

## 2025 HOME REPAIR GRANT APPLICATION

Administered by Home Repair Resource Center

---

The City of Shaker Heights funds a series of grant programs to help owner-occupants correct exterior violations and address safety or accessibility improvements. All applicants must meet program and income guidelines to participate. These programs are being administered by the Home Repair Resource Center. Below is an outline of each program available and instructions to apply.

### GRANT PROGRAMS AVAILABLE:

1. **Exterior Maintenance Grant** – Up to \$3,500 per property toward repair cost of ONLY exterior code violations cited by the Building and Housing Department.
2. **Free Paint Voucher** – To acquire paint and supplies required to correct exterior *scrape and paint* violations cited by the Building and Housing Department.
3. **Senior Emergency Safety Grant** – Up to \$700 is available to address health and/or safety hazards for homeowners who are permanently disabled and/or age 62 and older, and meet the income guidelines. Requires a 10 percent match.

Eligible homeowners can only receive grant assistance once within each five-year inspection cycle.

### GRANT PROGRAM GUIDELINES:

- Property must be owner-occupied.
- Property taxes must be current or in an approved Cuyahoga County repayment plan.
- The property cannot be listed for sale at the time of application or construction.
- Grant programs cannot be used to address Point-of-Sale violations.
- A homeowner contribution of 10% of the total project cost or the *overage* above the grant ceiling is required, whichever is greater.
- Contractors must be registered with the City prior to work commencing.
- Household gross income must be at or below the federally established income limits:

#### Income Eligibility Guidelines Chart

*Household Size with Maximum Income Limit*

1	\$63,300
2	\$72,300
3	\$81,375
4	\$90,375
5	\$97,625

### APPLICATION INSTRUCTIONS:

If you believe you are eligible for one of these programs and would like to apply:

1. Complete the enclosed application and attach ALL supporting documents listed
2. Submit documents to Home Repair Resource Center by:
  - **Mail:** 2520 Noble Road, Cleveland Heights, Ohio 44121
  - **Fax:** 216-381-6683
  - **Email:** [costrom@hrrc-ch.org](mailto:costrom@hrrc-ch.org)

**QUESTIONS?** Contact Carolyn Ostrom at (216) 381-6100, ext. 10 (dial \*8 then 10)

## **Supporting Documents Checklist: provide one item from each category**

Remember to attach all necessary documents! Missing items may delay the processing of your application.

---

### **Application Documents (enclosed):**

- 1. Signed Application** (page 3) with all information completed
  - 2. Signed Homeowner Responsibilities Checklist** (page 4)
  - 3. Signed Lead Certification form** (page 5)
  - 4. Signed Privacy Policy form** (page 6)
- 

### **Supporting Documents (applicant to collect and submit):**

**Proof of Income:** Please submit documents showing your household gross monthly income. Every household member over the age of 18 must provide proof of income and complete the Declaration of Income Statement.

- If you receive monthly income, submit (all that apply):
  - pension and/or social security statements showing the current monthly benefit amount
  - 90 days of consecutive pay stubs
  - rental receipt(s) **OR** signed lease
  - proof of other income (e.g. dividends from stocks, alimony, child support, etc.)
- If you are unemployed, submit:
  - Notarized Declaration of No/Zero Income (enclosed)
  - Current/most recent year tax return **OR** IRS Form 4506-T
- If you are self-employed, submit:
  - Most recently filed 1040 including all schedules

**Proof of Age** if you are at least 62 (homeowner/applicant only):

- Copy of state ID, birth certificate, etc.

**Proof of Residence:**

- Copy of most recent gas, electric, or phone bill; must show applicant name and address

**Proof of Housing Code Violation Notice:**

- Copy of the most recent violation report cited by the Building and Housing Department

**Proof of Homeowner's Insurance:**

- Copy of Declarations Page showing current policy

### **Please note:**

- If approved, you will receive a written notification. **Funds are not reserved at the time of approval.**
- Work cannot commence until a Notice to Proceed is issued; funds are reserved at this time.
- Applicant must submit three (3) comparable bids (only one (1) bid is required if total work is less than \$700).

**Work cannot commence until a Notice to Proceed is issued (funds are reserved at this point).**

# 1. APPLICATION – HOME REPAIR GRANT PROGRAMS

I am applying for:  EXTERIOR MAINTENANCE GRANT  FREE PAINT VOUCHER  SENIOR SAFETY GRANT

NAME OF HOMEOWNER(S): \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PROPERTY TAXES CURRENT? \_\_\_\_\_

TYPE OF HOME:  Single-family  Multi-Family (if so, is a unit currently owner occupied? \_\_\_\_\_)

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

How did you hear about the program?  City Staff  Internet  HRRC  Violation Notice  Other \_\_\_\_\_

Have you ever received City of Shaker Heights home repair grant funding?  Yes  No If yes, what year? \_\_\_\_\_

Are you currently a defendant in Shaker Municipal Court for housing violations?  Yes  No

Race:  White  Black or Af.-American  Hispanic/Latino  Asian  American Indian/Alaska Native  Other

## HOUSEHOLD INFORMATION and DECLARATION OF INCOME

How many people reside in the home? \_\_\_\_\_

Please list below all persons living in the house and indicate income received for all occupants over 18 years of age.

NAME	BIRTHDATE <i>(mm/dd/yyyy)</i>	SOURCE OF INCOME (job, Social Security, pension, rental income, etc.)	PAY FREQUENCY <i>(Weekly, bi-weekly, monthly, etc.)</i>	MONTHLY GROSS INCOME <i>(Amount BEFORE taxes and deductions)</i>

**All income must be shown**, including but not limited to employment income, rental income, Social Security, Supplemental Social Security, pension, worker’s compensation, child support, alimony, and unemployment insurance. Use an additional page if needed.

I certify that the information provided above is true and correct to the best of my knowledge and I understand any false statement will be grounds for the immediate termination of my application and subject me to civil and criminal liability.

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

## 2. HOMEOWNER RESPONSIBILITIES

### Application & Approval Phase

1. Submit the application and ALL supporting documents.
2. If approved, you will receive a notification. Funds **are not** set aside at this point.
3. Obtain 3 estimates for review (if a project is under \$700 only one estimate is required).
4. Select a contractor and inform the Home Repair Resource Center (HRRC) of your selection.
  - a. *Always check references first! Contact BBB #216-241-7678 or request contact information for the client(s) who received similar jobs.*
  - b. Selected contractor must become registered with the City prior to the release of the Notice to Proceed.
5. Once the total project cost has been confirmed, a homeowner contribution of 10% of the total project cost or the *overage* above the grant ceiling, whichever is greater, must be made payable to the Home Repair Resource Center before the release of the Notice To Proceed.
6. Wait for written Notice to Proceed from HRRC. Funds **are** set aside at this point.

### Construction Phase

7. Set up a work start date with the contractor. **Work cannot commence before a Notice to Proceed is issued.**
8. Make sure the contractor is registered and has all the needed permits and approvals before work starts.
9. **Monitor all work!** Remember, it is your responsibility to be on-site and oversee work. Contact Home Repair Resource Center (216-381-6100 ext. 10) if you have any concerns while work is underway. Don't wait until the job is complete!
10. If there are any changes to the quoted total, the homeowner and HRRC should be notified before moving forward with repair work.

### Payment Phase

11. Once work is complete, it needs to be inspected:
  - a. Did the work require a permit? If so, the Building Department will need to inspect.
  - b. Contact the Home Repair Resource Center (216-381-6100 ext. 22) to schedule a post-project inspection. Payment to the contractor is contingent upon successfully passing inspections.
12. If satisfied with the completed project, the applicant must sign a Client Satisfaction Letter which will be provided after post-inspection. No payments will be generated until all permits and sign-offs have been received.
13. The contractor should submit the invoice and W-9 to the Home Repair Resource Center for payment in full.

**I have read the above and understand my responsibilities to participate in the City's Home Repair Grant Programs.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

### 3. LEAD CERTIFICATION FORM

---

NAME OF HOMEOWNER(S): \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF HOME:  Single-family  Multi-Family

***Lead-based Paint Warning: "Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to children and pregnant women."***

Year house built: \_\_\_\_\_ is this before 1978?  Yes  No

Are there children in the household aged 5 or younger?  Yes  No

Has paint testing, a lead inspection, or a risk assessment been performed at the property?

Paint testing  Yes  No

Lead Inspection  Yes  No

Risk Assessment  Yes  No

1. Child's name \_\_\_\_\_

(If age 5 or younger) Has testing been done?  Yes  No

Existing elevated blood lead level? -  Yes  No

**(For any "yes" response, a copy of the report must be provided to the Home Repair Resource Center as part of the application.)**

***To Home Repair Resource Center:***

***I/we certify that the above information is true; that I/we have been told about the dangers of lead-based paint and have been given a copy of the booklet "Protect Your Family From Lead in Your Home" from the EPA; and if there are children in the household age 5 or younger.***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

#### **4. PRIVACY POLICY**

The Home Repair Resource Center (HRRRC) has developed this privacy policy to assure our clients that personal information collected will be treated with a high level of confidentiality, and will only be used for program related purposes.

HRRRC strictly protects the security of your personal information and honors your choices for its intended use. HRRRC has established and maintains reasonable procedures to protect the confidentiality, security and integrity of your personal information. HRRRC carefully protects your data from loss, misuse, and unauthorized access. Your personal information is never shared outside the agency without your written authorization.

HRRRC will not sell your personal identifiable information to anyone.

HRRRC will send you unsolicited information including emails, flyers, event announcements, and newsletters, unless you advise us that you do not want to receive these types of correspondence.

If you have any questions about our privacy policy, please call our office at 216-381-6100.

The Home Repair Resource Center reserves the right to change this policy whenever deemed necessary without prior notification.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_