



MINOR HOME REPAIR PROGRAM

Program Administered by Rebuilding Together Summit County, Inc.

GENERAL ELIGIBILITY REQUIREMENTS

PLEASE READ CAREFULLY....

NOTE: A minimum of 5 years must pass from the date you were last assisted through the Minor Home Repair Program before you can receive another grant.

Your home must be a single-family dwelling within the City of Akron. Active Neighborhood Initiative and Redevelopment Areas are excluded. The applicant must be the owner-occupant, have proof of ownership, property tax must be current or on a property tax agreement with county that can be verified, and be either disabled or age 60 or older.

Household Income Guidelines to qualify for assistance are as follows:

One Person:	\$13,000	Five Persons:	\$31,000
Two Persons:	\$17,500	Six Persons:	\$35,500
Three Persons:	\$22,000	Seven Persons:	\$40,000
Four Persons:	\$26,500	Eight Persons:	\$44,500

Listed below are the items that can be repaired and/or replaced in priority order:

1. Roofing
2. Electrical
3. Furnace
4. Plumbing
5. Gutters & Downspouts
6. Porch & Steps
7. Disability Access

The Minor Home Repair Program provides a grant up to Four Thousand Dollars (\$4,000) for the purpose of correcting the above health and safety items. If more than one of the above items is in serious disrepair, only those which can be completed for the grant amount can be done in priority order. **NO** grant funds will be provided for partial correction of these items or to the homeowner in cash as reimbursement for items completed.

Eligible applicants will be served on first come-first serve basis according to the urgency of the repairs needed.

Please attach the following to this application:

1. Your latest Federal Tax Return (IRS Form 1040) or:
2. Copy of your payroll check stubs, social security year-end statement, Supplemental Security Income statement, and pension or disability pension statement. **MAKE SURE YOU INCLUDE INCOME INFORMATION FOR ALL RESIDENTS LIVING IN YOUR HOME.**
3. A copy of your birth certificate or driver's license as proof of age.
4. A copy of deed, land trust, life estates, land contracts or divorce decrees as proof of ownership.
5. A letter/note from physician documenting your disability. **(Required only if you are under the age of 60.)**

MINOR HOME REPAIR APPLICATION

Program Administered by Rebuilding Together Summit County, Inc.

OFFICE USE ONLY

Date Received: ____/____/____

Application #: _____

HOMEOWNER INFORMATION

Last Name: _____

First Name: _____ M.I. _____

Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Birth Date: _____

Single

Married

Widowed

Divorced

Do you own your home?

Yes

No

Are you buying your home on land contract?

Yes

No

Are you disabled?

Yes

No

(If yes, attach a medical statement, if you are under the age of 60.)

Please list the name and telephone number of a person to contact in case of an emergency.

Name: _____ Phone: _____

Relationship to you: _____

The following information is required by the Federal Government for reporting purposes:

Family Type:

Couple

Female Head of Household

Male Head of Household

Please check ethnicity:

Single/Multiracial:

Single Race

Multiracial

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

American Indian/Alaskan Native & Black/African American

Asian & White

Black/African American & White

Hispanic

Other _____

Please fill in below including yourself and all person(s) living with you in your house:

Name	Social Security #	Birth Date	Relationship to Head of Household	Annual Income

Please attach supporting documentation for each person named above with income.

Please describe the repair that you need (attach additional sheets if necessary):

Is this repair an emergency?

Yes

No

ANNUAL INCOME AND ASSET STATEMENT

Last Name: _____ First Name: _____ M.I. _____ Social Security # _____
 (Applicant)

Last Name: _____ First Name: _____ M.I. _____ Social Security # _____
 (Spouse)

Dependent's Name (First and Last)	Social Security #	Relationship to Head of Household	# of months living at your address this year?

If a child was claimed as a dependent and does not live with you, but is claimed because of child support payment, please list name(s):

1. _____
2. _____

**LIST THE COMBINED INCOME OF ALL PERSONS LIVING IN YOUR HOME
 (Attach latest W-2 Statement, monthly statement or appropriate documentation.)**

- | | |
|--|-----------------|
| 1. Wages, salaries, tips | \$ _____ |
| 2. Interest Income | \$ _____ |
| 3. Dividend Income | \$ _____ |
| 4. Rent, royalties, partnerships, trust | \$ _____ |
| 5. Business Income | \$ _____ |
| 6. Alimony received | \$ _____ |
| 7. Unemployment Compensation | \$ _____ |
| 8. Pensions, Annuities, IRA's, 401K Plans | \$ _____ |
| 9. Supplemental Security Benefits | \$ _____ |
| 10. General Relief/ADC/TANF | \$ _____ |
| 11. Child Support | \$ _____ |
| 12. Disability Retirement Benefits | \$ _____ |
| 13. Worker's Compensation | \$ _____ |
| 14. Insurance, proceeds or dividends | \$ _____ |
| 15. Gambling, raffle or lottery winnings | \$ _____ |
| 16. Money or Property received in estate settlements | \$ _____ |
| TOTAL YEARLY INCOME | \$ _____ |

LIQUID ASSETS

TYPE OF ACCOUNT

Name and Address of Bank	Checking	Savings	C.D.	Account #	Balance
				TOTAL	

The above information is true to the best of my knowledge. Rebuilding Together Summit County is authorized to secure verification from all available sources. I understand that false statements can constitute fraud. I also understand that Rebuilding Together Summit County can will report such fraud to appropriate authorities for prosecution.

I hereby authorize Rebuilding Together Summit County to verify all information provided herein. Rebuilding Together Summit County may, if necessary, request and receive information from any source referenced herein pertaining to my household assets and income, so that eligibility may be determined under the Minor Home Repair Program.

I/We have read (or had read to me/us) and do thoroughly understand and by my/our signature(s) here below do affirm the above.

X _____
Primary Applicant's Signature

Date: ____/____/____

X _____
Co-Applicant's Signature

Date: ____/____/____

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your application to any of the groups involved in the home repair(s) program for the purpose of securing additional home repair(s) funding for your repair(s), in verifying information supplied in you application, and for reports to the funders of this home repair(s) as well as to Summit County and the City of Akron.

I _____ hereby grant permission to Rebuilding Together Summit County to release to all of the Rebuilding Together authorized representatives the following information (all information pertaining to the application and all related documents). **PLEASE SEE PRIVACY POLICY BELOW!**

A photographic or fax copy of this authorization may be deemed to the equivalent of the original, and may be used as a duplicate original. The information is for confidential use in determining your eligibility for our program.

****If this form is returned with the application for home repair assistance, but this specific part of the form is unsigned, then consent to disclose information is assumed, since an application for home repair assistance has been made. If this form is NOT returned with the application, no assistance with home repairs can be provided.**

I hereby state that I/We have read and fully understand the above statements as they apply to me/us and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

X _____
Primary Applicant's Signature

Date: ____/____/____

X _____
Co-Applicant's Signature

Date: ____/____/____

Rebuilding Together Privacy Policy

This notice describes the privacy policy of Rebuilding Together Summit County, Inc. Rebuilding Together may amend this policy at any time. Rebuilding Together collects personal information only when appropriate. Rebuilding Together may use or disclose your information to provide you with services. Rebuilding Together may also use or disclose it to comply with legal and other obligations specifically if funds used to complete work on your behalf are provided through the City of Akron and/or Summit County. In that case, any information provided becomes part of the public record as mandated by applicable laws. Rebuilding Together assume that you agree to allow us to collect information and to use or disclose it as described in this notice. Applicants can inspect their personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. Applicants can ask us about our privacy policy or practices. Rebuilding Together will respond to questions and complaints. Read the full notice for more details. Applicants may have a copy of the full notice upon request.

MAIL COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTATION TO:

**REBUILDING TOGETHER SUMMIT COUNTY, INC.
Minor Home Repair Program
788 Donald Avenue
Akron, OH 44306**

If you require assistance or have any questions about completing the application, please call Rebuilding Together at 330-773-4100.

Social Security Administration
2 S. Main Street
Akron OH 44308

CONSENT FOR RELEASE OF INFORMATION

I authorize Social Security Administration to release information and/or records about my income so that I may participate in the Rebuilding Together Summit County Minor Home Repair Program (*City of Akron Minor Home Repair Program.*)

PLEASE RELEASE THE FOLLOWING INFORMATION:

- Social Security Number
- Monthly Social Security Benefit Amount
- Information about benefits/payments I received from the year 2005 until present
- Monthly Supplemental Security Income
- Information about my Medicare claim coverage
- Other (please specify) _____

I hereby claim that I am the individual to whom this record applies. I know that if I make any representation which I know is false to obtain information from Social Security Records, I could be punished by a fine or imprisonment or both.

NAME: _____
(Please Print)

SOCIAL SECURITY NO: _____

DATE OF BIRTH: ____/____/____

(Signature)

Date: ____/____/____

PLEASE RETURN THIS FORM TO:

**Rebuilding Together
788 Donald Avenue
Akron, OH 44306**

(A self-addressed envelope is enclosed.)