,890

\*\*add \$4,720 for each additional person over the household size of 8  $\,$ 



#### FAP/SRP Application Document Checklist

#### **Income Documents**

- □ Two months of paystubs for every working household member, or
  - Most recent benefit award letter (Social Security, etc....),
     or
  - Pension statement & continuation letter (Ask your Pension Administrator for this)
- Copies of 2 most recent Federal Income Tax Returns and all W-2 and 1099 forms for those years (if you are not required to file, contact your HRRC counselor for an IRS form 4506T)

#### **Expense Documents**

- Most recent mortgage statement(s) and payment statement(s) for all mortgages; mortgages that are not current are ineligible for financial assistance
- Two months of bank statements (all accounts)
- Most recent Utility bills (Gas & Electric); cannot be turned off

#### **Insurance Documents**

A copy of your current homeowner's insurance declaration page if required. (This is sent once a year telling you about your coverage; you can obtain a copy from your insurance agent)

#### **Application Forms**

- □ **Budget worksheet.** When completing the budget worksheet make sure you include everything and are as exact as possible. The more accurate the budget is, the faster we can process the application.
- Counseling Authorization This document explains the terms of counseling and provides authorization for HRRC to begin counseling services. Please review this form. Your HRRC counselor will answer any questions you have about it. You will need to sign this document to receive HRRC counseling services.
- □ **Privacy Policy** This document explains HRRC's privacy policy.
- □ Lead Form This form confirms that you have been made aware of the hazards of lead based paint. And have been given a lead booklet which also describes the hazard and remediation methods.

#### □ Homeowners Insurance Form

Home		
Repair Resource center INFORMATION SHEET **Referred By:		
INFORMATION SHEET **Referred By:	Date:	
Household/Home Information		
Last Name:	_ First Name(s): /	
Address:	Zip:	
Single Double Year Built		
Phone: (home/cell)	(work)	
Email address:		
Ages:/ Date of Birth:/		
	spanic/LatinoAsianAmerican Indian/Alaska Native _	
	ents Ages:	
Others in Home (do they contribute?):		
Repair Work		
Cited? yes no If violations remain, s	status:InspectionsHousing Court	
Work to be Done	Cited?	-
		_
		_
		_
 Total Cost \$		_
Purchase/Financing/Value		
Years Owned: Type Purchase: _		
Current Mortgage Holder:	Interest Rate% (fixed variable	_)
If refinanced (date/amount refinanced/reason/# tin	mes)	
Included in Mortgage: property taxes pro	operty insurance	
Titleholders (list all):		
Title clear? If no, list all other Mortgages/Lier		
County Tax Value: \$ Other Value \$	\$ specify:	

Spouse/Partner Employer:	Repair Resource	Yes			
Do you own rental/income property?       Yes       No         Is this rental/income property?       Yes       No         Employment Information       Employer:	center	Yes			
Employment Information   Head of House Employer:   Address:   Position:   Position:   # Years   If new job, previous employer (position/time there/reason for leaving):   Spouse/Partner Employer:   Address:   Position:   # Years   Position:   # Years	Do you own rental/income property?		No		
Head of House Employer:   Address:   Position:   model   model <tr< th=""><th>Is this rental/income property?</th><th>Yes</th><th>No</th><th></th><th></th></tr<>	Is this rental/income property?	Yes	No		
Address:	Employment Information				
Position: # Years   Notes—job security/layoff/seniority/job reference and phone etc.:   If new job, previous employer (position/time there/reason for leaving):   Spouse/Partner Employer:   Address:   Position:   # Years	Head of House Employer:				_
Notes—job security/layoff/seniority/job reference and phone etc.:     If new job, previous employer (position/time there/reason for leaving):     Spouse/Partner Employer:     Address:   Position:      # Years	Address:				
If new job, previous employer (position/time there/reason for leaving):   Spouse/Partner Employer:					
Spouse/Partner Employer:           Address:	Notes—job security/layoff/seniority/job refe	rence and	phone etc.:		
Address:	If new job, previous employer (position/tim	e there/rea	ason for leaving):		_
Position: # Years	Spouse/Partner Employer:				
	Address:				
Notes—job security/layoff/seniority/job reference and phone etc.:	Position:			# Years	
	Notes—job security/layoff/seniority/job refe	rence and	phone etc.:		

#### Income Information

NAME	BIRTHDATE	PAY FREQUENCY	MONTHLY GROSS INCOME
	(mm/dd/yyyy)	(Weekly, bi-weekly twice a month, monthly, etc)	(Amount BEFORE taxes and deductions)

All income must be shown, including but not limited to employment income, rental income, Social Security, SSI, pension, workers' compensation, child support, alimony, and unemployment insurance.

#### **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 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 Informati	ion			
Assets				
Checking Account:	If yes, location			
Savings Account:	If yes, location		balance: \$	
(include credit u	union) location		balance: \$	
Automobile				
Make/Year of car			_ paid for car loan/lease	
Make/Year of car			paid for car loan/lease	
			Current/paid well ?	
			est of my/our knowledge. I/We authorize you to s or Housing Court, if applicable.	
Signature		D	Pate:	
Signature		D	Pate:	



## Lead Certification

Ap	oplicant's Name:				
Ac	Idress:(If double, tenant for	m to be complet	□ sing <sub>ed)</sub>	le-family	 □ two-family
an	<b>ad-based Paint Warning:</b> "Housing built before 1978 may contained dust can pose health hazards if not taken care of properly. Lead egnant women."				
1.	Year house built Prior to 1978?  _ ye	es 🗌 no			
2.	Are there children in the household age 5 or younger?	🗆 no 🗌	] yes		
		<u>en done?</u> yes yes yes yes	□ no □ no		
3.	Has paint testing, a lead inspection, or a risk assessme	ent been pe	erforme	ed at the p	property?
Te	Paint testing gives give				•
<i>I/</i> и	e certify that the above information is true; that I/we have been to children in the household age 5 or younger.	ld about the c	langers	of lead-bas	ed paint if there

Signed: \_\_\_\_\_

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

3/2021



#### BUDGET

#### Monthly Debt Obligations (mortgage, loans, charges, tax payments, bills)

Creditor	Pay/Month	Balance	Original	Purpose

# Total Monthly Debt: \_\_\_\_\_

Are State/Federal Taxes Current?:		If not, status?:	
<b>Co-signed loans</b> (if bala For whom/purpose:	ances):		
Creditor:	Balance: \$	Current: Y/N:	
Taxes City Income Tax (monthly)		Balance, if any	
Property Tax (monthly, if not paid in mortgage)			
Total Taxes:			

Utilities	Avg./month	Balance	Payment Plan?
Gas			
Telephone			
Internet			
Electrical			
Water			
Sewer			

Total Utilities:



# **BUDGET** (cont.)

Insurance	Amount/month
Homeowners Insurance	
Life Insurance	
Disability/SSI Insurance	
Automobile Insurance	
Medical Insurance	

#### Total Insurance: \_\_\_\_\_

Living Expenses	Monthly Average
Groceries/Household Supplies	
Car Repairs	
Gas	
Clothing (Adult & Children)	
Children's Expenses (allowance, activities, school, etc.)	
Cable TV	
Cell Phones	
School Tuition	
Bus Fare/Parking at Work	
Adult Spending (work-related lunches, etc).	
Medical (doctor, dentist, co-pays, deductibles)	
Prescription Medications	
Dry Cleaning/Laundry	
Drug Store Items (if not groceries)	
Hair Care	
Gifts (birthdays, religious holidays, etc.)	
Magazines/Newspapers	
Contributions (political, religious, other)	
Gym Membership	
Household Misc. (pets/minor repairs, car licenses, driver's	
license)	
Miscellaneous (tobacco, alcohol, pocket money, lottery, etc.)	

Total Living Expenses: \_\_\_\_\_



# **BUDGET (cont.)**

# Summary of Income & Expenses

Net Income	

Source

Avg./month

Total Monthly Expenses: _		
Total Net Income minus To	otal Monthly Expenses=	
Net Cash:	minus monthly savings=	
Monthly Funds Available:		



## Authorization for Counseling

This documents the certification that I,

<u>,</u> am

applying to be a client of Home Repair Resource Center (HRRC), a HUD-approved housing counseling agency, for the following service(s):

Description of the second seco

# Post-purchase Counseling (Plan to get repairs on home) (Plan to re-finance)

Foreclosure Intervention/Prevention
 Counseling

(Educates homeowners who are in default by assisting them to take steps to prevent foreclosure)

# Financial Assistance Programs

(Grant/loan program for major home repairs)

I am voluntarily submitting personal information and identification of various documents and other financial information necessary for review and analysis of my case by HRRC financial/foreclosure counselor.

I understand that HRRC counselors and staff are not attorneys and do not provide legal advice or services.

I understand and acknowledge that counseling I received from HRRC is advice only. I am solely responsible for my decisions about my finances. HRRC does not guarantee a successful result.

I agree that HRRC is authorized to do any/all of the following:

- Run my/our credit report
- Submit my/our file for review
- Open my/our file for review for program monitoring and compliance
- Make follow-up contacts with me for program evaluation purposes

I acknowledge that I have received a copy of HRRC's Privacy Policy Statement.

HRRC DISCLOSURE: HRRC does not have any financial relationships with any for-profit or non-profit organizations. I/we understand I am not obligated to receive any other services offered by HRRC or its exclusive partners as a condition of participating in counseling.

CLIENT:	CLIENT:
DATE:	DATE:

Received over the telephone or electronically by HRRC Counselor

Date:



# **Privacy Policy**

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 confidentially, 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 confidentially, 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.

Client Signature

Date

**Client Signature** 

Date



# Homeowner's Insurance Form

Maintaining homeowners insurance is your protection should something happen to your home. Homeowners insurance is not a substitute for routine home upkeep and maintenance. This form is to confirm that you are aware of the protections that homeowners insurance provides. HRRC will not be held liable for any claims that can be considered an insurance claim. HRRC will only work with insured contractors in an effort to protect you and your property from harm. By signing this form (Required), you acknowledge that fact and release HRRC from any liability resulting from the work performed.

If you are uncertain about the status of insurance coverage for your home, we recommend that you contact your mortgage company, an insurance agent or the Ohio Fair Plan. The Ohio FAIR Plan was established in 1968 to provide essential insurance coverage for eligible property unable to obtain insurance through the voluntary market. You can contact them Monday - Friday, 8:00am - 4:30pm Main: 614-839-6446 Fax: 614-839-2882. You can always call Home Repair Resource Center, and discuss this situation with one of our counselors at 216-381-6100

	Signature:	Date:
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#### **Model Bid Packet**

All projects under HRRC's Financial Assistance Program and/or Senior Repair Program require at least three documented bids.

A documented bid includes the following:

- The contractor's name, physical address, and telephone number
- A written and itemized scope of work, including the work to be done, the quality/type of materials to be used, and a breakdown of the materials and labor involved.
- Agreement by the contractor to obtain all necessary permits and to do all work in compliance with local code.
- Specification of what, if any work will be subcontracted, and the name, address, and telephone number of all subcontractors to be used.
- Estimated start date and completion date.
- A copy of the contractor's registration with the City of Cleveland Heights.
- A copy of the contractor's general liability insurance policy and workers' compensation coverage, and/or that of any subcontractors, if applicable.
- A copy of the contractor's bond.

Addendums: Addendums are supplemental to the estimate and are for verification of specific issues within the scope of the project. The addendum does not take the place of a written estimate. Copies of the addendums are available from your counselor and are specific to major repairs. (Roofs, Driveways, Painting, Carpentry Repairs, Masonry, Etc.)



#### **COMMUNITY RESOURCE REFERRAL GUIDE**

Office Information:

Home Repair Resource Center 2520 Noble Road Cleveland Heights, OH 44121 T: 216-381-6100 www.hrrc-ch.org

#### HOUSING:

- Department of Housing & Urban Development (HUD) Cleveland Field Office US Bank Centre Building 1350 Euclid Ave., St. 500 Cleveland, OH 44115 Phone: 216-357-7900 Web: www.hud.gov
- The Legal Aid Society of Cleveland (Cleveland Tenant Information Line) 1223 West Sixth Street Cleveland, OH 44113 Phone: 216-861-5955 Web: www.lasclev.org/get-help/housing
- City of Cleveland Heights City Hall 40 Severance Circle Cleveland Heights, OH 44118 Phone: 216-291-4444 Web: www.clevelandheights.com
- City of Cleveland Heights Housing Court

40 Severance Circle Cleveland Heights, OH 44118 Phone: 216-291-4901 ext. 3 Web: <u>www.clevelandheightscourt.com</u>

 Fair Housing Center for Rights & Research
 2728 Euclid Avenue #200
 Cleveland, OH 44115
 216-361-9240

Web: www.thehousingcenter.org

- City of Cleveland Housing Court Justice Center 1200 Ontario Street 13B Cleveland, OH 44113 Phone: 216-664-4295 Web: www.clevelandhousingcourt.org
- Cuyahoga County Clerk of Courts Administrative Offices Justice Center- 1st Floor 1200 Ontario Street Cleveland, OH 44113 Phone: 216-443-7999 Web: www.cuyahogacounty.us
- Cuyahoga County Foreclosure Mediation
   ADR Dept.-Foreclosure Mediation Program Justice Center, 10th Floor
   1200 Ontario Street
   Cleveland, OH 44113
   Phone: 216-698-7138 or 216-698-7158
- Akron Cleveland Association of Realtors 9100 South Hills Blvd., Suite 150 Broadview Heights, OH 44147 Phone: 216-901-0130 Web: www.akronclevelandrealtors.com
- CHN Housing Partners
   2999 Payne Avenue
   Cleveland, OH 44114
   216-574-7100
   Web: www.chnhousingpartners.org



#### HOUSING (cont.)

- Community Housing Solutions 12114 Larchmere Boulevard Cleveland, OH 44102 East: 216-231-5815 West: 216-651-0077 Web: www.yourchs.org
- ESOP

Benjamin Rose Institute on Aging 11890 Fairhill Road Cleveland, OH 44120 216-791-8000 Web: <u>www.benrose.org/esop-cleveland</u>

#### SOCIAL SERVICES:

- Ohio Jobs & Family Services 310 W. Lakeside Avenue Cleveland, OH 44113 Phone: 216-443-7032 Web: www.jfs.ohio.gov
- Social Security Administration 3591 Park East Drive Beachwood, OH 44122 Phone: 800-772-1213 Web: www.ssa.gov
- The Legal Aid Society of Cleveland 1223 West 6th Street Cleveland, OH 44113 Phone: 216-687-1900
- Journey Center for Safety and Healing 2806 Payne Avenue

Cleveland, OH 44114 Phone: 216-229-2420 Web: <u>www.journeyneo.org</u>

- Cleveland Free Clinic

   12201 Euclid Avenue
   Cleveland, OH 44106
   Phone: 216-721-4010
   Web:

   https://thecentersohio.org/for/health/
- Centers for Families and Children 4500 Euclid Avenue Cleveland, OH 44103 Phone: 216-432-7200 Web: www.benefits.ohio.org
- United Way of Greater Cleveland-211 1331 Euclid Avenue Cleveland, OH 44113 Phone: 216-436-2100 Web: www.211oh.org

 Heights Emergency Food Center 3663 Mayfield Road Cleveland Heights, OH 44121 Phone: 216-381-0707 Web: <u>www.discipleschristian.org/heightsemergency-food-center</u> Serving: Cleveland Heights, Univ. Hts., S. Euclid, & Lyndhurst