



BASIG APPLICATION

Buckeye Area Senior Incentive Grant

Dear Applicant(s),

Thank you for your interest in the Buckeye Area Senior Incentive Grant (BASIG). This program is designed to assist you with important home repairs. Home Repair Resource Center (HRRC) will determine what financial assistance options are available and will help guide you through the process. 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 several weeks to several months.

To begin the process, you must complete an application in its entirety.

Included with this letter is an application packet and a checklist of documents that you will need to gather 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 will delay your application.

Also included in this packet are the following:

1. An overview of the BASIG program.
2. Authorizations (3): Lead Form, Program Authorization, Privacy Policy. Please review them and remember to sign. **THESE FORMS MUST BE RETURNED WITH APPLICATION PACKET**
3. Model Bid Packet – This is information on successfully obtaining bids- What to look for and what questions to ask, as well as a list of things to request when getting a bid.

You will be responsible for contacting contractors to view the project and obtain estimates. Your counselor will help you review the estimates **(3 required)** and you will choose the contractor to do the work. HRRC will not provide you with a contractor, we will however, help you identify contractors from our resources. We do provide a range of information and resources for identifying contractors. Make sure you go through the bid checklist- your HRRC counselor will need copies of written bids, insurance and bonding when necessary, before we can green light a project.

The application packet along with **ALL** supporting documents and forms can be returned via mail or dropped off in person at 2520 Noble Road Cleveland Heights, Ohio 44121. Contact Wesley Walker at (216) 381-6100 ext.13 or email: wwalker@hrrc-ch.org, to arrange a drop off time or if you have any questions.

Sincerely,

HRRC Staff



Program Authorization

This documents certifies that I, _____, am applying to be a client of the Buckeye Area Senior Incentive Grant.

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

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

- 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 the SHIG program.

CLIENT: _____

DATE: _____



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)

Expense Documents

Most recent mortgage statement(s) for all mortgages

Insurance Documents

A copy of your current homeowner's insurance declaration page. This is sent once a year telling you about your coverage; you can obtain a copy from your insurance agent. This also applies to any rental or other real property owned.

BASIG Program 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

Maintaining homeowner's 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 and Huntington 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 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 coordinators at 216-381-6100.

Signature: _____ Date: _____



Lead Certification

Applicant's Name: _____

Address: _____ single-family two-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 _____ 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.)

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.

Signed: _____ 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 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 contact David Brock at 216-381-6100 ext. 22.

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

Client Signature

Date

Client Signature

Date



Application

INFORMATION SHEET

Household/Home Information-

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

Address: _____

Single ___ Double ___ Year Built _____

Phone: (home) _____ (Other) _____ Email address: _____

Age: _____ Date of Birth: _____ Marital Status: _____

of Dependents ___ Ages: ____, ____, ____ Total # of Household Members ___

Property Information-

Current Mortgage Holder: _____

Included in Mortgage: property taxes ___ property insurance ___

Tax Status: Current? ___ Delinquent balance? ___ Payment Plan? ___

Rental/Income Property? Y ___ N ___ Years Owned: _____

Income Information-

TOTAL HOUSEHOLD NET/MONTH \$ _____

Repair Work (Explain MPS process)

Cited? Y ___ N ___ If violations remain, status: ___ Inspections ___ Housing Court

Work to be done:



I/we have reviewed the information herein and it is correct to the best of my/our knowledge.

Signature _____ Date: _____

Signature _____ Date: _____

***** Review the following authorization forms within packet. A fully completed application must include these signed and dated forms *****



Eligibility Requirements

- Applicant(s) must be at least **62 years old** to qualify for the BASIG grant funds
- Applicant(s) must be at or below the following income guidelines* for their household size
- Property must be an owner-occupied property/ Applicant(s) primary residence
- Maximum grant amount is \$2,000; Awarded amount depends on scope of repair project and total household income*

BASIG Gross Income Limits (effective date May 15, 2023)

Household Size*	Very Low Income (0% Contribution)	Low Income (10% Contribution)	Moderate Income (50% Contribution)
1	\$19,000	\$31,650	\$50,650
2	\$21,700	\$36,200	\$57,850
3	\$24,860	\$40,700	\$65,100
4	\$30,000	\$45,200	\$72,300
5	\$35,140	\$48,850	\$78,100
6	\$40,280	\$52,450	\$83,900

*** call (216)381-6100 ext. 13 for additional income limits if your household size is not shown



Model Bid Packet

All projects under HRRC's Buckeye Area Senior Incentive Grant 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.
- 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.
- A completed addendum form (Attached)

Notes or Comments: _____

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