



SHAKER HEIGHTS

2016

SENIOR/EXTERIOR MAINTENANCE/FREE PAINT GRANT APPLICATION

The program is designed to assist single- and two-family owner occupants, who meet program guidelines, comply with violations cited by the Housing Inspections Department. All applicants must meet income guidelines to participate in the City grant programs. Other restrictions may apply.

- ✓ Must have current Notice of Violation from the Housing Inspections Department
- ✓ Household gross income must be at or below the federally established income limits (see income chart below)
- ✓ Property must be owner-occupied
- ✓ Property taxes must be current or in an approved Cuyahoga County repayment plan
- ✓ Must reside in Ludlow, Sussex, Moreland, or Lomond; available citywide to permanently disabled residents and senior residents (age 62 years and older).
- ✓ Provide all financial and supporting documentation required.

2016 Income Eligibility Guidelines Chart

<i>Household Size Income Limit</i>	
1	\$37,350
2	\$42,650
3	\$48,000
4	\$53,300
5	\$57,600
6	\$61,850
7	\$66,100
8	\$70,400

Free Paint Grant- Vouchers to purchase paint required to correct exterior scrape and paint violations.

Exterior Maintenance Grant - Grant up to \$2,500 per property toward repair cost of ONLY exterior code violations cited by the Housing Inspection Department.

Senior Exterior Maintenance Grant – Must be aged 62 years & older or permanently disabled to participate. Grant up to \$2,500 per property toward repair cost of ONLY exterior code violations cited by the Housing Inspection Department.

- **Eligible homeowners can only receive grant assistance ONCE within each inspection cycle.**
- **Maintenance grant funds shall not exceed \$2,500 per property. Required homeowner contribution of 10% or the overage of the grant ceiling, whichever is greater, based on total project cost.**
- **All approved repair projects must be completed by currently registered contractors with the City of Shaker Heights.**
- **The grant funds cannot be used for Point of Sale violations and/or interior violations.**

APPLICATION PROCESS:

1. Complete application in its entirety and sign application form
2. Provide all required supporting documentation
3. Mail OR deliver complete application package to Attention: Housing Programs Specialist

Questions or need assistance with application? Please contact Sharra Thomas at 216-491-1434.

CITY OF SHAKER HEIGHTS | PLANNING DEPARTMENT

2016

SENIOR EXTERIOR MAINTENANCE FREE PAINT EXTERIOR MAINTENANCE

HOMEOWNER INFORMATION

NAME OF HOMEOWNER(S): _____ DATE: ___/___/___

PROPERTY ADDRESS: _____ ZIP _____ TYPE OF HOME: Single-family

If two/multi family, is unit(s) currently occupied Yes No Two/Multi-family

PHONE #: _____ CELL #: _____ E-MAIL: _____

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 _____

Program(s) _____

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 GROSS INCOME (Amount BEFORE 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: _____

(See reverse side for list of supporting documents needed to complete application)

For statistical purposes only (to be completed by office staff)

Head of Household: Male Female

Marital Status: Married Unmarried (single, divorced, widowed)

(For Internal Use Only)

Household Income Level: Extremely Low (30%) Very Low (50%) Low (80%) Meets income qualification? Y N

EMG Senior EMG Paint Other _____ Match (90/10) = _____

WORK SCOPE: Paint Driveway Masonry Garage Roof Other _____

SUPPORTING DOCUMENTS CHECKLIST:

- Proof of Income: **Every household member over the age of 18 must provide proof of income and complete the Declaration of Income Statement!**
 - 90 days of consecutive pay stubs; rental receipt(s)/signed lease; pension and/or social security statements showing current monthly benefit amount; proof of other income (e.g. dividends from stocks, alimony, child support, etc.)
 - Unemployed/"No Income": 1. Notarized statement of no/zero income (provided) **AND** 2. Current/most recent year tax return **OR** 3. IRS Form 4506-T
 - Self-employed: Most recently filed 1040 including all schedules
- Proof of Age: Applicant(s) only (e.g. copy of state issued ID, birth certificate, etc.); must show the **APPLICANT** birthdate
- Proof of Ownership: (e.g. mortgage statement, copy of deed, tax bill, etc.)
- Proof of Residence: (e.g. copy of most recent gas, electric, or phone bill); must show YOUR name and address
- Proof of property taxes balance status (e.g. tax bill); if taxes are delinquent, must provide proof of County approved payment agreement
- Signed Notification of Lead Form
- Signed Homeowner Responsibilities Checklist
- Signed application with **ALL** information completed

Please Note:

- 1. All original documents will be returned to you upon your written request.**
- 2. You are not approved for the grant until you receive an approval letter from the Planning Department.**
- 3. Applicant must submit three (3) comparable bids (only one (1) bid is required if total work is less than \$500) to the Housing Programs Specialist for review.**
- 4. All work must be Pre-Approved by the Housing Programs Specialist and a Notice to Proceed Order must be issued prior to work start date.**
- 5. These program funds cannot be used to correct Point-of-Sale violation(s).**

DECLARATION OF INCOME STATEMENT

**ALL household members aged 18 years of age or above must complete a SEPARATE statement.
All questions must be answered yes or no. Do NOT leave any question unanswered.**

Name: _____ Social Security# (last 4): _____ Date: ____/____/____

INCOME SOURCE	RESPONSE (Circle One)	MONTHLY AMOUNT RECEIVED	SOURCE/AGENCY NAME
JOB #1	Yes No	\$	
JOB #2	Yes No	\$	
SELF EMPLOYMENT	Yes No	\$	
RENTAL INCOME	Yes No	\$	
SOCIAL SECURITY	Yes No	\$	
SUPPLEMENTAL SOCIAL SECURITY	Yes No	\$	
PENSION	Yes No	\$	
VETERAN'S ADMINISTRATION	Yes No	\$	
TANF/AFDC	Yes No	\$	
UNEMPLOYMENT	Yes No	\$	
WORKMEN'S COMPENSATION	Yes No	\$	
ORDER FOR CHILD SUPPORT	Yes No	\$	
ORDER FOR ALIMONY	Yes No	\$	
REGULAR /SEMI-REGULAR CASH- IN-KIND ASSITANCE FROM SOMEONE NOT LIVING WITH YOU	Yes No	\$	
REVERSE MORTGAGE INCOME	Yes No	\$	
OTHER: _____	Yes No	\$	
OTHER: _____	Yes No	\$	
TOTAL MONTHLY INCOME		\$	

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: _____

DATE: _____

DECLARATION OF NO/ZERO INCOME

I, _____, declare that I am currently unemployed and receive zero income. I do receive _____ per month in public assistance, unemployment compensation and/or self-employment and agree to provide benefit statements as supporting documentation.

I further certify that this is a true and accurate statement of my current financial situation.

Household Member Signature

Signature Notary- Affix Seal

Date

Date

HOMEOWNER RESPONSIBILITIES

Application & Approval Phase

1. Complete application & submit with ALL required documentation to Planning Department.
2. Agree upon grant scope of work with Housing Programs Specialist.
3. Obtain 3 estimates for review (if project is under \$500 only one estimate is required).
4. Select contractor and inform Housing Programs Specialist of your selection. *Always check references first! Contact BBB #216-241-7678 or request contact information for client(s) who received similar jobs.*
5. I understand selected contractor must be a currently registered with the City or obtain registration prior to release of Notice to Proceed.
6. The selected contractor must be an EPA Lead-Safe Certified Contractor if required by Federal Law. See the attached fact sheet.
7. Ensure contractor returns required Contractor Information Packet to the Housing Programs Specialist.
8. Wait for written approval notice and Notice to Proceed from the Planning Department.

Construction Phase

1. Once Notice to Proceed is received, set up work start date with contractor. (Work started before receipt of a Notice to Proceed will not be eligible for the City grant).
2. Make sure the contractor has all needed permits and approvals before work starts.
3. Pay any required down payment to contractor.
4. Monitor work!!!!
5. Contact Housing Programs Specialist (491-1434) if you have any concerns while work is underway. *Don't wait until the job is complete!*

Payment Phase

1. Once work is complete, contact the Housing Inspection Department (491-1370) to schedule an inspection. Payment to contractor is contingent upon successfully passing inspection.
2. If work required a building permit, have contractor contact the Building Department (491-1468) to schedule a final inspection.
3. Contact the Housing Programs Specialist to come out and inspect the work.
4. Pay your 10% match portion of the job cost to contractor upon City inspection approval(s) per the scope of work stated in the written contract.
5. Have contractor submit their invoice showing proof of your paid match portion, to the Housing Programs Specialist to request payment of grant funds.

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

Print Name

Signature

Date