



Renew Homes Ohio Application

Date _____

Applicant Information

Applicant (Head of Household)

Name _____ Age _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Primary Phone: Home Work Cell

Email: _____

Sex: Male Female

Are You Disabled? Yes No

Are You a Veteran? Yes No

Marital Status:

Married Unmarried Separated

Divorced Widowed

Co-Applicant / Secondary Contact

Name _____ Age _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Primary Phone: Home Work Cell

Email: _____

Sex: Male Female

Are You Disabled? Yes No

Are You a Veteran? Yes No

Marital Status:

Married Unmarried Separated

Divorced Widowed

Emergency Contact *(if there is no co-applicant)*

Name

Relationship to Head of Household

Phone Number

Household Information

Number of people in household: _____

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 purposed only*)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> American Indian or Alaska Native & Black or African American
<input type="checkbox"/> American Indian or Alaska Native & White
<input type="checkbox"/> Asian
<input type="checkbox"/> Asian & White | <input type="checkbox"/> Black or African American
<input type="checkbox"/> Black or African American & White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other Multi-Racial |
|---|---|

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

Name	Relationship to Head of Household	Age	Disabled?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Income Information

List income for all adult persons in the household (18 years of age and older.) For each person, list their 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	\$	\$	\$	\$	\$

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

*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(s) for each asset.

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

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 Renew Homes Ohio (RHO) 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 Renew Homes Ohio program.

Applicant _____

Date _____

Co-Applicant _____

Date _____

- OR -

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

Applicant _____

Date _____

Co-Applicant _____

Date _____

Checklist of Additional Application Items

Income for all employed adults (18 years or older) living in the house (Provide copies of all that apply):

- Last 60 days of **pay stubs**.
- If receiving **Social Security**, provide the current **Award Letter** (received annually).
- Verification of **public assistance**: welfare, TANF, Veterans, unemployment, disability, etc. (provide award letters).
- **Child Support** printout from Child Support Enforcement Agency (1 year of data).
- If **self-employed**, provide your three most recently completed tax returns, and a Year-to-Date Profit-Loss Statement for the current tax year (if more than 4 months into tax year).
- A **Certification of Zero Income** for every adult member of the household who does not have any form of income.

Assets for all employed adults (18 years or older) living in the home (Provide copies of all that apply):

- **Bank Statement**: Two most recent bank statements for checking and/or savings accounts (all pages, both sides – ex: June & July)
- **Real Estate**: Includes any property, other than the one on the application, which is listed in your name. For each property, include a statement showing mortgage balance owed (if any) as well as the three most recently completed tax returns (to verify profit/loss for rental properties).
- **Stocks, Bonds, CDs, Money Markets**: Provide documentation of cash value of stocks, bonds, Treasury bills, certificates of deposit, and money market accounts. The most recent quarterly statement will be sufficient.
- **Retirement Accounts**: Provide most current statement showing current value of the account, including 401-Ks. This information must be provided even if you are not currently drawing income from the account.
- **Life Insurance Policies**: Only if it is available to you before death (e.g. whole life or universal life).
- **Personal property held as an investment**: If you have any personal property held as an investment, provide a description and an estimated value (e.g. classic cars, collections, etc.)
- **Person-2-Person Payment Apps**: Any app that allows users to maintain a cash balance is an asset (i.e., CashApp, Venmo, PayPal)

Property Insurance (Provide copy):

- Provide a copy of your current **Declaration Page** of your insurance policy. We must verify your **current coverage amount** & that the policy is **in effect for the current period** of time. (We cannot use your mortgage statement showing escrows.)
- **If** your insurance payment is **not escrowed**, we will need to have verification of your **insurance premium**.

NOTE: Please include ALL documentation that applies to you and your household with the application. If items are missing, it will slow the process of reviewing your application.



This program is administered by RENEW Homes Ohio.