



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 MIXED OTHER
AMERICAN/HAWAIIAN RACE

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	\$54,450	\$4,538
2	\$62,200	\$5,183
3	\$70,000	\$5,833
4	\$77,750	\$6,479
5	\$84,000	\$7,000
6	\$90,200	\$7,517
7	\$96,450	\$8,038
8	\$102,650	\$8,554