



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

**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**

