



**CITY OF TALLMADGE
2019 CDBG-FUNDED
MINOR HOME REPAIR PROGRAM
HOMEOWNER APPLICATION**

Dear Homeowner:

Since you have expressed an interest in applying for the City of Tallmadge Minor Home Repair Program, the following documents will be needed at the time of your financial review:

- A copy of your homeowner's insurance listing dwelling (house) dollar amount of coverage and annual premium
- A copy of your 2017 and 2018 W-2 Statement of Earnings or #1099 Statement
- A copy of your 2017 and 2018 Federal Tax Return #1040 (must be signed and dated)
- If you do not file taxes, a notarized statement indicated taxes are not filed
- A copy of your (6) most recent pay stubs
- Name, address, phone number, and dates of employment with all employer(s) for the past two years
- A copy of your Social Security Benefits Statements (Form SSA-1099)
- A copy of your pension stating monthly or yearly earnings
- A copy of your complete divorce documents/decrees
- A copy of bankruptcy discharge (only if occurring before the five-year limit)
- Copies of your last 6 months bank checking/savings account statements
- If any adult in the household is a full-time student, the class schedule must be provided

NOTE: Not all of the above documents pertain to your personal situation. Please provide ONLY the documents that are applicable to you. If you have a co-applicant, the above information will be required on all persons applying during the application. Additional documentation/information may be requested as your application is in the review process.

2018 INCOME LIMITS								
% AMI	1 Person	2 person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80% AMI	\$40,500.00	\$46,300.00	\$52,100.00	\$57,850.00	\$62,500.00	\$67,150.00	\$71,750.00	\$76,400.00

**For questions and/or additional information call 330-633-5639
Email: akidder@tallmadge-ohio.org**



PART 1 - APPLICANT INFORMATION

Name: _____
 (First) (Middle) (Last)

Address (include city and zip code) _____

Are you the owner of record for this property? Yes No

In what year was your home built? _____

Have you been cited for any housing code violations? Yes No

If yes, please provide us with a copy of notification(s)

Have you declared bankruptcy within the past two years? Yes No

Name all Persons listed on the deed to this property:

Daytime Phone #: _____ Evening Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Are you: Female Male

Are you Hispanic/Latino? Yes No

Marital Status: Single Married

Divorced Widowed

Are you (Please check only one of the following): Required for Federal Funding Purposes

- White Black/African American American Indian/Alaskan Native Asian Other Multi-Racial
- Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White
- American Indian/Alaskan Native/Black/African American Black/African American/White

List ALL sources of employment income for the past two (2) Years

	Name, Address, Phone and Fax Numbers of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Currently		
2018		
2017		

Income (Continued)

List all other sources of income for the past two (2) years

	Yes	No	Total Amount per Month		
			Currently	2018	2017
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income.		

Payroll stubs, and verification for all of the items that you listed above for the last six (6) months must be attached.
 Federal Tax Returns – A copy of your signed and dated returns for the past 2 years must be attached.
Your application will not be processed unless you include these items.

PART 2 - CO-APPLICANT INFORMATION

Check here if there is no a co-applicant & skip to Part 3.

Name: _____
(First) (Middle) (Last)

Address (include city and zip code) _____

Are you the owner of record for this property? Yes No

In what year was your home built? _____

Have you been cited for any housing code violations? Yes No

If yes, please provide us with a copy of notification(s)

Have you declared bankruptcy within the past two years? Yes No

Name all Persons listed on the deed to this property: _____

Daytime Phone #: _____ Evening Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Are you: Female Male Are you Hispanic/Latino? Yes No

Marital Status: Single Married Divorced Widowed

Are you (Please check only one of the following):

White Black/African American American Indian/Alaskan Native Asian Other Multi-Racial

Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White

American Indian/Alaskan Native/Black/African American Black/African American/White



Income (Continued)

List ALL sources of employment income for the past two (2) Years

Name, Address, Phone and Fax Numbers of Employer(s)		Total Gross Monthly Pay (Before Taxes)
Currently		
2018		
2017		

List all other sources of income for the past two (2) years

	Yes	No	Total Amount per Month		
			Currently	2018	2017
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income.		

Payroll stubs and verification for all the items that you listed above for the last six (6) months must be attached.

Federal Tax Returns – A copy of your signed and dated returns for the past 2 years must be attached.

Your application will not be processed unless you include these items.

PART 3 – HOUSEHOLD COMPOSITION:

Not including yourself and/or the co-applicant list every person currently living in the house or at any time during the past two years.

Name	Birthdate	Ethnicity	Disabled?		Relationship
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there children under the age of 6 years old who visit your home more than 5 hours (average) per week?					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list their names and birth date below:	
Name:			Birth Date:		



PART 4 – APPLICATION HISTORY

I learned about the Home Repair Program from:

- Library
 Flyer
 Agency
 Church
 Friend/Relative
 Neighbor
 Other _____

PART 5 – ASSESTS

Excluding IRA Accounts
List all current accounts

Name of Financial Institution	Type of account Checking or Savings Account	Average Balance

Stocks, Bonds, Certificates of Deposit, Securities, IRA’s, Etc.
(List all current accounts; any funds drawn from the account will be counted as income)

Description (Name of stock, money market account, government bond, etc)	Approximate Value

Other Real Estate Owned or Co-Owned
(List all current real estate owned other than primary residence. Rent payments are considered income)

Description (Rental Property, vacation home etc.)	Address	Monthly Rent

PART 6 – LIABILITIES

You must answer all of the questions. If something does not apply to you, answer N/A.

Is your home paid in full? Yes No

Do you have a reverse mortgage? Yes No



Liabilities (Continued)

List all mortgages on the property:

Bank /Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan**

****For the type of loan, please indicate whether it is: FHA, VA, Conventional or Land Contract**

Does your mortgage payment include property tax and insurance Yes No

Do you currently have homeowner’s insurance Yes No

Insurance Company Name: _____

Agent’s Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

You must attach a copy of your Property Insurance Declaration Page to verify coverage.

Are there any judgment liens (including, but not limited to tax, a Mechanic’s Lien) against you currently and/or at any time during the past three years? Yes No

If yes: Name of Lien Holder(s) and amount(s): _____

Have you had any repairs to the house exceeding \$1,000.00 during the past 3 years? Yes No

Have the repairs been paid in full? Yes No

Do you use your property for business purposes? Yes No

If yes, please describe business: _____



PART 7 – CONDITIONS

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the Minor Home Repair Program and affirm that their housing unit is free of:

- infestation by rats, mice, or other vermin;
- infestation by fleas, lice or other insects;
- cluttered debris or stored materials suitable for rodent or insect habitat; and
- visible mold or mildew.

I/we affirm that my/our housing unit is free of the above-listed hazards and further affirm that I/we understand that the presence of any of the above-listed hazards may disqualify and exclude my/our housing unit from eligibility for participation in the Minor Home Repair Program.

Signature of Applicant Date

Signature of Co-Applicant Date

The Applicant(s) acknowledge that City of Tallmadge staff reserve the right to determine if the dollar amount needed to rehabilitate my/our housing unit exceeds the maximum amount allowed per project and that this may disqualify and exclude my/our housing unit from eligibility for participation in the Minor Home Repair Program

Signature of Applicant Date

Signature of Co-Applicant Date

PART 8 – CERTIFICATION OF INFORMATION

I/We certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my knowledge.

I/We realize that failure to provide all information requested could result in the application being declined.

I/We understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I/We authorize the City of Tallmadge to secure verification from all available sources necessary to complete the processing of this application for the purpose of receiving housing repairs through the City of Tallmadge Minor Home Repair program.

I/We understand that submitting an application does not mean that I/we will be provided with any assistance from the City of Tallmadge.

I/We understand that funding is limited and only a limited number of homes will be chosen and that my home may not be chosen even if I/we meet all qualifications.

I/We understand that if chosen, this program cannot guarantee that all work requested will be completed.

I/We acknowledge that we have read (or had read to me/us) and do thoroughly understand and by my/our signatures here below affirm to the above.

Applicant’s Name (Printed) Date

Applicant’s Signature Date

Co-Applicant’s Name (Printed) Date

Co-Applicant’s Signature Date



PART 9 - CLIENT GRIEVANCE PROCEDURE POLICY

When a client has a grievance regarding the provision of information about a program or service of the City of Tallmadge, the implementation process, a service, or the quality of the actual service itself, assurance will be made to the client that their concern will be addressed in an efficient, expedient manner.

Any client that has a grievance should begin by contacting the Community Development Manager of the City of Tallmadge, whose responsibility will be to resolve this concern as quickly as possible. The Community Development Manager may ask for a written statement describing your concern in detail prior to discussing your concern in person or verbally.

The last step in the grievance process, if the above are not successful, is for the concern to be taken to the Mayor of the City of Tallmadge.

I/We acknowledge that we have read (or had read to me/us) and do thoroughly understand and by my/our signatures here below do affirm to the above.

Applicant's Name (Printed) Date

Applicant's Signature Date

Co-Applicant's Name (Printed) Date

Co-Applicant's Signature Date

PART 10 - PRIVACY POLICY

This notice describes the privacy policy of the City of Tallmadge, (the City). The City may amend this policy at any time. The City collects personal information only when appropriate. The City may use or disclose your information to provide you with services. The City may also use or disclose it to comply with legal and other obligations specifically if funds used to complete the work on your behalf are provided through the County of Summit. Your private information (social security number, financial information, etc.) cannot be publicly viewed, sold, or accessed by anyone other than appropriate staff and governmental funders. In that case, any information provided becomes part of the public record as mandated by applicable laws. The City assumes that you agree to allow us to collect information and to use or disclose it as described in this notice. Applicants can inspect their personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. Applicants can ask us about our privacy policy or practices. The City will respond to questions and complaints.

I/we acknowledge that we have read (or had read to me/us) and do thoroughly understand and by my/our signatures here below do affirm to the above.

Applicant's Name (Printed) Date

Applicant's Signature Date

Co-Applicant's Name (Printed) Date

Co-Applicant's Signature Date



PART 11 - AUTHORIZATION TO RELEASE INFORMATION FORM

If you would like to list ONE other person other than yourself as an approved person for us to speak with regarding your application, please provide us with the following information:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship to Applicant: _____

I/We, _____, (applicant/co-applicant name(s)) give permission to the City of Tallmadge to provide the above referenced person any information regarding my/our application on my/our behalf.

I/We understand that if a family member, friend, and/or neighbor contacts the City of Tallmadge that is NOT the person listed above, the City of Tallmadge will not provide that person with any information regarding my/our application and will request the person get written permission from me/us.

By signing this consent, I/we am giving the City of Tallmadge permission to release information to the above referenced person regarding my/our application on file with the City of Tallmadge.

Applicant's Name (Printed) Date

Applicant's Signature Date

Co-Applicant's Name (Printed) Date

Co-Applicant's Signature Date

Please note you only have to return this form if you wish to have someone else listed as an additional contact person on your application.



PART 12 - WALK AWAY POLICY

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the City of Tallmadge Minor Home Repair program. Such circumstances include, but are not limited to:

- The homeowner and/or applicant become verbally or physically abusive and/or threatens the City of Tallmadge staff members, contractors, volunteers, and/or their employees.
- During the course of the rehabilitation process, if the homeowner continually fails to cooperate with the City of Tallmadge staff members, contractors, volunteers, and/or their employees and/or fails to meet his or her required responsibilities.
- An owner who knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound or repairs will exceed the limited funding available.
- Failure on the part of the applicant/homeowner to demonstrate pride of ownership. Conditions included under pride of ownership include:
 - Abuse of animal: evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
 - Illegal or improper use of property: use of the property for purposes other than as a single-family residence in violation of building or zoning ordinances (e.g., maintaining or operating a junk yard, salvage, auto storage or repair, woodcutting or storage – other than for personal use, or similar activities on the property) when such use constitutes a health or safety hazard or is a visual detriment to the neighborhood.
 - Deliberate abuse: excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
 - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house when such conditions:
 - constitute a potential health or safety hazard to staff, contractors, volunteers, employees, or others;
 - will severely hamper or increase the cost of rehabilitation work; and/or
 - adversely impact the appearance of the neighborhood.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the City of Tallmadge staff.

I/we acknowledge that we have read (or had read to me/us) and do thoroughly understand and by my/our signatures here below do affirm to the above.

Applicant’s Name (Printed) Date

Applicant’s Signature Date

Co-Applicant’s Name (Printed) Date

Co-Applicant’s Signature Date



PART 13 - CONSENT TO RELEASE CONFIDENTIAL INFORMATION

The City of Tallmadge will keep your application confidential. We must have your permission to give other people or agencies information from your application. Except as otherwise provided by law and subject to our professional judgment, you may choose that information the City of Tallmadge can share and who can get the information. Upon written request, you have the right to withdraw your consent at any time.

I/we allow the City of Tallmadge to exchange information from my application, so that I/we can get the assistance I/we need. During the next year, I/we give the City of Tallmadge permission to exchange information with the following agencies:

- BEACON JOURNAL CHARITY FUND
- OHIO REHABILITATION SERVICES COMMISSION
- OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
- PUBLIC HEALTH DEPARTMENTS
- UNITED DISABILITY SERVICE
- OHIO DEPARTMENT OF HEALTH
- U.S. DEPARTMENT OF VETERANS AFFAIRS
- VETERANS SERVICE COMMISSION
- OTHER

Applicant's Name (Printed) Date

Applicant's Signature Date

Co-Applicant's Name (Printed) Date

Co-Applicant's Signature Date

