HOMEOWNER APPLICATION

Safe at Home Program 2019
Serving the Cleveland Area

Program Funded by The Cleveland Foundation

APPLICATION PROCESS

1. Complete and sign the application form
2. Include required documentation
3. Mail to:

Rebuilding Together Northeast Ohio
5351 Naiman Parkway, Suite C
Solon, Ohio 44139
Fax: 330-773-4116

If you would like to drop off an application please call our office to ensure someone is available to assist you.

For more information or questions call 216-800-8556 ext. 2102

Rebuilding Together Northeast Ohio's mission is: Repairing homes, revitalizing communities, rebuilding lives

Please turn over...
The Safe at Home Program provides minor safety and accessibility repairs to eligible homeowners. All information requested is necessary for our evaluation and selection process and remains strictly confidential. Rebuilding Together Northeast Ohio, at its sole discretion, reserves the right to make exceptions to the selection criteria and services provided.

**ELIGIBILITY REQUIREMENTS:**

To be eligible for the program, you must fall below the following income guidelines:

<table>
<thead>
<tr>
<th>1 Person</th>
<th>2 People</th>
<th>3 People</th>
<th>4 People</th>
<th>5 People</th>
<th>6 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,800</td>
<td>$29,500</td>
<td>$33,200</td>
<td>$36,850</td>
<td>$39,800</td>
<td>$42,750</td>
</tr>
</tbody>
</table>

Please note federal government adjusted income limits are used as income guidelines.

➢ You must be over 60 and/or have a disability.
➢ You must occupy the home (for at least one year) and the property must be in the applicant/owner’s name; or the owner of the property must authorize the work in writing in the presence of a notary.
➢ You must be current on your property taxes or be on a verifiable payment plan.
➢ Your home must be a single-family or two-family dwelling.
➢ You must reside in the City of Cleveland or a first-ring suburb of Cleveland.

*Eligible homeowners can apply for the Safe at Home Program EVERY OTHER YEAR. If you were served through the program in 2018, you are not eligible to participate again until 2020.*

**PLEASE COMPLETE AND SIGN ALL SECTIONS OF APPLICATION**

**PLEASE PROVIDE ALL REQUESTED DOCUMENTATION BELOW**

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED**

In order for your application to be considered complete, you will need to:

➢ Submit the attached application.

➢ Submit proof of age/identity documents:
  Please submit ONE of the following: a copy of your driver’s license OR state identification card.

➢ Submit proof of income documents:
  Please submit copies of income sources: A CURRENT copy of your social security benefits award letter, your SSA-1099 form, pension benefits award letter, 1099 from employer(s), Federal Income Tax return or child support order.
  **Make sure you include information for all residents living in your home.**
# SECTION 1: APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Date of Birth: <em><strong><strong>/</strong></strong></em>/______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Applicant Name:</td>
<td>Date of Birth: <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
</tbody>
</table>

**Address:**

- **City:**
- **Zip Code:**

**Phone:**

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Single</th>
<th>Divorced</th>
<th>Married</th>
<th>Widowed</th>
</tr>
</thead>
</table>

Please list the name and telephone number of the person we can contact if we cannot reach you:

- **Name:** __________________________________________
- **Phone:** ____________________________

**Relationship to you:** _____________________________________________________________________

Do you have a social worker or case worker?  
- **Yes**  
- **No**

- **Social Worker/Case Worker Name:** __________________________
- **Phone:** _______________________  

**Agency:** __________________________________________________________________________

Do you own your home?  
- **Yes**  
- **No**

- **Is it a single-family home?**  
- **Yes**  
- **No**

**How many years have you lived at the above address?** ________________

**Year home was built?** ________________  

- **Is your home more than one story?**  
- **Yes**  
- **No**

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

**If yes, please provide us with a copy of the notification.**

Do you have homeowner’s insurance?  
- **Yes**  
- **No**

- **Insurance Company Name:** _________________________________________________________________

- **Agent’s Name:** ____________________________  
- **Phone:** _______________________  

- **Policy No:** _______________________  
- **Expires on:** _____/_____/______

Do you own other real estate?  
- **Yes**  
- **No**

- **Property #1 Address:** ____________________________
- **Property #2 Address:** ____________________________

# SECTION 2: MILITARY HISTORY

Are you a U.S. Military Veteran?  
- **Yes**  
- **No**

**If yes, please provide us with a copy of your DD-214 form.**
### SECTION 3: APPLICATION HISTORY

I learned about Rebuilding Together from:

- TV
- Flyer
- Radio
- Newspaper
- Friend/Relative
- Neighbor
- Church
- Agency
- Social Worker
- Senior Center
- Other: [ ]

Have you ever applied to Rebuilding Together?  [ ] Yes  [ ] No  
If yes, when? ___________________.

Has Rebuilding Together ever completed work on your home?  [ ] Yes  [ ] No  
If yes, when? ______________

### SECTION 4: PERSONS LIVING IN HOUSEHOLD

Family Type:  [ ] Couple  [ ] Female Head of Household  [ ] Male Head of Household

Do you have any children under the age of six that visits you over 60 hours a year?  [ ] Yes  [ ] No

Please provide us with the following information for ALL residents living in home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Ethnicity*</th>
<th>Have a disability?</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
<td>Applicant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>[ ] Yes  [ ] No</td>
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<td></td>
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<td></td>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

*Please use the following examples of Ethnicities:
Caucasian, African American, Asian, American Indian, Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & Caucasian, American Indian/Alaskan Native & African American, Asian & Caucasian, African American & Caucasian, Hispanic.

Rebuilding Together will NOT deny any services to persons on the basis of race, religion, national origin or sex. The information is required by the federal government for reporting purposes.

### SECTION 5: TYPE OF DISABILITIES

If you have a disability please indicate which applies to you (applicant only):

- [ ] Hearing impaired
- [ ] Sight impaired
- [ ] Wheelchair bound
- [ ] Uses a walker/cane
- [ ] Intellectual/Developmental Disability
- [ ] Other:
### SECTION 6: VERIFICATION OF INCOME

*Income documentation MUST be submitted with application. Please list income including child support, etc. for ALL residents living in the home. Attach additional sheets if necessary.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Income Source (Wages, SSI, Pension, etc.)</th>
<th>Total Gross Income</th>
<th>Monthly / Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
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</tbody>
</table>

### SECTION 7: TELL US ABOUT YOU

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have difficulty going up and down steps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you get in/out of the tub/shower with ease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you see your way to the bathroom easily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a mat in the bath/shower that keeps you from slipping?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some of the modifications, like toilet seat risers, have weight and height restrictions; please list the weight and height of the person benefiting from the modifications.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Weight: _____________   Height: ___________

Please provide us with any additional information you feel we should know:

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
### SECTION 8: TYPE OF REPAIRS NEEDED

<table>
<thead>
<tr>
<th>Check if needed</th>
<th>Repair Type</th>
<th>Brief description of repairs needed, what rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Bathroom grab bar(s)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Hand-held shower sprayer</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Anti-slip bath mat</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Shower stool</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Raised toilet seat (reg/long)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Smoke alarm(s)/ CO detector(s)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Fire extinguisher</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Interior handrail(s)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Doorbell(s)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Deadbolt(s)/Doorknob(s)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Address numbers</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Anti-slip tape/treads for steps</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Exterior security lighting</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Replace furnace filter</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Dryer vent</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Minor weatherization</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 9: APPLICATION CHECKLIST

☐ I have read and filled out ALL sections of this application.

☐ I have enclosed copies of the following documentation:
  1. Proof of Identity (copy of driver’s license or state identification card)
  2. Proof of Income (copy of payroll stubs, social security award letter, pension, etc.) for ALL residents living in home

☐ I have read and signed the following attachments:
  1. Applicant Agreement (Attachment A)
  2. Client Grievance Policy (Attachment B)
  3. Privacy Policy (Attachment C)
  5. Optional Consent to Notify Secondary Contact (Attachment E)
  6. Walk Away Policy (Attachment F)

If someone other than the applicant prepares this application (or if assistance is given) please complete the following:

Name: _______________________________________________   Agency (if any): ____________________
Phone No: ____________________________________________   Relationship: _______________________
Is the applicant aware of this application?   ☐ Yes   ☐ No
Do you have Power of Attorney?   ☐ Yes   ☐ No   Please include a copy with application.

Please return this application with ALL required documentation to:

Rebuilding Together Northeast Ohio
5351 Naiman Parkway, Suite C
Solon, Ohio 44139
Fax: 330-773-4116

If you have any questions about completing the application, please call Rebuilding Together at 216-800-8556 ext. 2102

If you would like to drop off an application please call our office to ensure someone is available to assist you.
Applicant Agreement: Attachment A

The owner/co-owner certify that all information on this application and all information furnished in support of this application are given for the purpose of obtaining home repair assistance through Rebuilding Together Northeast Ohio’s Safe at Home Program and is true and complete to the best of the applicants' knowledge and belief.

Verification of information may be obtained from any source. A credit report may be obtained on the owner and co-owner by Rebuilding Together Northeast Ohio.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SECTION 1001, PROVIDES: “Whoever, in any matter within the jurisdiction of any department or agency of the Unites States, knowingly and willfully falsifies OR makes any false, fictitious or fraudulent statement or representations shall be fined no more than $10,000 or imprisoned for no more than five (5) years or both.”

The owner/co-owner understand that submitting an application does not guarantee that they will be provided with any assistance from Rebuilding Together. The owner/co-owner understand that ONLY A LIMITED NUMBER OF HOMES WILL BE CHOSEN and that THEIR HOME MAY NOT BE CHOSEN even if they meet all qualifications. The owner/co-owner understand that if chosen, this program CANNOT GUARANTEE that all work requested will be completed.

I acknowledge that I have read and understand the applicant agreement above.

________________________________________
Applicant Printed Name

________________________________________
Applicant Signature Date

________________________________________
Co-Applicant Printed Name

________________________________________
Co-Applicant Signature Date

Revised 4/4/2019
Client Grievance Procedure Policy: Attachment B

When a client has a grievance regarding the provision of information about a program or service of Rebuilding Together Northeast Ohio, the implementation process of 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 Executive Director of Rebuilding Together Northeast Ohio, who will be responsible for resolving this concern as quickly as possible. The Executive Director may ask for a written statement describing your concerns in detail prior to discussing your concerns with you.

If the client is not pleased with the efforts made by the Executive Director, the grievance will be taken to the President of the Board of Directors of Rebuilding Together Northeast Ohio.

The last step in the grievance process, if the above are not successful, is for the concern to be taken to the entire Board of Directors of Rebuilding Together Northeast Ohio.

I acknowledge that I have read and understand the client grievance policy above.

________________________________________
Applicant Printed Name

________________________________________
Applicant Signature  Date

________________________________________
Co-Applicant Printed Name

________________________________________
Co-Applicant Signature  Date

Revised 4/4/2019
Privacy Policy: Attachment C

Rebuilding Together Northeast Ohio (RTNEO) may amend this policy at any time. RTNEO collects information only when appropriate and may use or disclose your information to provide you with services or to comply with legal and other obligations, specifically if funds used to complete work on your behalf are provided through government entities. Your private information cannot be publicly viewed, sold or accessed by anyone other than the appropriate staff and government funders. Any information provided to government entities becomes part of the public record as mandated by applicable laws. Applicants can inspect the personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. RTNEO will respond to questions and complaints. Applicants can have a copy of the full privacy notice upon request.

Please Note: RTNEO will not release any personal information pertaining to your case to any family members, friends, neighbors, etc. unless you have completed and signed the Authorization for Release of Information Form. This provides RTNEO with permission to release information regarding your case to ONE other person. If we do not have an Authorization for Release of Information form in your file we will not release information to anyone who contacts our office about your case. This policy is to protect our clients and will be enforced.

By my signature below I agree to allow RTNEO to collect my personal information and to use or disclose it as described in this notice.

______________________________________________________________________________
Applicant Print Name

______________________________________________________________________________
Applicant Signature

______________________________________________________________________________
Co-Applicant Print Name

______________________________________________________________________________
Co-Applicant Signature

Revised 4/4/2019
Authorization of Release of Information: Attachment D

To make sure that assistance is used properly, federal laws require that the information that you provided be verified. To receive assistance from the U.S. Department of Housing and Urban Development applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above named organization to obtain information from third parties relative to your eligibility and participation in its programs.

If you fail to sign this form or the individual verification forms this may result in your assistance being denied.

I authorize Rebuilding Together Northeast Ohio and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for the minor home repair program. Information may be obtained about the following items:

- Income (all sources)
- Assets (all sources)
- Homeowner Insurance

I acknowledge that

1. A photocopy of this form is as valid as the original.
2. I have the right to review my file and the information received using this form.
3. I have the right to copy information from my file and to request correction of inaccurate information.

Each adult member of the household (18 years or older) must sign this release of information form.

__________________________  __________________________  __________________________  
Head of Household  Date  Other Adult Member of Household  Date  Other Adult Member of Household  Date

__________________________  __________________________  __________________________  
Other Adult Member of Household  Date  Other Adult Member of Household  Date  Other Adult Member of Household  Date

Revised 4/4/2019
Consent for Secondary Contact: Attachment E

PLEASE NOTE: This form is OPTIONAL.
You only need to return this form if you wish to have someone else listed as an additional contact regarding your application.

List ONE person, other than yourself, for us to speak with regarding your application:

Name: ____________________________________________________________

Address: __________________________________________________________

City: ___________________________ State: _______ Zip Code: __________

Phone number(s): __________________________________________________

Email Address: ____________________________________________________

Relationship to Applicant: __________________________________________

I, ________________________ (applicant name), give permission to Rebuilding Together Northeast Ohio to provide the above referenced person any information regarding my application. I also understand that a family member, friend and/or neighbor, other than the person listed above, will not be provided any information regarding my application without first obtaining written permission from me.

_______________________________________________ ___________________________
Applicant Signature Date
Walk Away Policy: Attachment F

Under certain circumstances assistance may be withheld and/or terminated at the discretion of the Rebuilding Together Northeast Ohio staff regardless of eligibility for and/or approval of a project. Such circumstances include, but are not limited to:

- The applicant, or friends/family of the applicant, becomes verbally or physically abusive and/or threatens Rebuilding Together Northeast Ohio staff members, contractors, volunteers and/or their employees.
- The applicant, or friends/family of the applicant, consumes alcohol, drugs, or use tobacco in excess during the project day or home assessment.
- During the course of the rehabilitation process the applicant, or friends/family of the applicant, continually fails to cooperate with Rebuilding Together Northeast Ohio staff, the contractors or their employees and/or fails to meet his or her required responsibilities.
- The applicant knowingly misrepresents information relevant to his or her eligibility for assistance.
- After the initial inspection of the home, a determination is made that the home is not structurally sound.
- Failure on the part of the applicant to demonstrate pride of ownership. Conditions included under pride of ownership include:
  a. Abuse by animals: Evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings or yards caused by animal behavior, feces or urine.
  b. Illegal or improper use of the property: Use of the property for purposes other than as a single-family residence in violation of building and zoning ordinances when such use constitutes a health or safety hazard or is a visual detriment to the neighborhood.
  c. Deliberate abuse: Excessive damage to the home or fixtures not easily attributable to normal wear and tear.
  d. Housekeeping and Maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
     1. Constitute a potential health/safety hazard to staff, contractors, volunteers, or employees.
     2. Will severely hamper or increase the cost of rehabilitation work.
     3. Adversely impacts the appearance of the neighborhood.

I acknowledge that I have read and understand the RTNEO Walk Away Policy.

______________________________________________________________
Applicant Print Name

______________________________________________________________
Applicant Signature                         Date

______________________________________________________________
Co-Applicant Print Name

______________________________________________________________
Co-Applicant Signature                         Date

Revised 4/4/2019