



SHAKER HEIGHTS

2016

Senior Emergency Safety Grant

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The program is designed to address immediate health and safety deficiencies at your home. Final determination of necessary improvements will be made by the Housing Programs Specialist. The following is a partial list of issues that may present an immediate health and safety issue. This list is not intended to be exhaustive.

- ✓ Bathroom repair
- ✓ Electrical upgrades
- ✓ Floor repair /covering (tripping hazards)
- ✓ Furnace/boiler repair or replacement
- ✓ Hazardous materials abatement
- ✓ Hot water heater repair or replacement
- ✓ Kitchen repair
- ✓ Minor accessibility needs/ modifications
- ✓ Plumbing repair/ Leaks
- ✓ Roofing repairs
- ✓ Safety measures including smoke detectors and CO detectors
- ✓ Sewer repair
- ✓ Water line repair or replacement
- ✓ Other health and safety repairs as necessary to meet program goals...

- **Grant funds shall not exceed \$500 per property. One-time use only.**
 - **There is a required homeowner match of \$50 due payable to contractor upon completion of approved work.**
 - **All permit repair work must be completed by contractors who are registered with the City of Shaker Heights. Other repairs must be completed by contractors who are licensed and insured by the State of Ohio.**
 - **The grant funds cannot be used for cosmetic repairs or used to correct any work requiring relocation of the occupant(s).**
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APPLICATION PROCESS:

1. Complete and sign application form
2. Provide all required supporting documentation
3. Mail OR drop off completed application and ALL paperwork to –

**Shaker Heights City Hall
Planning Department – Sharra Thomas
3400 Lee Road
Shaker Heights, Ohio 44120**

If you have any questions or need assistance completing application, please contact Sharra Thomas at 216-491-1434.

2016 SENIOR EMERGENCY SAFETY GRANT APPLICATION

HOMEOWNER INFORMATION

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

PROPERTY ADDRESS: _____ **ZIP:** _____

TYPE OF HOME: Single-Family Two-Family **OWNER OCCUPIED:** Yes No

PHONE NUMBER: _____ **CELL PHONE:** _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ **PHONE NUMBER:** _____

Has your home ever received services through any Weatherization Assistance Program? Yes No
If yes, which agency and when? _____

How did you hear about program? Staff/Internet ShakerLife Program Brochure Other _____

HOUSEHOLD INFORMATION

How many people occupy 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, monthly, etc...)	MONTHLY GROSS INCOME (Amount Before taxes and deductions)

**Use an additional sheet of paper if more space is needed.*

To be completed by head of household (OPTIONAL)

PLEASE CHECK ONLY ONE WHICH BEST DESCRIBES YOUR ETHNICITY

White, not Hispanic Black, not Hispanic Hispanic Am. Indian/Alaskan Native Asian/Pacific Islander Other

PROJECT INFORMATION

Please check area(s) & provide brief description of any emergency health and safety issue(s):

- Bathroom _____ Dining Room _____ Front exterior _____
 Kitchen _____ Basement _____ Side exterior _____
 Living Room _____ Bedroom(s) _____ Rear exterior _____

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)

SUPPORTING DOCUMENTS CHECKLIST: All original documents will be returned to you upon your **written** request.

- 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 income (provided) **AND** 2. 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 YOUR 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 status (e.g. tax bill); if taxes are delinquent, must provide proof of County approved payment agreement
- Signed Notification of Lead Form

Please Note:

- The maximum grant amount shall not exceed \$500 per property, per year or for any single repair. There is a required homeowner match of \$50 due payable to contractor upon completion of approved work. Grant funds will be paid directly to the contractor.
- You are not approved for the grant until you receive an approval letter from the Planning Department.
- Applicant must submit a final bid detailing scope of work to the Housing Programs Specialist for review prior to any work being completed.
- 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.
- Grant funds are available on a first come first serve basis. However, should funding availability become limited, priority will be given to the projects with the greatest need.
- Should project exceed \$500 limit, the Housing Programs Specialist will discuss other resources/ programs that may assist with overall cost of project.

(For Internal Use Only)

Household Income Level: Extremely Low (30%) Very Low (50%) Low (80%) Meets income qualification? Y N
Match (\$50) = Paid: _____ WORK SCOPE: _____

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 ASSISTANCE 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 City.
2. Agree upon grant scope of work with Housing Programs Specialist.
3. Obtain 3 comparable estimates (if project cost under \$500 only one estimate is required)
4. Select contractor and inform Housing Programs Specialist of your choice. *Always check references first!*
5. Chosen contractor will receive Contractor Packet from City. Packet must be returned to the City.
6. Wait for written approval notice and Notice to Proceed from the City.

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. Check that contractor has all needed permits (if necessary) and approvals before work starts.
3. Pay any required down payment to contractor. *If down payment exceeds \$50 call Housing Programs Specialist.*
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 Programs Specialist 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. Pay your \$50 match portion to contractor (if down payment was not required) upon City inspection approval(s) per the scope of work stated in the written contract.
4. Contractor must invoice (including proof of homeowner match portion) the City for grant funds amount; please send to the Housing Programs Specialist for the remainder of the payment (grant covered).

Applicant Print Name

Applicant Signature

Date