

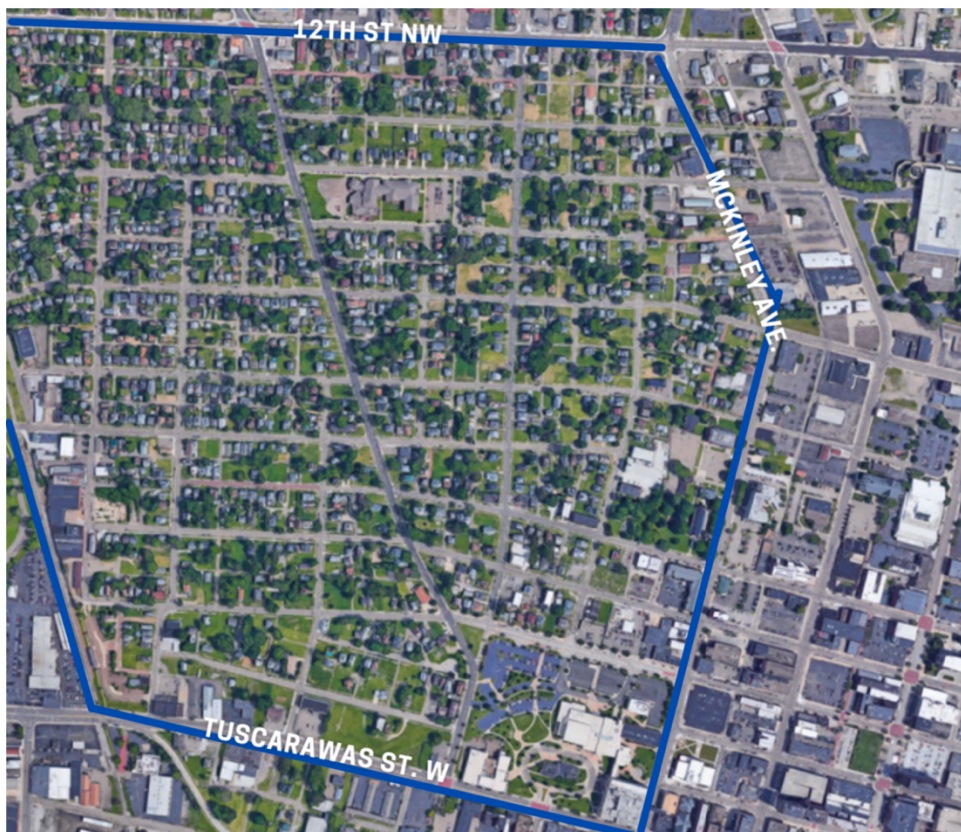
Shorb Neighborhood Home Repair Application

Dear Homeowner,

We want to make sure you are aware of a program we offer to help people make needed repairs to their homes, and you may be eligible. This program provides exterior home repairs to owner-occupied homes at **no cost**. Potential projects include exterior painting; windows; siding; doors; gutters and downspouts; roofs; steps and walkways; and porch repair. Below you will find the program's eligibility requirements and application. **Meeting the eligibility requirements does not guarantee assistance. [Please return your application to our office at 120 Cleveland Ave. SW Canton, 44702 or the Shorb Market \(603 Shorb Ave. NW Canton, 44703\) in person or by mail by February 1st, 2024.](#)**

Eligibility Requirements:

- An ***owner-occupied*** single-family or duplex home.
- Live in the C4AP impact area (see below).
- Mortgage and property taxes must be current.
- No liens on the property (excluding mortgages).
- Total household income may not exceed 80% of the Area Median Income (AMI) as determined annually by HUD. See page 2 for current guidelines.
- You may not have an undischarged bankruptcy.
- Must possess homeowner's insurance at the time of application and throughout the duration of the grant.
- Sign a 3-year restrictive covenant prior to work beginning.





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Income Limits

Eligible applicants must earn at or below 80% of the Area Median Income (AMI), as determined annually by HUD, adjusted for family size. The total household income, including income from salaries and/or wages, Social Security, child support, SSI, disability, retirement, unemployment, Workers Comp, adoption subsidy, rental income, other, is used when calculating gross income. The following chart outlines program income limits for 2023.

FY 2023 Income Limit Area
Canton, Ohio HUD Metro FMR Area

Household Size	1	2	3	4	5	6
80% AMI Max Gross Income	\$45,600	\$52,100	\$58,600	\$65,100	\$70,350	\$75,550

Document Checklist

Refer to the below checklist to determine the required documents you must submit to process your application. **Failure to provide all requested documentation may result in your application being denied.** Please read through your application carefully to ensure that you have completed each section correctly.

Required Application Documents	Attached	N/A
Completed Application (all sections signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
4 most recent pay stubs for <u>all</u> jobs for <u>all</u> members over age 18	<input type="checkbox"/>	<input type="checkbox"/>
2022 issued award letter for any social security, benefit, disability, pension, etc.	<input type="checkbox"/>	<input type="checkbox"/>
If Self-Employed – Federal Income Tax form Schedule C’s for 2020, 2019, 2018	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy Decree/ Settlement Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Current copy of homeowner’s insurance, declaration page	<input type="checkbox"/>	<input type="checkbox"/>
Most recent copy of mortgage statement	<input type="checkbox"/>	<input type="checkbox"/>

Completed applications and required documents can be returned by either in person, mail, or email:

Mail: Canton for All People 120 Cleveland Ave. SW Canton, Ohio 44702

Email: mike@cantonforallpeople.org

Completed applications must be postmarked NO LATER THAN June 1st, 2023 to be considered. Completing and returning this application is the first step in the application process, but it **DOES NOT** guarantee acceptance into the home repair program. If you have any questions or if you need assistance completing the application, please do not hesitate to call my office at (330) 455-0153 or email me at mike@cantonforallpeople.org.

Thank you,

Mike Farmer

Don Ackerman
Canton for All People – Managing Director
(330) 455-0153



Shorb Neighborhood Home Repair Application

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Co-Applicant Name _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone(s): _____ Email(s): _____

Have you filed for bankruptcy in the past 7 years? Yes No *(If yes, provide the bankruptcy discharge paperwork)*

Have you received prior home repair assistance?* Yes No If yes, program name & when?
(ex. home weatherization assistance program (HWAP), etc.) _____

How did you hear about this program? _____

Dwelling Information

Type of Dwelling: Single Family Duplex Approximate Year Built: _____

Do you own and live in the home? Yes No If yes, how long have you lived in the home? _____

Do you have a mortgage on the home? Yes No If yes, are you current on the mortgage? Yes No

Do you have homeowners insurance? Yes No

Are you current on the property taxes? Yes No If no, is there a tax lien on the property? Yes No

Are you aware of any asbestos present? Yes No

Do you have any outstanding code violations? Yes No

Do you have any liens on the property?
(excluding mortgages) Yes No

Is anyone in your home a veteran? Yes No

Applicant Demographics

Applicant		Co-Applicant	
Ethnicity:	Race:	Ethnicity:	Race:
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Asian		<input type="checkbox"/> Asian
	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:
	<input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Prefer not to answer



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Household Members

PLEASE LIST ALL OCCUPANTS OF THE HOME STARTING WITH THE HOMEOWNER(S)

Full Name: _____ Relationship: **SELF** Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

Full Name: _____ Relationship: _____ Gender: M F Other

Age: _____ Senior? Yes No Disabled? Yes No

If you need space for additional household members, please attach a separate sheet.

Household Monthly Pre-tax Income (for ALL household members 18 years and older)[†]

Income Source	Applicant	Adult 1	Adult 2	Adult 3	Adult 4
Wages	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
SSI/Social Security	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
JFS Benefits	\$	\$	\$	\$	\$
Disability	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Total Gross Household Monthly Income

\$

If you need space for additional household members, please attach a separate sheet. Refer to checklist for required documentation.

[†]Gross household income must not exceed the 80% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.



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Exterior Home Repair Requests

What repairs are you interested in? Please briefly describe the need for each repair.

Example

Exterior Paint Paint is chipping on all sides of the house and badly faded.

(All requests may not be accommodated; repairs must meet Healthy Homes Home Repair Program eligibility requirements & are prioritized by health, safety, & availability of resources)

- Exterior Painting _____
- Window Repair/Replacement _____
- Siding Repair/Replacement _____
- Door Repair/Replacement _____
- Gutter Repair/Replacement _____
- Roof Repair or Roof Replacement _____
- Steps and walkways _____
- Porch Repair/Replacement _____
- Other Items (i.e. exterior handicap modifications) _____

I understand that by signing this application, I grant C4AP or its agents access to my employment, utility company or other records needed for verification and evaluation of my eligibility. By signing this application, I give C4AP Realty Collaborative or its agents the right to inspect my home and any work performed on my home.

I understand that filing this application does not guarantee that my household will receive assistance. I understand that C4AP may rescind approval if information is acquired which determines that my household is not eligible for services according to the rules of the program, or that I provided false information to the Collaborative.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. I understand that all facts are open to investigation and that upon investigation, anything contained in this application that is found to be false or misleading may lead to me not being considered for the program or I may be required to return all monies granted to me through the program.

C4AP does not discriminate based upon race, color, religion, sex, disability, familial status, or national origin.

ALL INFORMATION PROVIDED BY APPLICANT, AND THE RESULTS OF ALL INQUIRIES SHALL BE TREATED IN CONFIDENCE BY HNHF REALTY COLLABORATIVE.

Applicant Signature:	X	Date:	
Co-Applicant/Spouse Signature:	X	Date:	

FOR OFFICE USE ONLY

Date Received: _____	Reviewed by: _____	Date: _____
Application Status: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Approved by: _____	Date: _____
Grant Amount: _____		
Comments: _____		