Greater Cleveland Habitat for Humanity®

Critical Home Repair Program Checklist

CITY OF EAST CLEVELAND

☐ Personal Information:

- ☐ Application fully filled out and signed
- ☐ State ID / Drivers License for all household members over 18 years old
- ☐ Property Deed or Current Mortgage Statement

☐ Income Information (all household members)

- ☐ Paystubs from all employers (Most recent 8 weeks)
- ☐ Statement of Benefits (SSI / SSD / Pension / Disability)
- ☐ Child Support Benefit Statement (if applicable)

Contact Us:

Critical Home Repair Department
216-429-1299

CRITICALHOMEREPAIR @CLEVELANDHABITAT.ORG

2110 W 110 ST Cleveland OH 44102

Greater Cleveland Habitat for Humanity®

Critical Home Repair Program Application

CITY OF EAST CLEVELAND

HOMEOWNER INFORMATION	
Homeowner Name	
Present Address	
Date of Birth	
Social Security #	
Phone Number	
Email Address	

HOUSEHOLD MEMBERS		
Household Member Name	Date of Birth	Yearly Income

Please check appropriate box for the Homeowner:

☐ Married ☐ Unmarried ☐ Separated

Are any members of the household:

☐ Under the age of 18 ☐ Disabled ☐ In the Military or a Veteran ☐ Over age 65

PROPERTY INFORMATION	
Name as it appears on Deed or Mortgage	
Name of Mortgage Lender (if applicable)	
Are you Current on Mortgage Payments?	☐ Yes ☐ No
Do you have Homeowners Insurance?	☐ Yes ☐ No
Name of Homeowner Insurance Company	
Have you been contacted regarding Code Violations? If so, please describe.	☐ Yes ☐ No _____ _____ _____

MONTHLY HOUSEHOLD INCOME (Gross Monthly Income - Before Taxes)	
Employment Income:	$
Cash Assistance:	$
Social Security:	$
Disability:	$
Child Support:	$
Veteran Affairs Benefit:	$
Other (Please Specify):	$
Total:	$

ASSISTANCE BEING REQUESTED

- ☐ ROOF
- ☐ GUTTERS
- ☐ SIDING
- ☐ WINDOWS
- ☐ PORCH
- ☐ EXTERIOR STEP

AUTHORIZATION AND RELEASE

I understand that by signing this application, I am authorizing Greater Cleveland Habitat for Humanity to evaluate my application for the Critical Home Repair Program. Additionally, I understand that the evaluation may include income verification, property evaluation and home assessment. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully or if there have been significant changes in my income that I may be disqualified from the program. The original or a copy of this application will be retained by Greater Cleveland Habitat for Humanity even if the application is disqualified. I understand that the submission of this application and any subsequent home assessments or property evaluations do not guarantee any repairs will be completed. Additionally, any repairs will dependent upon the cost of the repairs and available funding. Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective repair recipient under its program. The City of Cleveland and The State of Ohio may provide funding for this program and may have a right of access to financial records held in connection with Greater Cleveland Habitat for Humanity's Critical Home Repair Program. By signing below, I authorize the information and documentation I provided in response to this application to be provided to external funders by Greater Cleveland Habitat for Humanity for eligibility, funding and/or grant request purposes.

Homeowner Signature	**Date**

Critical Home Repair Program Conflict of Interest Statement for Homeowners

☐ Yes ☐ No 1. The applicant is an employee, agent, consultant, officer, or elected official or appointed official of the recipient (City), or of any designated public agencies, or of subrecipients that are receiving funds under this part.

☐ Yes ☐ No 2. The applicant exercises or has exercised any functions or responsibilities with respect to ARPA-assisted activities or is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from an ARPA-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to an ARPA-assisted activity, or with respect to the proceeds of the ARPA-assisted activity, either for the applicant him/herself or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

☐ Yes ☐ No 3. The applicant qualifies for the program without regard for potential conflicts of interest.

☐ Yes ☐ No 4. The applicant has not used his/her authority or influence of his/her office to secure the benefits of the program.

☐ Yes ☐ No 5. The moneys are to be used on applicant's primary residence.

☐ Yes ☐ No 6. The applicant is a public official pursuant to the definition found in O.R.C. §2921.01. (i.e. the applicant is elected or appointed to an office or is an employee of any public agency.)

Applicant Name: _____ Date: _____

Applicant Address: _____

Conflict of Interest Statement For Agency

(To Be Completed by Greater Cleveland Habitat for Humanity)

☐ Yes ☐ No 7. The applicant has discretionary authority or participates in the decision-making process to determine who is allowed to participate in the program.

☐ Yes ☐ No 8. The applicant has withdrawn or removed herself/himself from the decision-making process which determines who is allowed to participate in the program.

☐ Yes ☐ No 9. The program has been offered to all qualified individuals in an equal and impartial manner.

☐ Yes ☐ No 10. The availability of the program and its benefits has been published and promoted throughout the community so that all qualified individuals have been put on notice and given an opportunity to participate in the program.

☐ Yes ☐ No 11. The program policy is the same for everyone applying. Funding is available on a firstcome, first-served basis.

☐ Yes ☐ No 12. No decisions are made by the City as to an individual application.

Agency Name: _____ Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the box below:
We are requesting the following information to monitor our compliance with the Federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether you choose to provide it. If you choose not to provide this information, we may note it by

Applicant

❑ I do not wish to provide this information **Race** (applicant may select more than one racial designation): ❑ American Indian or Alaska Native ❑ Native Hawaiian or other Pacific islander ❑ Black/African-American ❑ White ❑ Asian **Ethnicity:** ❑ Hispanic or Latino ❑ Non-Hispanic or Latino **Sex:** ❑ Female ❑ Male **Birthdate:** _____/_____/_____ **Marital Status:** ❑ Married ❑ Separated ❑ Unmarried (single, divorced, widowed)

To be completed by the person conducting the interview	
This application was taken by: ❑ Face to face interview ❑ By mail ❑ By phone	Interviewer's name: Interviewer's signature: Interviewer's phone number:

EQUAL HOUSING OPPORTUNITY

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C. 20580.