

Moving Home Grant

Administered by:



Funded by:



Fair Housing Resource Center, Inc.
1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148

Assistance Provided:

- Assistance with moving i.e. movers, truck, etc.
- Household Cleaning

Qualifications:

- Must be 60 years of age or older
- Client must be a low to moderate-income household (80% AMI or below)
- Client must be living or moving into Lake County, Ohio
- Must demonstrate a need for assistance demonstrate they do not have the financial resources to pay for these services on their own

How to Apply:

The client must submit an application for assistance with supporting documentation:

- Photo ID for 18 years or older
- 30 Days of bank statements
- 30 Days Proof of income
- New or Existing lease



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APPLICANT PERSONAL DATA

First Name:		Last Name:		Date of Application:	
Date of birth:	SSN:	Marital Status:		Phone:	
Current address:					# of Bedrooms
City:			State:	ZIP Code:	
Email Address:			Race:	Ethnicity:	
Current Monthly rental payment: \$	What Utilities Do You Currently Pay:	How long have you lived at your current address?			

Check the box for the services you are seeking:

- Professional Cleaning Services Moving Services

ALL HOUSEHOLD MEMBERS: (ALL OTHER PERSONS LIVING IN YOUR HOME, INCLUDING THOSE NOT RELATED TO YOU.)

First and Last Name	Household Relationship	Age

APPLICANT EMPLOYMENT INFORMATION		
Please check the box for your source of income: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income		
Current Employer Name:	Employer address:	How long?
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:
Social Security:	Monthly Amount:	
Unemployment:	Monthly Amount:	
Retirement:	Monthly Amount:	

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18		
First Name:		Last Name:
Date of birth:	SSN:	Phone:
Please check the box for your source of income: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income		
Current Employer Name:	Employer address:	How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:

Please write any additional household members over the age of 18 information on the back of this application.

Emergency Contact Information

Due to the nature of this program, FHRC may need to reach a family member or friend if a client does not respond to phone calls, home visits or appointments. Please complete with an individual we may contact on your behalf in case of an emergency.

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Disclosure Statement

FHRC provides the following types of counseling: foreclosure prevention, pre- and post-purchase, rental, and financial management. FHRC also provides fair housing complaint and investigation services. FHRC receives funding from federal, state, and local governments to conduct this work. You are not obligated to receive any other services from us or our partners to receive housing counseling. FHRC avoids conflicts of interest; you are free to choose from any housing provider, housing service, or other service relevant to your situation. Furthermore, FHRC allows HUD staff to review all client information for accuracy and compliance. You may receive a written copy of this notice if you so choose.

Signature of applicant:

Date:

Signature of Co-applicant:

Date: