

**MEDINA COUNTY  
CDBG FORMULA – HOME REPAIR PROGRAM  
(FY 2009)  
PROGRAM SUMMARY  
COMMUNITY DEVELOPMENT BULLETIN #1**

Thank you for your interest in Medina County’s CDBG Formula Home Repair Program. The following will briefly describe the program and the requirements for participation. Below are the household income guidelines that apply for the program. An application is attached for those interested in submitting.

The intent of this program is to assist those homeowners that lack the resources to address a housing problem that poses an immediate threat to the health and safety of the occupant. The County will use OHCP Residential Rehabilitation Standards to prioritize work. No general property improvements will be undertaken. The Home Repair Program will only assist eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety. This could also include handicapped accessibility and tap-ins. This program is available County-wide **excluding** the Cities of Wadsworth, Medina and Brunswick for those households that have incomes of less than 80% of the area median income. The County hopes to be able to assist at least **6** homeowners under this program. Other key features include:

Minimum level of assistance: \$250.00

Maximum level of assistance: \$8,000.00  
(\$5,000 when paint will be disturbed as part of the project)

Eligible Properties: Single-family, owner-occupied units.

Financing Mechanism: Grant

Work on all homes must be competitively bid.

**Household Income Limits by Family Size  
FOR ALL APPLICANTS**

Family Size (Persons)	Low Income (65% of MI)
1	\$29,494
2	\$33,719
3	\$37,903
4	\$42,128
5	\$45,500
6	\$48,872
7	\$52,244
8	\$55,616

Source: HUD FY 2009



**Home Repair Program Applications must be completed in full with all requested documentation and will be considered on a first come first serve basis.**

Questions regarding the program should be directed to the attention of Mr. Scott Miller at (330) 722-9204.



# MEDINA COUNTY

144 North Broadway  
Medina, Ohio 44857

## FY 2009 FORMULA HOME REPAIR PROGRAM

### INSTRUCTIONS FOR COMPLETING HOME REPAIR APPLICATION

1. All persons living in the household must be included in the applications.
2. All persons in the household receiving income must be indicated on the application.
3. **Employer's name and address** if working. To speed up your application, you can submit a copy of your pay stubs for the past 6 months.
4. **Pension Benefit Statement** along with the name and address of the pension provider.
5. Attached copies of the last 3 Federal **Tax Returns** filed if self employed.
6. **Unemployment Benefit Statement.** If not receiving unemployment, submit a signed letter stating not working.
7. Full time student? Submit **proof of enrollment** (copy of your schedule or other document showing status as full-time student.) Please indicate if you are employed.
8. **Social Security Benefit Statement** - Receiving Social Security, Disability or Pension? A copy of your benefits statement for the coming year must be submitted in order to eligible. To obtain your Social Security Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m. or you can request it on the internet at [www.ssa.gov](http://www.ssa.gov).
9. All information requested on the application must be completed. If not applicable, please indicate N/A.
10. Applicants must furnish a **copy of the property deed** with the application. You can obtain a copy of your property deed from the Medina County Recorder's office.
11. The applicant (owner) must **sign the certification and authorization** statement.
12. Other persons in the household who are working or receiving income must also sign the authorization statement.

Any questions regarding the completion of the application form should be directed to Scott Miller (330) 722-9204.

YOU CAN RETURN YOUR APPLICATIONS TO:

MR. SCOTT MILLER:  
MEDINA COUNTY FINANCE DIRECTGOR  
144 North Broadway, Ste. 205  
Medina, Ohio 44256



**MEDINA COUNTY**  
**2009 FORMULA HOME REPAIR PROGRAM**  
**APPLICATION**

RECEIVED \_\_\_\_\_

Date: \_\_\_\_\_

**I. Personal Data:**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Is spouse deceased? Yes / No Divorced? Yes / No

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

No. of Dependants: \_\_\_\_\_ Ages: \_\_\_\_\_

No. of Persons living in the home: \_\_\_\_\_ Any person living in Home with EBL? \_\_\_ Yes \_\_\_ No

Are any of the persons living in this household handicapped or disabled:? Yes \_\_\_ No \_\_\_ Ages \_\_\_\_\_

Optional: Race or Ethnic Origin: \_\_\_\_\_ Hispanic: \_\_\_ Yes \_\_\_ No

**II. Employment**

**Applicant #1 Employer:** \_\_\_\_\_

\_\_\_\_\_ (address) \_\_\_\_\_ (phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Applicant #2 Employer:** \_\_\_\_\_

\_\_\_\_\_ (address) \_\_\_\_\_ (phone number)

Position: \_\_\_\_\_ No of years \_\_\_\_\_

**Other Employment (name of person employed):** \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pension Provider or other income:** \_\_\_\_\_

\_\_\_\_\_ (address) \_\_\_\_\_ (phone number)

(please put any additional income on the reverse):



III. Gross Income

		Applicant	Co-Applicant	Other	TOTAL ALL
Base Pay	Hourly				
Hourly Rate					
Pension					
	Amount				
Social Security	Monthly				
Rental Income	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Monthly				
Disability	Monthly				
Other					
Total Monthly Income					

IV. Indebtedness

Rehab Address: \_\_\_\_\_

Mortgager Name: \_\_\_\_\_ Mortgager Address: \_\_\_\_\_

Original Mortgage Amount: \$ \_\_\_\_\_

Pres. Mortgage Balance: \$ \_\_\_\_\_ (Please provide copy of current statement.)

Monthly P&I Payment: \$ \_\_\_\_\_

Property Tax: \$ \_\_\_\_\_

Utilities: (only what applicant provides)

Average Monthly costs:

Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water/Sewer: \$ \_\_\_\_\_

V. Homeowners Insurance – All Applicants

Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VI. Additional Information – All Applicants:

Age of Unit: \_\_\_\_\_ years

No. of Bedrooms: \_\_\_\_\_

Are all real property taxes paid and current? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding or delinquent accounts with Medina County? Yes \_\_\_\_\_ No \_\_\_\_\_

Are all mortgages on your home current? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please provide copies of current statements.)

In the last seven years, have you declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had property foreclosed upon? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding judgments? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you purchasing your home under a land contract? Yes \_\_\_\_\_ No \_\_\_\_\_



Are you currently under citation for a building, health or zoning code violation? If yes, please explain.

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**In general what are the housing rehabilitation needs of the home?**

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**Home Repair Program Applications will be considered on a first come first serve basis.**

**Please attach the following documents when submitting your application:**

1. **A copy of recorded deed or other legal documents showing ownership and legal description of the property;**
2. **Current mortgage statements showing the mortgage or mortgages are current;**
3. **Proof of Income (see application instructions);**

**Certification of Applicant(s)**

**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE PROGRAM ADMINISTRATOR TO HELP YOU. BOTH APPLICANTS MUST SIGN IN BLUE BELOW.**

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I further certify that I am the owner(s) (in the case of owner-occupied rehabilitation and/or home repair application) or the purchaser (in the case of homebuyer assistance application) of the property identified in this application and that any and all funds provided me will be used only for down payment assistance and/or the labor and materials necessary to accomplish the rehabilitation work which will be described in the construction contract.

I authorize the Medina County, through its representatives, and designees of the Office of Housing and Community Partnerships (OHCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Sec. 1001, provides:**

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:



# COMMUNITY HOUSING IMPROVEMENT PROGRAM

## APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for Medina County's Home Repair Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied Medina County concerning my income, assets, and expenses as reported herein by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# TERMS AND CONDITIONS FOR OWNERS ACCEPTING

## HOME REPAIR ASSISTANCE

These are the terms and conditions which you as Owner(s) must agree to in order to receive home repair assistance.

### **As Applicant, I (we) agree to:**

1. Inspection. I will allow inspection of the property by the Medina County staff, public building, electrical, plumbing and health department officials and inspectors, and contractors who are providing estimates on the proposed rehabilitation work.  
  
Inspections will be made before, during and after completion of the rehabilitation work. All inspections will be made by appointment arranged in advance.
2. Competitive Estimates. I will permit the Medina County staff to seek competitive estimates from qualified contractors for all the home work to be performed. Estimates will be requested according to the procedures established by Medina County staff and in accordance with federal, state and local laws.
3. Conflict of Interest. I will not pay any bonus, commission or fee to anyone for the purpose of obtaining approval of any application for rehabilitation assistance. I will not allow any member of the United States Congress or State government, elected official of the Grantee or Medina County who exercises any functions or responsibilities in connection with the administration of this Housing Rehabilitation Program to have any interest in or benefit from a rehabilitation loan or grant financed under my Agreement.
6. Non-Discrimination. I will not discriminate in the sale, lease, rental use or occupancy of my property, as required by Title VI of the Civil Rights Act of 1964.
7. Right to Financial Privacy. The Federal Financial Act of 1978 guarantees financial confidentiality to persons requesting assistance directly or indirectly from the federal government. To comply with this law, the Grantee must inform the rehabilitation client that no financial information will be disclosed or released to another government agency (except the Ohio Department of Development (ODOD) and the U.S. Department of Housing and Urban Development (HUD) which may review the file on a monitoring visit) without the prior written consent of the client. Financial records involving my transaction will be available to ODOD and HUD without further notice or authorization, but will not be disclosed or released to another government agency or department without my consent except as required or permitted by law. Also, verification forms sent to other agencies for the purpose of determining my eligibility for the rehabilitation program must contain a signed Authorization to Release Information.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scott Miller, Program Administrator

\_\_\_\_\_  
Date



## FAIR HOUSING INFORMATION

This will acknowledge that I received fair housing information with my application.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

PLEASE DIRECT ALL FAIR HOUSING QUESTIONS TO PATRICE THEKEN (330) 722-9219.

