



Age-Friendly Home Investment Program 2019



The Cleveland Department of Aging has a program to help seniors age 60 years and older and adults (18-59 years) with a disability address one home maintenance or home repair need. The program will also assist with referrals to other home repair programs. There is **limited funding per ward** for this program. It is expected that the Age Friendly Home Investment 2019 Program will serve six to nine households per ward. Applications will be processed in the order in which they were received.

TO QUALIFY, APPLICANTS:

- Must be a low or moderate income Cleveland homeowner aged 60 years or older or an adult age 18-59 receiving disability. See income guidelines.
- Residence must be a single or two-family home that the applicant owns and resides in.
- Property taxes are current or applicant is on a payment plan.
- Property must not be in foreclosure.

FAMILY SIZE	2019 Gross Maximum Household Income
1	\$ 30,350
2	\$ 41,150
3	\$ 51,950
4	\$ 62,750

DOCUMENTS TO SUBMIT:

- Complete and sign the attached four (4) page application.
- Applicants must submit proof of 2019 household income for each household member. See Information Page B for examples of common income statements.
- Provide copies of recent utility bills (water, sewer, gas, and electric).
- Provide copies of two (2) most recent consecutive bank statements for all bank accounts for all household members. Verify all pages are included, front and back.
- Proof of residency for all other additional household members including minors (examples can include recent bank statements, tax documents, current school records, etc.).
- Submit application, proof of income, all utility bills, and bank statements to:

In person or by mail:

Age Friendly Home Investment Program
 Cleveland Department of Aging
 75 Erieview Plaza, Room 201, Cleveland, OH 44114

Fax to (216) 420-8076 Attn: AFHIP

Scan and email to aging@city.cleveland.oh.us

Please call (216) 664-2833 if you need assistance in completing the application.

*Para recibir asistencia en español puede llamar al (216) 664-6129

- The Department of Aging staff will contact you if any further documentation is needed.
- A further assessment will be completed by a contractor to determine and/or verify your repair needs.

2019 Guidelines for Income, Asset, and Documentation Requirements

FAMILY SIZE	2019 Gross Maximum Household Income
1	\$ 30,350
2	\$ 41,150
3	\$ 51,950
4	\$ 62,750

All persons age 18 and over who are identified as part of the household applying for assistance must provide documentation of all gross income and assets (regardless of value) that are partially or fully held in their name.

All persons under 18 years of age who are identified as part of the household applying for assistance must provide documentation of all unearned income (defined as all non-employment income) and assets (regardless of value) that are partially or fully held in their name.

Because the Age Friendly Home Investment Program is a grant, specific documentation is required by the City of Cleveland. The calculation of gross annual income, and income from assets, is what is used to determine if you are income eligible for the program.

Depending on your income and asset source, the Department of Aging will contact you to clarify what additional documents may need to be submitted to complete your application.

EXAMPLES OF COMMON INCOME STATEMENTS

Income Sources Included	Documentation Needed
Employment	Most recent 3 consecutive pay stubs
Self-Employment	Most recent income tax return (all pages)
Social Security/Social Security Disability Income/Supplemental Security Income	Current award letter (all pages) Social Security Administration 1-800-772-1213
Pension	Current award letter (all pages)
Veteran's Administration Benefits	Current award letter (all pages)
Rental property income	Rental receipts for past three months
TANF/AFDC (public assistance)	Printout dated within 30 days of application
Unemployment Benefits	Award letter (all pages)
Worker's Compensation	Award letter (all pages)
Regular or Semi-Regular Cash Assistance from Someone Not Listed on Application	Affidavit indicating name of person providing assistance, frequency of assistance and amount of assistance
No source of Income	Affidavit stating no income

For any declared income or asset source, the entire document must be provided. For example, if a tax return is being used, all pages, including attachments, forms and schedules, must be provided. If the agency printouts reflect multiple pages in a document, then all pages must be provided.

Primary or secondary applicants cannot complete an affidavit for another applicant or dependent unless the applicant or dependent is under the age of 18.

An affidavit is defined as a notarized statement.

Application for the Age-Friendly Home Investment Program 2019

Date _____

Is home occupied by owner?	Yes or No
Is home:	Single Family Home Two Family House

Applicant Name _____ Birth Date _____

Address _____ Zip Code _____

Phone (s) (Home and/or Mobile) (_____) _____ (_____) _____

Number of persons in household _____

Please Circle Race/Ethnicity: American Indian Asian Black/African American Hispanic or Latino
 Pacific Islander White Other/Multiracial

Marital Status _____ Last Four Digits of Social Security Number _____

Please circle Yes or No

Do you have home owner's insurance? Yes or No

Do you have a mortgage on your home? Yes or No If yes, what is your monthly payment? _____

Do you have any foreclosures/judgements on or pending on your home? Yes or No

Are you current on your property taxes or on a payment plan? Yes or No

Do you own other property? Yes or No If yes, see "Examples of Common Income Statements" table

If applicable, address(s) of other owned property: _____

Please provide the following information in the event that we cannot reach you.	
Emergency contact name: _____	Relationship: _____
Phone number (s): (_____) _____	(_____) _____

Utilities

Monthly Expenses:	
Water	\$ _____
Sewage	\$ _____
Electric	\$ _____
Gas	\$ _____

Who is your electric provider?	
Who is your gas provider?	
Are you current on your utility bills?	
Are any of your utilities turned off or not working? Please explain:	

List all household members and their monthly gross income:

Income Source	Self	Spouse	Additional Household Member	Additional Household Member
Name				
Relationship to applicant	Self			
Date of Birth (DOB)		DOB:	DOB:	DOB:
Employment	\$	\$	\$	\$
Social Security/SSDI/SSI	\$	\$	\$	\$
Pension	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Other-examples may include IRA/Annuity/Investment Income	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

Total Yearly Household Gross Income \$ _____

Banking information: Please indicate how many bank, credit union, or other financial accounts (checking, savings, etc.) belong to all household members over 18 years old. List each household member individually.

Account Holder(s) Name	Name of Bank, Credit Union, or other Financial Institution	Number of Accounts	Types of Accounts
Example: John Smith	My Bank USA	2	1 Checking, 1 Savings

If more space is needed for additional household members, attach additional paper.

Veteran Status

Are you a U.S. Veteran?	Yes or No
If applicable, is your spouse (or former spouse) a U.S. Veteran?	Yes or No

Types of Repair Needed?

- | | |
|--|--|
| <input type="checkbox"/> Roof replacement or repair | <input type="checkbox"/> Plumbing repairs |
| <input type="checkbox"/> Exterior painting/siding | <input type="checkbox"/> Broken window repair |
| <input type="checkbox"/> Porch repairs or replacement | <input type="checkbox"/> Cement pathway repair |
| <input type="checkbox"/> Installation of ramps or lifts | <input type="checkbox"/> Floor repair |
| <input type="checkbox"/> Electrical work | <input type="checkbox"/> Furnace repair and/or replacement |
| <input type="checkbox"/> Detached garage structural repair | <input type="checkbox"/> Driveway patching/repair |
| <input type="checkbox"/> Gutter replacement or repair | <input type="checkbox"/> Other _____ |

Repairs

If multiple repairs are needed, please explain what repair is most important:

I have answered all questions honestly and to the best of my knowledge. I hereby authorize the City of Cleveland Department of Aging to obtain verification of necessary financial information and employment as identified on this form.

Applicant's signature _____ Date _____

Co-Applicant's signature _____ Date _____

Age-Friendly Home Investment Program

This is a pilot program in which City of Cleveland residents, 60 years and older or adults 18 years and older receiving disability, can receive assistance to help improve the condition of their homes. Repairs may include: roof replacement or repair, exterior painting, porch repairs or replacements, installation of ramps or lifts, electrical work, detached garage structural repair, gutter replacement or repair, plumbing repair, broken window repair, cement pathway repair, floor repair, furnace repair and/or replacement and driveway patching/repair.

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant in the Age-Friendly Home Investment Program I authorize the Department of Aging to release and share my application and supporting documentation with the participating agencies, noted below, when necessary for the purpose of assisting me to obtain the service(s) I request.

Neighborhood Housing Services of Greater Cleveland
Hebrew Free Loan Association Interest Free Loans
Heritage Home Program
Community Housing Solutions
CHN Housing Partners
Rebuilding Together NEO
Cuyahoga County Housing Enhancement Loan Program

Senior Homeowner Assistance Program
Repair-A-Home
Lead Hazard Control Program
Cleveland Tree Assistance Program for Seniors
Cleveland 50/50 Sidewalk Residential Replacement Program
Cuyahoga County Foreclosure Prevention Program
Cuyahoga County Veterans Service Commission

I acknowledge that the City of Cleveland Department of Aging may find it necessary to share information that I provide such as my name, address, income sources, services I receive and general health status with other service providers. I give my permission for the Department of Aging to share this information for the purpose of helping me receive the service(s) I may need.

I also understand that the demographic information collected will be entered into a confidential client database(s) as required by one or more of the following agencies: Cleveland Department of Aging, Western Reserve Area Agency on Aging and the Ohio Department of Aging.

Name: _____

Signature: _____

Date: _____

Please submit completed 4 page application and supporting documents:

By mail or in person:

Age Friendly Home Investment Program
Cleveland Department of Aging
75 Erieview Plaza, Room 201
Cleveland OH 44114

Fax (216) 420-8076 Attn: AFHIP

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