



Rebuilding Together.
Greater Cuyahoga Valley

**HOMEOWNER APPLICATION
FOR FREE HOME REPAIRS 2015**
Serving County of Medina



NAT-32254-1

APPLICATION PROCESS

1. Complete and sign the application form
2. Include required documentation (please see the list of required documentation on the back of this page)
3. Mail to:

Rebuilding Together Greater Cuyahoga Valley

788 Donald Avenue
Akron OH 44306
Fax: 330-773-4116

For more information or questions call

330-552-8855

Rebuilding Together Greater Cuyahoga Valley's mission is to bring volunteers and communities together to improve the homes and lives of homeowners in need.



Please turn over.....



ELIGIBILITY REQUIREMENTS:

Must meet the following income guidelines: **County of Medina**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$35,100	\$40,100	\$45,100	\$50,100	\$54,150	\$58,150

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

- You must be over the age of 60 or older and/or disabled.
- You must occupy the home and the property must be in your name.
- You must current on your property taxes, on payment plan or delinquent contract with County of Medina. Proof of payment plan and delinquent contract will be required.
- Your home must be a single family dwelling in sound structural condition.
- You must have current homeowner's insurance.
- You must reside in one of the following counties: County of Medina
- Mobile Homes, apartments and trailers are not eligible for repair(s) by our program.
- A minimum of five (5) years must pass from the date you were last assisted through Rebuilding Together program before you can receive subsidized additional assistance.

**PLEASE COMPLETE AND SIGN ALL SECTIONS OF APPLICATION!!!
PLEASE PROVIDE ALL REQUESTED DOCUMENTATION BELOW!!!**

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED!!!
(MUST ATTACHED COPIES)**

- **Submit the attached application.**
- **Submit proof of age/identity documents:**
Please submit **ONE** of the following: a copy of your driver's license, state identification card **OR** birth certificate.
- **Submit proof of income documents:**
You **MUST ATTACHED COPIES** of income sources, i.e. recent Payroll Stubs, Child support order, Social Security, Pension, etc. **Make sure you include information for all residents living in your home. Documentation must be current.**
- **Submit proof of Homeowner's Insurance:**
Please provide a current copy of the declaration page of your homeowner's insurance policy. You may have your homeowner's insurance agent fax a copy of your declaration page of your homeowner's insurance policy to 330-773-4116.



Rebuilding Together Greater Cuyahoga Valley
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OFFICE USE ONLY:

Date App Rcvd: ___/___/___ Parcel #: ___ Case #: ___

SECTION 1: APPLICANT INFORMATION

Applicant's First & Last Name: _____ Date of Birth: ___/___/___

Co-Applicant's First & Last Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ County/Municipality/Township: _____ Zip Code: _____

Applicants Social Security No: _____ Co-Applicant's Social Security No: _____

Phone: Home _____ Work _____ Cell _____

Marital Status:
[] Single [] Divorced [] Married [] Widowed

Please list the name and telephone number of 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 If yes, please provide us with the following information: Agency: _____

Social Worker/Case Worker Name: _____ Phone: _____

How many years have you lived at the above address? _____

Do you own your home? [] Yes [] No If yes, please complete the following:
What year was your home built? _____ Is your home more than one (1) story? [] Yes [] No

Is it a single family home? [] Yes [] No
Have you been cited for any housing code violations? [] Yes [] No If yes, please provides us with a copy of the notification(s).

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 If yes, please complete the following info?

Property #1 Address: _____
Property #2 Address: _____
Property #3 Address: _____

SECTION 2: MILITARY HISTORY

Are you a U.S. Military Veteran? [] Yes [] No If yes, please provide us with the following information:

- 1. What year did you serve in the Military?
2. How many months of active duty did you serve?
3. In which Military branch did you serve?
4. How were you discharged from the Military?



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SECTION 3: APPLICATION HISTORY

I learned about Rebuilding Together from:

- TV Flyer Radio Newspaper Friend/Relative
 Neighbor Church Agency Social Worker Senior Center
 Pass the Word Brochure (Given to you by your local police or fire department)
 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 any home repair assistance from other program(s)? Yes No

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

SECTION 4: PERSON'S LIVING IN HOUSEHOLD AND/OR DEPENDENTS

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

Please provide us with the following information for ALL residents living in home
(attached additional sheets if necessary)

Name	Age	Ethnicity*	Disabled	Relationship to applicant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	(Applicant)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	(Co-Applicant)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

***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 are disabled and check yes above, please indicate which applies to you below:

- Hearing impaired Sight impaired Wheelchair bound Uses a walker/cane
 Mentally challenge Other: _____



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SECTION 6: VERIFICATION OF INCOME

The following information is required and documentation must be submitted with application. Please list all household income including child support, etc for all applicants living in home. Attached additional sheets if necessary.

Name	Income Source (Wages, SSI, Pension, Etc)	Total Monthly Gross Income	Total Yearly Gross Income
	Applicant		
	Co-Applicant		

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

SECTION 7: MONTHLY EXPENSES

Please mark "N/A" in the monthly amount column if household expense do not pertain to your household.

HOUSEHOLD EXPENSE	MONTHLY AMOUNT
Mortgage Payment(s)	\$
Vehicle Payment(s)	\$
Medical Payment(s)	\$
Property Taxes Payment(s)	\$
Telephone/Cell Phone Payment(s)	\$
Vehicle/Health/Homeowner's Insurance Payment(s)	\$
Cable/Internet Payment(s)	\$
Gas Payment(s)	\$
Electric Payment(s)	\$
Water Payment(s)	\$
Credit Card(s) Payment(s)	\$
Trash Payment(s)	\$
Other: _____	\$
TOTAL MONTHLY PAYMENTS	\$



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SECTION 8: TYPE OF REPAIRS NEEDED

Please note that Rebuilding Together **DOES NOT** provide any assistance with *windows, siding, basement waterproofing, insulation or exterior painting.*

Check if needed	Repair Type	Brief description of repairs needed, what rooms
<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	Interior Painting	
<input type="checkbox"/>	Carpentry repairs	
<input type="checkbox"/>	Roof	
<input type="checkbox"/>	Gutters/Downspouts	
<input type="checkbox"/>	Chimney	
<input type="checkbox"/>	Accessibility modifications	(For Example: Ramp, grab bars)
<input type="checkbox"/>	Furnace	
<input type="checkbox"/>	Hot Water Tank	
<input type="checkbox"/>	Drywall (Walls/Ceilings)	
<input type="checkbox"/>	Flooring	
<input type="checkbox"/>	Doors	
<input type="checkbox"/>	Trash removal/yard work	
<input type="checkbox"/>	Other: _____	

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



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SECTION 10: APPLICATION SIGNATURE PAGE (You MUST sign each individual statement)

Homeowner Agreement Acknowledgement

I/We hereby state that I/We have received a copy of the Homeowner Agreement and I/We have read and do thoroughly understand that by my/our signature(s) here below, I/We do affirm to the Homeowner Agreement. (Attachment A).

X _____ Date: ____/____/____
Applicant's Signature

X _____ Date: ____/____/____
Co- Applicant's Signature

Client Grievance Procedure Policy Acknowledgment

I/We hereby state that I/We have received a copy of the Client Grievance Procedure Policy and I/We have read and do thoroughly understand that by my/our signature(s) here below, I/We do affirm to the Client Grievance Procedure Policy. (Attachment B).

X _____ Date: ____/____/____
Applicant's Signature

X _____ Date: ____/____/____
Co- Applicant's Signature

Authorization For Release of Information Acknowledgment

I/We hereby state that I/We have received a copy of the Authorization For Release of Information Policy and I/We have read and do thoroughly understand that by my/our signature(s) here below, I/We do affirm to the Authorization For Release of Information. (Attachment C).

X _____ Date: ____/____/____
Applicant's Signature

X _____ Date: ____/____/____
Co- Applicant's Signature

Walk Away Policy Acknowledgment

I/We hereby state that I/We have received a copy of the Walk Away Policy and I/We have read and do thoroughly understand that by my/our signature(s) here below, I/We do affirm to the Walk Away Policy. (Attachment D).

X _____ Date: ____/____/____
Applicant's Signature

X _____ Date: ____/____/____
Co- Applicant's Signature



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SECTION 11: 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** (i.e. copy of driver's license or state identification card.)
2. **Proof of Income:** (i.e. copy of payroll stubs, social security, pension, etc, for **ALL** residents living in home.)
3. **Proof of Homeowner's Insurance** (i.e. copy of current declaration page of Homeowner's Insurance Policy.)

I have read the following attachments and signed the Signature Page (Section 8) of the application:

1. Attachment A (Applicant(s) Agreement)
2. Attachment B (Client Grievance Policy)
3. Attachment C (Authorization for Release of Information)
4. Attachment Ca (Authorization for Release of Information Form)-OPTIONAL
5. Attachment D (Walk Away Policy)

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

Name: _____ Agency (if any): _____

Phone No: _____ Relationship: _____

Is the applicant(s) aware of this application? Yes No

Do you have Power of Attorney? Yes No **If yes, please include a copy with application.**

Please return this application with ALL required documentation to:

**Rebuilding Together Greater Cuyahoga Valley
788 Donald Avenue
Akron OH 44306
Fax: 330-773-4116**

IMPORTANT NOTICE: Rebuilding Together will no longer welcome walk-ins.

If you would like to drop off/pick up an application or other documentation please call 330-552-8855 and asked to speak with the Program and Compliance Manager PRIOR to coming to our office!

If you require assistance or have any questions about completing the application, please call Rebuilding Together at 330-552-8855.

Applicant(s) Agreement

Please read carefully and retain this copy for your records.

(Attachment A)

I/We certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my knowledge.

I/We realize that failure to provide all information requested could result in the application being declined.

I/We understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I/We authorize Rebuilding Together Greater Cuyahoga Valley to secure verification from all available sources necessary to complete the processing of the application for the purpose of receiving housing repairs through Rebuilding Together.

I/We understand that submitting an application does not mean that I/We will be provided with any assistance from Rebuilding Together. I/We understand that **ONLY A LIMITED NUMBER OF HOMES WILL BE CHOSEN and that MY HOME MAY NOT BE CHOSEN**, even if I/We meet all qualifications.

I/We understand that if chosen, this program **CANNOT GUARANTEE** that all work requested will be completed.

Client Grievance Procedure Policy

Please read carefully and retain this copy for your records.

(Attachment B)

When a client has a grievance regarding the provision of information about a program or service of Rebuilding Together Greater Cuyahoga Valley, 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 the agency, whose responsibility will be to resolve this concern as quickly as possible. The Executive Director may ask for a written statement describing your concern in detail prior to discussing your concern in person or verbally.

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 through the Executive Committee of the Rebuilding Together Greater Cuyahoga Valley.

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 Greater Cuyahoga Valley.

Authorization for Release of Information

Please read carefully and retain this copy for your records.

(Attachment C)

This document is for authorization to release information regarding your application to any of the groups involved in the home repair(s) program for the purpose of securing additional home repair(s) funding for your repair(s), in verifying information supplied in your application, and for reports to the funders of this home repair(s) as well as to Medina County or other program sponsors.

You hereby grant permission to Rebuilding Together Greater Cuyahoga Valley to release to all of Rebuilding Together authorized representatives the following information (all information pertaining to the application and all related documents.). **PLEASE SEE PRIVACY POLICY BELOW!!!**

Rebuilding Together Greater Cuyahoga Valley Privacy Policy

This notice describes the privacy policy of Rebuilding Together Greater Cuyahoga Valley. Rebuilding Together may amend this policy at any time. Rebuilding Together collects personal information only when appropriate. Rebuilding Together may use or disclose your information to provide you with services. Rebuilding Together may also use or disclose it to comply with legal and other obligations specifically if funds used to complete work on your behalf are provided through the Medina County governmental offices or other program sponsors. Your private information (social security number, financial info, etc.) cannot be publically viewed, sold or accessed by anyone other than appropriate staff and governmental funders. In that case, any information provided becomes part of the public record as mandated by applicable laws. Rebuilding Together assumes that you agree to allow us to collect information and to use or disclose it as described in this notice. Applicants can inspect their personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. Applicants can ask us about our privacy policy or practices. Rebuilding Together will respond to questions and complaints. Read the full notice for more details. Applicants can have a copy of the full notice upon request.

AUTHORIZATION TO RELEASE INFORMATION FORM

(Attachment C a)

If you would like to list ONE other person other than yourself as an approved person for us to speak with regarding your application please provide us with the following information below:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship to Applicant: _____

I, _____ (applicant/owner name) give permission to Rebuilding Together to provide the above referenced person any information regarding my application(s) on my behalf.

I understand that if a family member, friend and/or neighbor contacts Rebuilding Together that is not the person listed above. Rebuilding Together will not provide that person with any information regarding my application and will request the person to get written permission from me.

By signing this consent, I am giving Rebuilding Together permission to release information to the above referenced person regarding my application(s) on file with Rebuilding Together.

Applicant Name (Please Print) Date

Applicant's Signature

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 person regarding your application.

Walk Away Policy

Please read carefully and retain this copy for your records.

(Attachment D)

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the Rebuilding Together Greater Cuyahoga Valley program. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens Rebuilding Together staff members, contractors, volunteers and/or their employees.
- During the course of the rehabilitation process, if the homeowner continually fails to cooperate with Rebuilding Together staff, the contractors or their employees and/or fails to meet his or her required responsibilities.
- An owner who knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- Failure on the part of the applicant/homeowner 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 feces or urine.
 - b. Illegal or improper use of the property: Use the property for purposes other than as a single-family residence in violation of building and zoning ordinances (e.g. maintaining or operating a junk yard, salvage, auto storage or repair, woodcutting or storage-other than for personal use, or similar activities on the property) 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:
 - i. Constitute a potential health or safety hazard to staff, contractors, volunteers employees or others;
 - ii. Will severely hamper or increase the cost of rehabilitation work; and/or
 - iii. Adversely impact the appearance of the neighborhood.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the Rebuilding Together staff.