



HOUSING PRESERVATION OFFICE

APPLICATION AND INCOME VERIFICATION

PLEASE DELIVER COMPLETED APPLICATION with DOCUMENT COPIES TO: CITY HALL DRIVE-UP DROP BOX or MAIL TO:
CLEVELAND HEIGHTS CITY HALL c/o Housing Preservation Office, 40 Severance Circle, Cleve. Hts., Ohio 44118

DEFERRED LOAN - WHOLE
HOUSE REHAB. LOAN
(Deferred Payment Loan)

EXTERIOR HOME
REPAIR GRANT

ZERO INTEREST LOAN- WHOLE
HOUSE REHAB. LOAN

SR./DISABLED - EXTERIOR HOME
REPAIR GRANT

ARPA EXTERIOR GRANT

PERSONAL INFORMATION:

PROPERTY ADDRESS: _____ HOME PH.# _____
CELL/WORK PH# _____

HOUSEHOLD: (All persons living at this address)

EMAIL: _____

OWNER #1

LAST NAME _____ FIRST NAME _____ MIDDLE INIT. _____

SOC. SECURITY # _____ - _____ - _____ BIRTH DATE _____

TOTAL GROSS INCOME _____ CIRCLE ONE: Yearly, Monthly, Weekly, Bi-Monthly, Bi-Weekly

OWNER #2

LAST NAME _____ FIRST NAME _____ MIDDLE INIT. _____

SOC. SECURITY # _____ - _____ - _____ BIRTH DATE _____

TOTAL GROSS INCOME _____ CIRCLE ONE: Yearly, Monthly, Weekly, Bi-Monthly, Bi-Weekly

Marital Status CHECK ONE: Single, Married, Separated, Divorced

_____ # Children under age 18 (Ages: _____) TOTAL # OF PERSONS IN THE HOUSEHOLD _____

_____ # Other Adults in Household (use blank paper if needed)

Name	Relationship	Age	\$
_____	_____	_____	Total Gross Income (Monthly or Yearly)
_____	_____	_____	\$
_____	_____	_____	Total Gross Income (Monthly or Yearly)

MONTH / YEAR HOME PURCHASED _____ PURCHASE PRICE _____ BAL. OWED _____

? Within the last (5) years have you been named party to a lawsuit, foreclosure or bankruptcy? YES NO

? Do you intend to stay in the home for at least the next three (3) years? YES NO

? Have you ever utilized Housing Programs from the City of Cleveland Heights - Housing Preservation Office? YES NO

If YES, indicate the program(s) used and when: _____

*****FOR PROGRAM REPORTING PURPOSES ONLY, PLEASE COMPLETE THE FOLLOWING (2) QUESTIONS*****

(1) *Hispanic is considered an ethnicity that cuts across race, please select one of the following:

HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____

(2) *INDICATE AT LEAST ONE SELECTION FOR "Race":

BLACK / AFRICAN AMER.: _____ AMER. IND./ALASKA NAT.: _____ ASIAN: _____ NAT.HAWAIIAN /PAC. ISL: _____ WHITE: _____
AMER. IND. & WHITE: _____ ASIAN & WHITE: _____ BLACK & WHITE: _____ AMER. IND. & BLACK: _____ OTHER MULTI. RACE: _____

****Please provide all applicable information****

TYPE	AMOUNT
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PROOF OF INCOME AND IDENTIFICATION

FOR HOUSEHOLD MEMBER(S) AGE 18 YEARS & OVER: OFFICE USE ONLY

<input type="checkbox"/> Completed and <u>signed</u> Federal Tax Return (s) with schedules from <u>most recent filing year</u> along with W2 & or 1099s		
<input type="checkbox"/> Current pay stubs for all family members employed (provide at least 2-3 recent pay stubs for each wage earner)		
<input type="checkbox"/> Social Security, Disability, Retirement and /or any other benefits being received, provide <u>current year statement(s)</u>		
<input type="checkbox"/> Other Income Statements: Rental Income, Interest, Dividends, Alimony, Business Income, Unemployment, etc.		
<input type="checkbox"/> Bank Statements: Most recent (2) months		
<input type="checkbox"/> Other Info: _____		

HOME OWNERSHIP AND IDENTIFICATION

<input type="checkbox"/> Photo identification for each homeowner (Example: Ohio Driver's License or State I.D.)
<input type="checkbox"/> Mortgage Payment Statement (if applicable)
<input type="checkbox"/> Gas / Electric Utility Statements (most recent month)
<input type="checkbox"/> Homeowner's Insurance - Declaration of Coverage

By signing this application, I/WE understand that the information provided is true and represents the current status of my/our household and total household income. I/We agree to provide any additional information that may be needed regarding this application and authorize the City of Cleveland Heights to verify any information provided. I/We authorize any person or entity to release any and all records and information deemed necessary to determine eligibility for the housing assistance program(s) being applied for.

I/We understand this application for housing assistance may be declined or cancelled if false information has been provided or for non-cooperation with housing program procedures. I/We understand failure to sign the Final Acceptance form after completion of housing property repairs, without filing a material complaint/grievance to the City of Cleveland Heights, may result in the City's efforts to collect, recover any grant funds provided by way of a lien placed on the property if necessary.

Return this application with copies of the requested information to the address below.

**Cleveland Heights City Hall, c/o Housing Preservation Office,
40 Severance Circle, Cleveland Ht., Ohio 44118**

Signature of Homeowner

Date

Signature of Homeowner

Date

