CITY OF AKRON
MINOR HOME REPAIR APPLICATION
2020 Program Year

Program Administered by Rebuilding Together Northeast Ohio
Addressing Health and Safety Issues

APPLICATION PROCESS

1. You must live in the City of Akron
2. Complete and sign the application form
3. Included required documentation (applications without documentation will not be processed)
4. Mail or email to:

Rebuilding Together Northeast Ohio
788 Donald Avenue
Akron OH 44306
Fax: 330-773-4116
info@rebuildingtogetherneo.org

For more information or questions call 330-773-4100 ext. 2101
Rebuilding Together Northeast Ohio’s mission:
Repairing homes, revitalizing communities, rebuilding lives.

Please turn over.....
GENERAL ELIGIBILITY REQUIREMENTS:

You must be able to verify that you are:

- At least 60 years old and/or have a disability.
- Own and reside in (at least one year) a single-family dwelling in the City of Akron.
- Current on property taxes or on a delinquent tax payment plan with Summit County.
- Under the following household income guidelines to qualify for assistance:

<table>
<thead>
<tr>
<th>1 Person</th>
<th>2 Persons</th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
<th>8 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,350</td>
<td>$28,950</td>
<td>$32,550</td>
<td>$36,150</td>
<td>$39,050</td>
<td>$41,950</td>
<td>$44,850</td>
<td>$47,750</td>
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</tbody>
</table>

Listed below are the items that can be repaired and/or replaced in priority order:

1. Roof/gutters
2. Electrical
3. Furnace
4. Plumbing
5. Porch/steps

The Minor Home Repair Program provides assistance in correcting the above health and safety items. If more than one of the above items is in serious disrepair, only those items which can be completed for the program funding amount will be done in priority order. NO funds will be provided for partial correction of these items or to the homeowner in cash as reimbursement for items completed.

Eligible applicants will be assisted on a first come-first serve basis according to the date their application was received. Emergency repairs will be done as soon as possible. Serious roof leaks, no heat, no water, electrical fire hazards or no ingress/egress to/from the home are considered emergencies.

NOTE: An applicant will only be served once every five (5) years under this program.

Please submit the following with this application:

- **Proof of age/identity documents:**
  A copy of one of the following: driver’s license, state identification card or birth certificate.

- **Proof of disability documents:**
  A current copy of one of the following: letter from your physician documenting your disability OR a benefit award letter that states that you are disabled (SocSec, pension, etc).

- **Proof of income documents:**
  Current copies of all income sources (recent payroll stubs, child support order, social security, pension, etc) for ALL residents in the household.

- **Proof of homeowner’s insurance (if applicable):**
  A current copy of the declaration page of your homeowner’s insurance policy. You may have your insurance agent fax a copy to 330-773-4116. You do NOT need to have homeowners insurance to be eligible for the program.
# Rebuilding Together Northeast Ohio

## 2020 City of Akron Minor Home Repair Program

**OFFICE USE ONLY:**

<table>
<thead>
<tr>
<th>Date App Rcvd:</th>
<th>Case #:</th>
</tr>
</thead>
</table>

## SECTION 1: APPLICANT INFORMATION

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

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>Zip Code:</th>
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<table>
<thead>
<tr>
<th>Phone:</th>
<th>Last Four Digits of Social Security #:</th>
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<table>
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<tr>
<th>Marital Status:</th>
<th>Single</th>
<th>Divorced</th>
<th>Married</th>
<th>Widowed</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to you:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

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 (If you do not own your home, you are not eligible)

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 (If yes, you are not eligible)

Have you been cited for any housing code violations?  

- [ ] Yes  
- [ ] No (If yes, you are not eligible)

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? ______________

Have you received home repair assistance from other program(s)?  [ ] Yes  [ ] No

If yes, list the program(s) and year(s) assistance was given: __________________________________________
____________________________________________________________________________________________

### 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>
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<td>[ ] Yes  [ ] No</td>
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<td>[ ] Yes  [ ] No</td>
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*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
- [ ] Developmental/Intellectual 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>
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<td>Monthly</td>
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<td>Monthly</td>
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</table>
## 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>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Electrical</td>
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<td>☐</td>
<td>Plumbing</td>
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<tr>
<td>☐</td>
<td>Interior Painting</td>
<td></td>
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<tr>
<td>☐</td>
<td>Carpentry repairs</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Roof</td>
<td></td>
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<tr>
<td>☐</td>
<td>Gutters/Downspouts</td>
<td></td>
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<tr>
<td>☐</td>
<td>Chimney</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Accessibility (ramp, grab bars, handrails)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Furnace</td>
<td></td>
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<tr>
<td>☐</td>
<td>Hot Water Tank</td>
<td></td>
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<tr>
<td>☐</td>
<td>Drywall (Walls/Ceilings)</td>
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<td>☐</td>
<td>Flooring</td>
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<td>☐</td>
<td>Doors</td>
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<td>☐</td>
<td>Trash removal/yard work</td>
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<td>☐</td>
<td>Other:</td>
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<tr>
<td>☐</td>
<td>Other:</td>
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</tr>
</tbody>
</table>

Please list any repairs you feel need immediate attention. Please provide us with detailed description of these repairs: (Example: Hot Water tank is leaking)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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)
  3. Proof of Homeowner Insurance - If applicable (copy of current declaration page of policy)

☐ 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
788 Donald Ave.
Akron, OH 44306
Fax: 330-773-4116

If you have any questions about completing the application, please call Rebuilding Together at 330-773-4100. If you would like to drop off an application please call our office to ensure someone is available to assist you.

SECTION 10: Use this space to tell us what receiving assistance would mean to you.
City of Akron
Minor Home Repair Program
Applicant Agreement

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 City of Akron Minor Home Repair 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 United 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 10/31/2019
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 10/31/2019
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 (social security number, financial info, etc.) 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                                    Date

______________________________________________________________________________
Co-Applicant Print Name

______________________________________________________________________________
Co-Applicant Signature                               Date

Revised 10/31/2019
City of Akron
Minor Home Repair Program
Authorization of Release of Information

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 _____________

Revised 10/31/2019
City of Akron
Minor Home Repair Program
Authorization for Secondary Contact

*PLEASE NOTE: This form is OPTIONAL. You only have 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 #’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 with any information regarding my application and will be asked to get written permission from me.

___________________________________________
Applicant Signature                         Date
City of Akron
Minor Home Repair Program
Walk Away Policy

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.
- 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 10/31/2019