



**HOUSING REHABILITATION PROGRAM  
REQUIRED DOCUMENTATION  
Coventry Waterline Expansion Project**

The Summit County Housing Rehabilitation Program is **not** an emergency program. Homes must be owner occupied and located outside of the cities of Akron, Barberton, or Cuyahoga Falls. The following applicable documents will be needed for all adults in the household at the time of your application review:

- A copy of your homeowner’s insurance listing dwelling (house) dollar amount of coverage and annual premium
- A copy of your 2022 W-2 Statement of Earnings or #1099 Statement
- A copy of your 2022 Federal Tax Return #1040 (must be signed and dated)
- If you do not file taxes a notarized statement indicating why taxes are not filed
- A copy of your (6) most recent pay stubs
- Name, address, phone number, and dates of employment with all employers(s) for the past year
- A copy of your Social Security Benefits Statements (Form SSA-1099)
- SSI & SSDI letter(s)
- A copy of your pension stating monthly or yearly earnings
- A copy of your complete divorce documents/deed
- A copy of bankruptcy discharge (only if occurring before the five-year limit)
- Copies of your last 3 months bank checking/savings account statements
- If any adult in the household is a full-time student, the class schedule must be provided with name visible.

**NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that are applicable to you. If you are married or applying for a joint grant, the above information will be required on all persons applying during the application. Other documentation may be requested as your application is in the review process. Additional information may be requested.**

| <b>REHAB PROGRAM/PURCHASE- Community and Economic Development</b> |             |             |             |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| % AMI   | 1 Person    | 2 Person    | 3 Person    | 4 Person    | 5 Person    | 6 Person    | 7 Person    | 8 Person    |
| 30% AMI   | \$18,250.00 | \$20,850.00 | \$24,860.00 | \$30,000.00 | \$35,140.00 | \$40,280.00 | \$45,420.00 | \$50,560.00 |
| 50% AMI   | \$30,400.00 | \$34,750.00 | \$39,100.00 | \$43,400.00 | \$46,900.00 | \$50,350.00 | \$53,850.00 | \$57,300.00 |
| 80% AMI   | \$48,650.00 | \$55,600.00 | \$62,550.00 | \$69,450.00 | \$75,050.00 | \$80,600.00 | \$86,150.00 | \$91,700.00 |

\*Income Limits Subject to Change

\*Rev. 5/15/2023





**ILENE SHAPIRO**  
COUNTY EXECUTIVE

**Coventry Waterline Expansion Project**  
**HOUSING REHABILITATION FORGIVABLE**  
**LOAN**  
**PROGRAM APPLICATION**  
175 South Main Street, Suite 207, Akron, Ohio 44308

**\*\*All sections of Application must be completed.**  
**Indicate "N/A" if it does not apply to you. Incomplete applications will be removed.**

Date Received Application \_\_\_\_\_

**PART 1 - APPLICANT INFORMATION**

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

(First) (Middle) (Last)

Address (include city and zip) \_\_\_\_\_

Are you the owner of record for this property?  Yes  No

Name all Persons listed on the deed to this property:

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you:  Female  Male?  Veteran? Are you Hispanic/Latino?  Yes  No

Married  Divorced  Widowed  Single

Are you (Please check only one of the following): Required for Federal Funding Purposes

White  Black/African American  American Indian/Alaskan Native  Asian  Other

Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan

American Indian/Alaskan Native/Black/African American  Black/African American/White

Referral Program: Has anyone in the home received an Asthma diagnosis from the Doctor? If yes:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

List all other sources of income for the past year

| Name, Address, Phone and Fax Numbers of Employer(s) |           |
|---|-----------|
| Currently   | Currently |
| 2022  | 2022      |



**Income (Continued)**

List all other sources of income for the past year

|                               | Yes                      | No                       | Total Amount per Month                                       |      |  |
|-------------------------------|--------------------------|--------------------------|--|------|--|
|                               |                          |                          | Currently  | 2022 |  |
| Child Support                 | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Alimony                       | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Pension                       | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Social Security or SSI        | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Disability Benefits           | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Do you have any other income? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please attach a separate sheet listing other income. |      |  |

Payroll stubs, and verification for all of the items that you listed above for the last six (6) months must be attached.  
 Federal Tax Returns – A copy of your signed and dated returns for the past year must be attached.  
Your application will not be processed unless you include these items.

**PART 2 - CO-APPLICANT INFORMATION**

Check here if there is no a co-applicant & skip to Part 3.

Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Address (include city and zip code) \_\_\_\_\_

Are you the owner of record for this property?  Yes  No

Name all Persons listed on the deed to this property: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you:  female  male?  Veteran Are you Hispanic/Latino?  Yes  No

Are you (Please check only one of the following):

White  Black/African American  American Indian/Alaskan Native  Asian  Other Multi-Racial

Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan Native/White

Married  Divorced  Widowed  Single

List ALL sources of employment income for the past year

| Name, Address, Phone and Fax Numbers of Employer(s) |  | Total Gross Monthly Pay (Before Taxes) |
|---|--|--|
| Currently   |  |  |
| 2022  |  |  |



**List all other sources of income for the past year**

|                               | Yes                      | No                       | Total Amount per Month                                       |      |  |
|-------------------------------|--------------------------|--------------------------|--|------|--|
|                               |                          |                          | Currently  | 2022 |  |
| Child Support                 | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Alimony                       | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Pension                       | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Social Security or SSI        | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Disability Benefits           | <input type="checkbox"/> | <input type="checkbox"/> |  |      |  |
| Do you have any other income? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please attach a separate sheet listing other income. |      |  |

Payroll stubs, and verification for all of the items that you listed above for the last six (6) months must be attached.  
 Federal Tax Returns – A copy of your signed and dated returns for the past year must be attached.  
Your application will not be processed unless you include these items.

**PART 3 – HOUSEHOLD COMPOSITION:**

Not including yourself and/or the co-applicant list every person currently living in the house or at any time during the past year.

| Name | Relationship | Date of Birth | Social Security Number |
|------|--------------|---------------|------------------------|
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |
|      |              |               |                        |

Are there children under the age of 6 years old who visit your home more than 5 hours (average) per week?

|                              |  |                             |   |
|------------------------------|--|-----------------------------|---|
| <input type="checkbox"/> Yes |  | <input type="checkbox"/> No | If yes, please list their names and birth date below: |
| Name:                        |  |                             |   |
|                              |  |                             |   |
|                              |  |                             |   |
|                              |  |                             |   |



**PART 4 – ASSESTS**

**Excluding IRA Accounts**

**List all current accounts**

| <b>Name of Financial Institution</b> | <b>Type of account Checking or Savings Account</b> | <b>Average Balance</b> |
|--------------------------------------|--|------------------------|
|                                      |  |                        |
|                                      |  |                        |
|                                      |  |                        |

**Stocks, Bonds, Certificates of Deposit, Securities, IRA’s, Etc.**

**(List all current accounts any funds drawn from the account will be counted as income)**

| <b>Description<br/>(Name of stock, money market account, government bond, etc)</b> | <b>Approximate Value</b> |
|--|--------------------------|
|  |                          |
|  |                          |
|  |                          |
|  |                          |

**Other Real Estate Owned or Co-Owned**

**(List all current real estate owned other than primary residence. Rent payments are considered income)**

| <b>Description<br/>(Rental Property, vacation home etc.)</b> | <b>Address</b> | <b>Monthly Rent</b> |
|--|----------------|---------------------|
|  |                |                     |
|  |                |                     |
|  |                |                     |

**PART 5 – LIABILITIES**

**You must answer all of the questions. If something does not apply to you, answer N/A.**

Is your home paid in full?             Yes     No

Do you have a reverse mortgage?     Yes     No



**Liabilities (Continued)**

List all mortgages on the property:

| Bank /Lending Institution | Original Mortgage Amount | Current Mortgage Balance | Monthly Payment | Type of Loan** |
|---------------------------|--------------------------|--------------------------|-----------------|----------------|
|                           |                          |                          |                 |                |
|                           |                          |                          |                 |                |
|                           |                          |                          |                 |                |

**\*\*For the type of loan, please indicate whether it is: FHA, VA, Conventional or Land Contract**

Does this include property tax and insurance  Yes  No

Do you currently have homeowner's insurance  Yes  No

Insurance Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**You must attach a copy of your Property Insurance Declaration Page to verify coverage.**

Are there any judgment liens (including, but not limited to tax, a Mechanic's Lien) against you currently and/or at any time during the past three years?  Yes  No

If yes: Name of Lien Holder(s) and amount(s): \_\_\_\_\_

Have you had any repairs to the house exceeding \$1,000.00 during the past 3 years?  Yes  No

Have the repairs been paid in full?  Yes  No

Do you use your property for business purposes?  Yes  No

If yes please describe business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART 6 – CONDITIONS**

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the Housing Rehabilitation Program and affirm that their housing unit is free of:

- infestation by rats, mice, or other vermin;
- infestation by fleas, lice or other insects;
- no animal waste inside the home;
- cluttered debris or stored materials suitable for rodent or insect habitat; and
- visible mold or mildew.

I/we affirm that my/our housing unit is free of the above-listed hazards and further affirm that I/we understand that the presence of any of the above-listed hazards may disqualify and exclude my/our housing unit from eligibility for participation in the Housing Rehabilitation Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

The Applicant(s) acknowledge that County of Summit Department of Community and Economic Development staff reserve the right to determine if the dollar amount needed to rehabilitate my/our housing unit exceeds the maximum amount allowed per project and that this may disqualify and exclude my/our housing unit from eligibility for participation in the Housing Rehabilitation Program

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



**PART 7 – CERTIFICATIONS**

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application and that the rehabilitation loan will be used only for work, materials and closing fees necessary to meet the rehabilitation or building code standards, as applicable, and which are recommended for the property in this application. If the Housing Rehabilitation Specialist determines that the rehabilitation loan cannot be used for the purpose described herein, the Applicant(s) agrees that the funds earmarked for the project shall remain with the County of Summit’s Department of Community and Economic Development’s Housing Rehabilitation Program. The Applicant(s) acknowledge(s) and agrees that he/she/they has/have no interest, right or claim with respect to said funds and that the County of Summit will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understands/understand that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by the Housing Rehabilitation Specialist will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance and the property maintenance codes.
- He/she/they understands/understand that the main objective of the program is to correct safety and health issues and/or code violations within the home, and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of Summit County Housing Rehabilitation Program staff, contractors or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant’s expense.

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state and federal laws, including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provision both for an in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date





**PART – 8 AUTHORIZATION TO RELEASE INFORMATION**

**PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant(s) give permission to the County of Summit to check their credit, order a lien search and/or verify other information used to determine eligibility and as outlined and initialed below. He/she they understands/understand that this information is used to determine if he/she/they qualify for assistance through the Summit County Housing Rehabilitation Program.

**PRIVACY ACT NOTICE STATEMENT:** The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant’s eligibility to participate in the CDBG and HOME-funded Summit County Housing Rehabilitation Program. This information will be used to establish the level of benefit from the CDBG and/or HOME program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**INFORMATION COVERED:** Inquires may be made about items listed below for the applicant, co-applicant and/or other members of the household age 18 and over.

|                                |                             |                                     |
|--------------------------------|-----------------------------|-------------------------------------|
| Alimony or Separation Payments | Full-Time Student Status    | Pension and Annuities               |
| Assets (all sources)           | Handicap Assistance Expense | Social Security Benefits            |
| Assets on Deposit              | Income (all sources)        | Tax Returns (Federal, State, Local) |
| Bank Accounts                  | Income from Business        | Unemployment Benefits               |
| Child Care Expense             | Full-Time Student Status    | VA Benefits                         |
| Child Support Payments         | Liens                       | Other: (List Below)                 |
| Employment                     | Medical Expenses            |                                     |

I authorize and release the County of Summit and/or HUD to obtain information about me and my household that is pertinent to my eligibility for participation in the Summit County Housing Rehabilitation Program, and to verify the information that I provided.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. All adult household members will sign this form and cooperate with the owner in this process.

\_\_\_\_\_  
Signature of Applicant and Date

\_\_\_\_\_  
Signature of Co-Applicant and Date

\_\_\_\_\_  
Signature of Other Adult Member of Household

\_\_\_\_\_  
Signature of Other Adult Member of Household



**PART – 9 ACKNOWLEDGMENT OF 5 YEAR FORGIVABLE LOAN**

The applicant(s) acknowledge that by qualifying for and receiving housing rehabilitation through this program, the assistance will be provided through a Five (5) year forgivable loan; and that the County of Summit will need to be added to the applicant’s homeowner’s insurance as an additional insured.

The loan is secured by the execution of a mortgage through the County of Summit. The amount of the loan will be based on the amount invested in your home to complete the housing rehabilitation process.

There will be no interest and no payments required of the applicant(s) as part of this loan. The loan will forgive itself automatically over the period of Five (5) years in equal portions on the anniversary date the mortgage was executed. If there is a primary mortgage, the County lien will be placed in second position. If at any time during the term of the loan a subordination is requested, the owner must request the current subordination packet. No cash out may be taken during a re-finance.

After the fifth installment of the loan is forgiven, the County of Summit will record a Release of Mortgage and provide a copy to the applicant(s).

If the home is sold, rented or otherwise no longer the applicant’s primary residence at any point during the Five (5) year period, the amount of the loan which has not forgiven itself will be due to the County of Summit.

You are eligible to apply for assistance from the program every 10 years.

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Signature of Applicant and Date

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Signature of Co-Applicant and Date



**Walk Away Policy**

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the Department of Community and Economic Development. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens staff members.
- During the course of the work the owner and/or occupants continually fails to cooperate with staff or contractors
- Applicant knowingly misrepresents information relevant to their eligibility for assistance.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- The work scope is larger than what the program can cover.
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but not limited to:
  - Abuse of animals: evidence of unsanitary conditions
  - Illegal or improper use of the property
  - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house

Under any of the circumstance’s assistance may be withheld and/or terminated at the discretion of the program administrator.

I/we acknowledge that we have read and do thoroughly understand and by my/our signatures below do affirm the above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



## **Process after Approval of Application**

After approval of your application, you will be placed on the waiting list. Applicants are served in order of when applications were approved not submitted. The program is not an emergency program. Applications are approved for 6 months. If services are not provided within 6 months an updated application is required.

An initial inspection of the home and property will be scheduled. Representatives from the County will visit the home for the initial inspection. Access to the entire home and property must be made available to staff. All animals must be caged during the visit.

The program is designed to be a minor home repair program to address health and safety concerns. Major structural issues or water infiltration issues are not part of the program.

After the initial visit a work scope will be prepared, and a determination will be made if the house is eligible for the program based on the cost of the estimate and what is needed in the home.

Approved work scopes will be publically bid by the County. A pre-bid meeting will be held at the home with County representatives and interested contractors. Access to the entire unit and the property will need to be granted. All animals must be caged. Any social distancing and/or pandemic protocols must be followed.

Bids are electronically submitted to the County. The lowest most responsive bidder will be selected.

The County will enter into a contract with the contractor after the owner has executed their mortgage documents and Access Agreement.

The County will issue payment to the contractor upon completion of the work.

The homeowner will be transferred to all original warranties upon completion of work.



### Consent to Participate in the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services. This consent covers all information shared by you or by anyone that has the right to share information on your behalf and is relevant to the recipient's involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see [uniteus.com/privacy](https://uniteus.com/privacy).

If you no longer want your information shared on the Network, you can email [consent@uniteus.com](mailto:consent@uniteus.com) or ask any Network partner.

#### Client

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

Signature: \_\_\_\_\_

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

#### Personal Representative or Guardian (only if applicable)

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

Signature: \_\_\_\_\_

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

Relationship to Client: \_\_\_\_\_

Preferences (You may select more than one):

Email: \_\_\_\_\_ Text: \_\_\_\_\_ Phone: \_\_\_\_\_

