

**LORAIN COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT
(FY 2012 CDBG)**

HOME REPAIR PROGRAM

The intent of this program is to assist those homeowners that lack the resources to address a housing problem that poses an immediate threat to the health and safety of the occupant. The program operates on a first-come, first-serve basis. The County will use OHCP Residential Rehabilitation Standards (RRS) to prioritize work. No general property improvements will be undertaken. The Home Repair Program will only assist eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety. This could also include handicapped accessibility and tap-ins. This program is available County-wide (excluding the Cities of Elyria, Lorain, and North Ridgeville) for those households that have incomes of less than 80% of the area median income. Other key features include:

Minimum level of assistance: None

Maximum level of assistance: \$8,000.00

**Eligible Properties: Single-family, owner-occupied units in Lorain County.
(Excluding the Cities of Elyria, Lorain, and, North Ridgeville.)**

Financing Mechanism: Grant

Properties assisted with home repairs remain eligible for rehabilitation assistance from the County's Owner-Occupied Housing Rehabilitation Program; however, their maximum level of assistance will be reduced by the amount allocated under the home repair program. The assisted property will maintain its initial score in priority ranking.

Work on all homes must be competitively bid.

Household Income Limits by Family Size

FOR ALL APPLICANTS

Family Size (Persons)	Low Income (80% of MI)
1	\$35,500
2	\$40,600
3	\$45,650
4	\$50,700
5	\$54,800
6	\$58,850
7	\$62,900
8	\$66,950

Source: HUD FY 2013

LORAIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

CDBG FY12 Home Repair Application

Date of Application _____

Date Received _____

APPLICANT

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Date of birth: _____

Email Address: _____

CO-APPLICANT

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Date of birth: _____

Email Address: _____

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Sex: M F Race: _____ Hispanic: Yes No

Sex: M F Race: _____ Hispanic: Yes No

HOUSEHOLD MEMBERS

Total Number of Household Members: _____

Names and Ages of household members: _____

List any household members who are currently full time students

All **Owner-Occupied** applications must be completed in full with all requested documentation and returned to the Lorain County Community Development Office, Attention Linda Blanchette, 226 Middle Avenue, 5th floor, Elyria, Ohio 44035.

All applications will be considered on a first come first serve basis.

Completion of this application does not guarantee funding.

**Questions regarding the program should be directed to the attention of Linda Blanchette at
(440) 328-2332

EMPLOYMENT

APPLICANT

Employer: _____

Address: _____

City, State, Zip: _____

Position: _____

No. of Years Employed: _____

Base Income/Hourly Rate: _____

CO-APPLICANT

Employer: _____

Address: _____

City, State, Zip: _____

Position: _____

No. of Years Employed: _____

Base Income/Hourly Rate: _____

****Submit a separate sheet of paper if there are additional household members that are employed****

GROSS MONTHLY INCOME

SUBMIT SUPPORTING DOCUMENTATION

	Applicant	Co-Applicant	Other
Salary, Wages, Commissions	_____	_____	_____
Social Security	_____	_____	_____
Child Support	_____	_____	_____
Pensions	_____	_____	_____
Other Income	_____	_____	_____
TOTAL GROSS MONTHLY INCOME	_____	_____	_____

Current balance of Checking/Savings Accounts _____

Name and address of bank _____

Other real estate owned Address _____

Do you have any outstanding or delinquent accounts with Lorain County?
Yes _____ No _____ If yes, explain.

Are the property taxes paid and current?
Yes _____ No _____ If no, explain

CERTIFICATION OF APPLICANT(S)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE INK BELOW. Note: If any information on this application is found to be false or incomplete, such findings may be grounds for denial to the requested assistance.

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I further certify that I am the owner(s) of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize Lorain County, through its representatives and designees of the Office of Housing and Community Partnerships (OHCP) and the United States Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in this application is necessary for evaluation of my application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.

In completing this application I have been asked to provide certain non-public information. This information is required by regulation from the Federal Trade Commission's Red Flag Rules. Although the non-public information supplied in this application may be used to qualify and/or approve my request, I am assured that it will not be used by, or sold to any third party provider.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Sec 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies conceals or covers up... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant

Date

Co-Applicant

Date

TERMS AND CONDITIONS FOR OWNERS ACCEPTING

HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

As Applicant, I (we) agree to:

1. Inspection. I will allow inspection of the property by the Lorain County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.

Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. Competitive Estimates. I will permit the Lorain County staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by the Lorain County staff and in accordance with federal, state and local laws.
3. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or Lorain County employee who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
4. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
5. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

Owner

Date

Owner

Date

Program Administrator
Lorain County

Date

**COMMUNITY DEVELOPMENT BLOCK GRANT
APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME**

As an applicant for Lorain County's Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the County concerning my income, assets, and expenses as reported herein by me.

Signature

Date

Signature

Date