



COMMUNITY DEVELOPMENT BLOCK GRANT SINGLE-FAMILY HOUSING REHAB PROGRAM



Dear Homeowner,

Thank you for your interest in the Single-Family Housing Rehabilitation deferred loan program. This program is operated for the City of Mentor by Fair Housing Resource Center. The Single-Family Housing Rehabilitation program is funded by the U.S. Housing and Urban Development's Community Development Block Grant (CDBG). The purpose of this program is to provide low to moderate income owners of single-family homes in the City of Mentor the financial and technical assistance to have qualified repairs made to their homes.

Basic Eligibility Requirements for All Applicants

- ❖ Residency: the applicant must own and reside in a single-family home located within the City of Mentor for a minimum of one year prior to submitting a program application
- ❖ Income: the applicant(s) must meet low-to-moderate income guidelines as established annually by the U.S. Department of Housing and Urban Development

Eligible Repairs

- ❖ Repairs are intended to assist the applicant in making the home safe, sanitary, and secure
- ❖ The program does not include standard home maintenance, luxury, or cosmetic repairs
- ❖ Eligible repairs may include but are not limited to the following: furnace, roofing, electrical, plumbing, and handicap accessibility

Interested homeowners must submit the completed program application, along with the required additional information to:

Hollie Rondini
Fair Housing Resource Center
1100 Mentor Avenue
Painesville, OH 44077

For assistance completing the application, please contact the office at 440-392-0147 to schedule an appointment to review the application.

Sincerely,

Hollie Rondini, Program Director
Fair Housing Resource Center

Program concerns should be directed to City of Mentor Grant Supervisor Stephanie Johnson at 440-974-5714 or Johnson@cityofmentor.com.



**COMMUNITY DEVELOPMENT BLOCK GRANT
SINGLE-FAMILY HOUSING REHAB PROGRAM**



APPLICATION

This program is for owner-occupied, single-family homes only. Incomplete applications will not be considered.

DATE: _____

APPLICANT/PROPERTY OWNER *Additional property owners not residing at the residence go under co-applicant.*

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

APT/UNIT #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SOCIAL SECURITY NUMBER: ____ - ____ - ____ SEX: MALE FEMALE

CURRENT EMPLOYER: _____ POSITION: _____

EMPLOYER ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

LEGAL GUARDIAN/CONTACT PERSON

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

APT/UNIT #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO APPLICANT: _____

HOME PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____

CO-APPLICANT

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

APT/UNIT #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: MALE FEMALE

CURRENT EMPLOYER: _____ POSITION: _____

EMPLOYER ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

NUMBER OF PEOPLE WITH LEGAL INTEREST IN HOME: _____

TOTAL NUMBER OF PEOPLE IN THE HOUSEHOLD: _____

List any additional co-applicants on a separate sheet of paper and attach to this application.

LIST OF HOUSEHOLD RESIDENTS

List the names of all adults and children residing in the residence. If needed, list additional household members on a separate sheet of paper and attach to this application.

Full Name of Household Member	Relationship to Applicant	Age	Sex (M or F)	HOH* (Y or N)	Handicapped (Y or N)

* HOH: Head of Household

ADDITIONAL QUESTIONS

1. Is the property owner over 62 years of age? Yes No

2. Is this a single parent household with children under the age of 18? Yes No

3. Any legally handicapped or disabled persons in the household? Yes No

a. If yes, how many handicapped or disabled persons in the household? _____

4. Is the property owner legally handicapped or disabled? Yes No

5. Are ALL property taxes paid and current? Yes No
6. Are you delinquent on any mortgage payments? Yes No
7. Do you own your home? Yes No
8. Is the property being purchased under a Land Contract? Yes No
9. In the last seven years, have you declared bankruptcy? Yes No
10. Have you ever had property foreclosed upon? Yes No
11. Do you have any outstanding judgements? Yes No
12. Are you obligated to pay child support? Yes No
13. What is the current age of your home? _____

HOUSEHOLD INCOME

Gross Monthly Income from the Following	HOH (\$)	Co-Applicant (\$)	Co-Applicant (\$)	Total (\$)
Primary Employment	\$	\$	\$	\$
Pensions/Retirement	\$	\$	\$	\$
Dividends/Interest	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Welfare	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Disability Compensation	\$	\$	\$	\$
Other	\$	\$	\$	\$

Total Household Monthly Gross Income: \$ _____

Total Household Annual Gross Income: \$ _____

Total Annual income of all persons with a legal interest in the home: \$ _____

INCOME ADJUSTMENTS (MONTHLY)

Medical Expenses (above 5% of total income): \$ _____

Interest and Dividend Exclusion (\$500 max):

\$ _____

ASSETS

Savings Account #1					
Bank Name				Amount	\$
Savings Account #2 (if applicable)					
Bank Name				Amount	\$
Checking Account #1					
Bank Name				Amount	\$
Checking Account #2 (if applicable)					
Bank Name				Amount	\$
Marketable Securities #1					
Type				Amount	\$
Marketable Securities #2 (if applicable)					
Type				Amount	\$
Other Asset #1					
Type				Amount	\$
Other Asset #2 (if applicable)					
Type				Amount	\$
Other Asset #3 (if applicable)					
Type				Amount	\$
Real Estate Asset #1					
Address				Market Value	\$
City				Unpaid Balance	\$
State		Zip Code		Total Equity	\$
Real Estate Asset #2 (if applicable)					
Address				Market Value	\$
City				Unpaid Balance	\$
State		Zip Code		Total Equity	\$
Real Estate Asset #3 (if applicable)					
Address				Market Value	\$
City				Unpaid Balance	\$
State		Zip Code		Total Equity	\$

MONTHLY HOUSING EXPENSES

Cost Type	Monthly	Balance Due	Paid	Current (Y or N)
Mortgage	\$	\$	\$	
Homeowner's Insurance	\$	\$	\$	
Taxes & Assessments	\$	\$	\$	
Utilities				
Water & Sewer	\$	\$	\$	
Gas	\$	\$	\$	
Electric	\$	\$	\$	
Telephone	\$	\$	\$	
Cable	\$	\$	\$	
TOTAL EXPENSES	\$	\$	\$	

HOMEOWNERS INSURANCE *Policy must be current.*

NAME OF CARRIER: _____ POLICY NUMBER: _____

CARRIER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____

DEMOGRAPHIC INFORMATION

Information used for grant reporting purposes only. There is no penalty for persons who do not complete this section.

Racial Origin

- American Indian or Alaska Native Black or African American
- Asian Native Hawaiian or Other Pacific Islander
- White Multi-Racial
- Other _____

Ethnicity

- Hispanic/Latino Non-Hispanic or Latino

Other Identifying Group

- Female Head of Household Handicapped Elderly

I/we hereby declare and certify that the information and statements given above by me/us on this form is correct and true to the best of my/our knowledge and hereby authorize Fair Housing Resource Center and/or the City of Mentor to utilize the above information in determining my/our eligibility for the Single-Family Housing Rehabilitation Program. The above information is given with the full knowledge that Fair Housing Resource Center (the Administrator) will rely on the truth of the statements set forth herein to determine eligibility for the Single-Family Housing Rehabilitation Program.

Privacy Act: All information disclosed to Fair Housing Resource Center and/or the City of Mentor shall be kept confidential. No information shall be disclosed to any other agency without the express written consent of the Applicant.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the City of Mentor's Single-Family Housing Rehabilitation Program, I/we do hereby give my permission to Fair Housing Resource Center, Administrator of the program on behalf of the City of Mentor, to contact my/our employer, bank, or other persons affiliated with the companies listed on this application to verify the information I have supplied to the Administrator, as it relates to my income, assets, and expenses as reported herein by me/us.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

REQUIRED APPLICATION ATTACHMENTS

Check the following items that are included with this application.

- Copy of last paid homeowners insurance statement
- List of additional co-applicants on separate sheet if no remaining room on form, if applicable
- List of additional residents in the household, if applicable
- Proof of income for all persons in the household and those with legal interest (i.e., pay stubs, SSI verification letter)

- Co-applicant assets on separate sheet if no room remaining on form, if applicable
- Copy of W-2
- Copies of tax income forms for previous two years
- Pay stubs from last 30 days for all adults
- Verification of current homeowners insurance
- Copy of the Deed
- Social Security Proof of Income and Benefits Verification (call 1-800-772-1213 to request one)

ADDITIONAL INFORMATION

ALL COLLECTION OF INFORMATION IS USED ONLY FOR DETERMINING ELIGIBILITY FOR THE CDBG-FUNDED SINGLE-FAMILY HOUSING REHABILITATION PROGRAM AND GRANT REPORTING. ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL.