



2520 Noble Road, Cleveland Heights, OH 44121

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.
 - d. Address must be primary residence.
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.

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.

Sincerely,
HRRC Staff

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 the cost of a repair up to \$1,000 for Cleveland Heights Homeowners. For repairs that positively impact the health and safety of seniors. HUD Guidelines apply.

COUNTY PROGRAMS

Approval is not guaranteed and is contingent upon criteria established by HRRC.

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.

Classes & Advice - Hands-on Classes that teach self-repair skills and give 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.

2023 Gross Income Limits (effective date May 15, 2023) 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 Size*	Very Low Income 30 % of Median	Low Income 50% of Median	Moderate Income 80% of Median
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
7	\$45,420	\$56,050	\$89,700
8	\$50,560	\$59,700	\$95,450

FY 2023 Median Family Income \$ 94,000

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

2023 Gross Income Limits (effective date January 19, 2023) for
Key Cares Cuyahoga County Grant / Loan Program

<i>Household Size**</i>	<i>Income</i>
1	\$43,740
2	\$59,160
3	\$74,850
4	\$90,000

<i>Household Size**</i>	<i>Income</i>
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680

**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**
- ☐ **Customer Credit and Title Information Exchange Release**

When you are ready to return your application with your supporting documentation, you may scan / email (costrom@hrrc-ch.org), drop off (2520 Noble Rd. Cleveland Hts. M-F, 10-4) or mail it in.

Please scan all documents as Adobe PDFs. Pictures of the documents will not be accepted.



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: _____ / _____

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

Marital Status: _____ # of Dependents _____ Ages: _____

Others in Home (do they contribute?): _____

Repair Work

Cited? _____ yes _____ no If violations remain, status: _____ Inspections _____ Housing 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/# 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):

County Tax Value: \$ _____ Other Value \$ _____ specify: _____



Do you own rental/income property? Yes No

Is this rental/income property? Yes No

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/Partner 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

NAME	BIRTHDATE (mm/dd/yyyy)	PAY FREQUENCY (Weekly, bi-weekly twice a month, monthly, etc...)	MONTHLY <u>GROSS</u> INCOME (Amount <i>BEFORE</i> 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 Information

Assets

Checking Account: ___ If yes, location _____

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

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

Automobile

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

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

• Are State/Federal taxes current? ___ If not, status ? _____

• Co-signed Loans (if balances): For whom/purpose _____

Creditor _____ Balance \$ _____ Current/paid well ? _____

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 and with Housing Inspections or Housing Court, if applicable.

Signature _____ Date: _____

Signature _____ Date: _____



Lead Certification

Applicant's Name: _____

Address: _____ ☐ single-family ☐ two-family
(If double, tenant form to be completed)

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."

1. Year house built _____ Prior to 1978? ☐ yes ☐ no

2. Are there children in the household age 5 or younger? ☐ no ☐ yes

Child's name (if age 5 or younger)

Has testing
been done?

Existing elevated
blood lead level?

☐ yes ☐ no

☐ yes ☐ no

☐ yes ☐ no

☐ yes ☐ no

☐ yes ☐ no

☐ yes ☐ no

3. 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

(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 if there are children in the household age 5 or younger.

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?: _____

Co-signed loans (if balances):

For whom/purpose: _____

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
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Total Monthly Expenses: _____

Total Net Income minus Total Monthly Expenses= _____

Net Cash: _____ minus monthly savings= _____

Monthly Funds Available: _____



Authorization for Counseling

This documents the certification that I, _____, am applying to be a client of Home Repair Resource Center (HRRC), a HUD-approved housing counseling agency, for the following service(s):

☐ **Pre-purchase Counseling**

(Plan to purchase a Home)
(Budget/Credit Counseling)

☐ **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: _____
DATE: _____

CLIENT: _____
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 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.

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: _____



2520 Noble Rd., Cleveland Heights, OH 44121
216-381-6100

CUSTOMER CREDIT AND TITLE INFORMATION EXCHANGE RELEASE

Regarding the Loan Application of:

To: _____ Bank

You are hereby authorized and directed without notice to discuss and exchange credit information with Home Repair Resource Center staff concerning the Bank's acceptance or declination of financing. By furnishing the information requested by this letter, you shall not be construed to be a Consumer Reporting Agency within the meaning of the Fair Credit Reporting Act.

Applicant's Signature SSN: _____ - _____ - _____ Date: _____

Applicant's Signature SSN: _____ - _____ - _____ Date: _____



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.

During the application process, your HRRC coordinator will need copies of written bids, registrations, insurance and bonding information before we can green-light a project.

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 your current city.
- 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: www.clevelandheightscourt.com
- **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: www.benrose.org/esop-cleveland

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: www.journeyneo.org

- **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: www.discipleschristian.org/heights-emergency-food-center
Serving: Cleveland Heights, Univ. Hts., S. Euclid, & Lyndhurst