

## 2026 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 2026, 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 \$3,500 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 \$700 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.
- 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 *overage* 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 established income limits:

#### 2025 Income Eligibility Guidelines Chart

*Household Size with Maximum Income Limit  
(effective date June 1, 2025)*

1	\$63,300	4	\$90,375
2	\$72,300	5	\$97,625
3	\$81,375		

### 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
  - **Email:** [costrom@hrrc-ch.org](mailto:costrom@hrrc-ch.org)

**QUESTIONS?** Call Carolyn Ostrom at (216) 381-6100, ext. 10

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

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**Application Documents (enclosed):**

- ☐ **1. Signed Application** (page 3) with all information completed
  - ☐ **2. Signed Homeowner Responsibilities Checklist**
  - ☐ **3. Signed Lead Certification form**
  - ☐ **4. Signed Privacy Policy form**
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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 Declaration Page showing current policy coverage

**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 ☐ ShakerLife Magazine ☐ 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 municipal court for exterior violations? ☐ Yes ☐ No

### HOUSEHOLD INFORMATION

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 (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)

\*Use an additional sheet of paper if more space is 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 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 be currently registered with the City or obtain registration 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 the Contractor(s) prior to the release of the Notice To Proceed.
6. Wait for written Notice to Proceed from the City. 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 an inspection with a post project inspection. Payment to contractor is contingent upon successfully passing inspection.
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, W-9, and warranty agreement to Home Repair Resource Center for payment in full.

**I have read the above and understand my responsibilities to participate in the City's Exterior Maintenance Grant program.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

### 3. LEAD CERTIFICATION FORM

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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 \_\_\_\_\_ 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 if there are children in the household age 5 or younger.***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 4. PRIVACY POLICY

The Home Repair Resource Center (HRRRC) 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.

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

HRRRC will not sell your personal identifiable information to anyone.

HRRRC 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_