



## CLEVELAND HEIGHTS

### CLEVELAND HEIGHTS LEAD SAFE CLEARANCE REIMBURSEMENT PROGRAM APPLICATION

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

#### OWNER'S INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### TENANT INFORMATION (ALL SECTIONS ARE REQUIRED)

TENANT(s) NAME(s): \_\_\_\_\_

CONTACT #: \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

Are you or any other members of your household currently receiving benefits from any of the following programs? (Check all that apply) – We need one of these items for each unit you are trying to receive reimbursement for.

- Housing Choice Voucher (Section 8)- If so, provide copy of **HAP Contract**
- Supplemental Nutrition Assistance Program (SNAP)- Provide Proof of **SNAP assistance**
- Supplemental Security Income (SSI)- Provide most **recent SSI award Letter**
- Temporary Assistance for Needy Families (TANF)- Provide Proof of **TANF Benefits**
- Means-tested Veterans Benefits- Provide **most recent VA Letter**
- None of the above- **Provide 2 most recent pay stubs, 30-day bank statement.** – See below income limits (Next Page)

TOTAL PERSONS IN HOUSEHOLD: \_\_\_\_\_ FEMALE HEAD OF HOUSEHOLD: YES \_\_\_\_\_ NO \_\_\_\_\_

FRAIL/IMPAIRED/DISABLED: YES \_\_\_\_\_ NO \_\_\_\_\_ SENIOR CITIZEN (62+): YES \_\_\_\_\_ NO \_\_\_\_\_

RACE/ETHNICITY (Circle one):

WHITE	BLACK	ASIAN	NATIVE AMERICAN/HAWAIIAN	MIXED RACE	OTHER
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HISPANIC YES \_\_\_\_\_ NO \_\_\_\_\_

\*SEE NEXT PAGE FOR INCOME LIMITS AND HOUSEHOLD SIZES\*



## CLEVELAND HEIGHTS

### INCOME LEVEL / LIMITS

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly</u>
1	<b>\$54,450</b>	\$4,538
2	<b>\$62,200</b>	\$5,183
3	<b>\$70,000</b>	\$5,833
4	<b>\$77,750</b>	\$6,479
5	<b>\$84,000</b>	\$7,000
6	<b>\$90,200</b>	\$7,517
7	<b>\$96,450</b>	\$8,038
8	<b>\$102,650</b>	\$8,554