

RENEW HOME OHIO

REPAIR APPLICATION

Date _____

Applicant Information

Applicant (Head of Household) _____ Co-Applicant / Secondary Contact _____
Name _____ Age _____ Name _____ Age _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Primary Phone: Home Work Cell

Primary Phone: Home Work Cell

Email: _____ Email: _____

Sex: Male Female

Sex: Male Female

Are You Disabled? Yes No

Are You Disabled? Yes No

Are You a Veteran? Yes No

Are You a Veteran? Yes No

Marital Status:

Married Unmarried Separated

Marital Status:

Married Unmarried Separated

Divorced Widowed

Divorced Widowed

Emergency Contact (if there is no co-applicant)

Name _____ Relationship to Head of Household _____ Phone Number _____

Household Information

Head of Household Ethnicity (choose only one)
 Hispanic or Latino Not Hispanic or Latino

Female Head of Household?
 Yes No

Head of Household Race: (Select one, for statistical purposes only)

American Indian or Alaska Native
 American Indian or Alaska Native & Black or African American
 American Indian or Alaska Native & White
 Asian
 Asian & White

Black or African American
 Black or African American & White
 Native Hawaiian or Other Pacific Islander
 White
 Other Multi-Racial

Please list all other persons living in household (continue on back if needed):

Name	Relationship to Head of Household	Age	Disabled YES or NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Income Information

List all adult persons in the household 18 years of age and older. For each person list his/her source and amount of income for each category. Incomes should be a 12-month total from the most recent 12 months or from the most recent tax return filing period and all the incomes must be verifiable. Per federal requirements, this information will be used to estimate your annual household income level for a period of 12 months following the receipt of your application to determine your income eligibility. The estimate of your total annual household income for the next 12 months is what determines your income eligibility for this program.

Please include 60 full days of verification for each source of income.

Household Members	Annual Incomes from				
Name	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Social Security (SSA, SSI, SSDI)	Other Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total 0	\$ 0	\$	\$	\$	\$

Total Annual Household Income (add all the subtotals above together): \$ 0

*For additional persons, attach a separate sheet

Asset Information

List all assets of all adult persons in the household 18 years of age and older. Examples of assets include: checking and savings accounts, stocks, bonds, Treasury Bills, Certificates of Deposit, Individual Retirement, 401(k), lump sum or one-time receipts such as inheritances, capital gains, lottery winnings.

Please include most recent statement for each asset.

Household Members	Assets from		
Name	Asset Description	Current Cash Value	Actual Annual Income from Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Totals		\$ 0	\$ 0

Declarations

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN BELOW.

- I/We certify that the information given by me in this application is true to the best of my knowledge and I understand that all this information is subject to verification.
- I understand that by signing this application, I authorize this agency or its representatives and designees access to bank, employment, public assistance, or any other records as may be required to verify any and all statements made in this application.
- I authorize this agency and its representatives and designees, as well as the representatives and designees of the U.S. Department of Housing and Urban Development, to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for this purpose.
- I will permit RHO to seek competitive bids from qualified contractors selected by me/us for all work. Bids will be requested according to procedures established by RHO and in accordance with federal law.
- I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified, except where otherwise required by law.
- I/We hereby certify that at the time of application for assistance, that I/we occupy the above listed property as our primary place of residency.
- By signing this application, I understand that I may be held civilly and/or criminally liable under Federal and State law for any knowingly false or fraudulent statements.

APPLICANT _____

CO-APPLICANT _____

DATE _____

DATE _____

Media Release

Please sign ONLY ONE of the following two media release statements.

I, the undersigned, do hereby grant permission to the Renew Homes Ohio _____ to use my image and/or story in print, video, and digital media and I understand that the image or story may be released in such a manner that the dwelling or occupants can be identified. I agree that these images may be used by RHO for a variety of purposes and that these images may be used without further notification. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the RHO Website _____. This release is limited to anything recorded as part of the Franklin County Home Repair or Rehabilitation program.

Applicant _____

Date _____

Co-Applicant _____

Date _____

- OR -

I, the undersigned, do NOT grant permission to the Renew Homes Ohio _____ to use my image and/or story in print, video, and digital media.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Items to be Emailed/Mailed with Completed Application

Please included **ALL** line items that apply to you and your family with your application. *If items are missing it will slow the process of getting you approved for the program.* Please check and double check to make sure everything is included the first time before sending in your application.

- Franklin County Home Repair Application.
- Homeowners Insurance Declarations – must show time period of coverage and amount of coverage on the home.
- Income Verification – 2 Months of pay stubs for each employed adult in home (18 years or older).
- Social Security – Current year Award Letter.
- 2 Complete Months of Bank Statements for both Checking & Savings for all accounts for adults 18 years of age and older in the home. Must include ALL PAGES of each statement.
- Retirement Pensions & Benefits
- Public Assistance Payments
- Child Support
- Certification of Zero Income
- Other Assets, Real Estate, Stocks, Bonds, CDs, Money Markets, Retirement Accounts, Cash Value Trade in of Life Insurance Policies, Personal property held as an investment, etc.
- Any Cash App balances. i.e. Paypal, Venmo, etc...



Renew Homes Ohio are equal housing opportunity providers.