



SHAKER HEIGHTS

2018 APPLICATION

Exterior Maintenance Grant and free paint voucher

This program assists single- and two-family owner-occupants with correcting violations cited by the Housing Inspections Department. All applicants must meet program and income guidelines to participate. Other restrictions may apply.

Exterior Maintenance 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.**
- **Funds shall not exceed \$2,500 per property. A homeowner contribution of 10% of the total project cost or the overage of the grant ceiling, whichever is greater, is required.**
- **Contractors must be registered with the City prior to work commencing.**
- **Grant funds cannot be used for Point of Sale violations and/or interior violations.**

Free paint voucher - To acquire paint and supplies required to correct exterior *scrape and paint* violations.

Program Guidelines:

- Homeowner must have current Notice of Code Violation.
- Property must be owner-occupied.
- Property taxes must be current or in an approved Cuyahoga County repayment plan.
- Owner must either:
 - Reside in Ludlow, Moreland, Lomond or Sussex **OR**;
 - Be at least 62 years old or permanently disabled.
- Household gross income must be at or below the federally established income limits:

2018 Income Eligibility Guidelines Chart

Household Size With Income (Max) Limit

1	\$39,600	4	\$56,550
2	\$45,250	5	\$61,100
3	\$50,900	6	\$65,600

Please note:

1. If approved, you will receive written notification. **Funds are not reserved at the time of approval.**
2. Work cannot commence until a Notice to Proceed is issued; funds are reserved at this time.
3. These program funds cannot be used to correct Point-of-Sale violation(s).

Questions? Call 216-491-1333.

CITY OF SHAKER HEIGHTS | ECONOMIC DEVELOPMENT DEPARTMENT

3400 LEE ROAD | SHAKER HEIGHTS, OH 44120 | TEL 216.491.1430 | FAX 216.491.1431 | OHIO RELAY SERVICE 711 | WEB shakeronline.com

I am applying for: EXTERIOR MAINTENANCE GRANT FREE PAINT VOUCHER

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

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

PROPERTY ADDRESS: _____ ZIP _____

TYPE OF HOME: Single-family Multi-Family (if so, is unit currently occupied? _____)

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? _____

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 <i>(mm/dd/yyyy)</i>	PAY FREQUENCY <i>(Weekly, bi-weekly twice a month, monthly, etc...)</i>	MONTHLY GROSS INCOME <i>(Amount BEFORE taxes and deductions)</i>

*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: ___/___/___

HOMEOWNER RESPONSIBILITIES

Application & Approval Phase

1. Submit application and ALL supporting documents.
2. If approved, you will received 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 Neighborhood and Housing Specialist 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.
 - c. Selected contractor must be an EPA Lead-Safe Certified Contractor if required by Federal Law. See the attached fact sheet.
5. Ensure that contractor returns Contractor Information Packet to the City.
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 the Neighborhood and Housing Specialist (491-1333) if you have any concerns while work is underway. *Don't wait until the job is complete!*

Payment Phase

10. 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 the Neighborhood and Housing Specialist (491-1333) to schedule an inspection with a Housing Inspector. Payment to contractor is contingent upon successfully passing inspection.
11. If all inspections pass, pay your match portion of the job cost to contractor.
12. Have contractor submit their invoice showing proof of your paid match portion to the Neighborhood and Housing 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

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: _____

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: ____ / ____ / ____

Supporting Documents Checklist: you must provide one item from each category

- Proof of Income:** Every household member over the age of 18 must provide proof of income and complete the Declaration of Income Statement!
 - If you receive income (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:
 - Notarized Declaration of No/Zero Income (enclosed)
 - Current/most recent year tax return **OR** IRS Form 4506-T
 - If you are self-employed:
 - 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.; must show the applicant birthdate
- Proof of Residence:**
 - Copy of most recent gas, electric, or phone bill; must show YOUR name and address
- Signed application** (enclosed) with all information completed
- Signed Homeowner Responsibilities Checklist** (enclosed)
- Signed Notification of Lead form** (enclosed)

Please Note:

1. You are not approved for the grant until you receive an approval letter from the Economic Development Department. Approval does not mean that funds are set aside for your project yet.
2. Applicant must submit three (3) comparable bids (only one (1) bid is required if total work is less than \$500).
3. All work must be approved and a Notice to Proceed Order must be issued prior to work start date.
4. These program funds cannot be used to correct Point-of-Sale violation(s).

DECLARATION OF NO/ZERO INCOME (if unemployed)

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