

Safe and Healthy Homes

2023-2024 Program Year

This program addresses safe and healthy issues only. It is not a preventative maintenance or home inspection program.

APPLICATION PROCESS

1. You must live within the Cuyahoga, Portage, Stark, and Summit County.
2. Complete and sign all the application forms
3. Include required documentation or application will not be processed
4. Mail or email to:

Rebuilding Together Northeast Ohio
3465 S. Arlington Rd., Suite E #141
Akron, OH 44312

Scan and Email: info@rebuildingtogetherneo.org

The above address is a PO Box. The Rebuilding Together Northeast Ohio Office is closed until early 2023.

Please call (330) 773-4100 for questions.

GENERAL ELIGIBILITY REQUIREMENTS:

You must be able to verify that you are:

1. At least 60 years old and/or have a disability.
2. Own and reside in (at least one year) a single-family dwelling in the City of Akron.
3. Must be current on property taxes or on a tax payment plan with the county you reside.
4. Under the following household income (all members of the household's income must be included) guidelines to qualify for assistance:

County	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
Cuyahoga	\$27,550	\$31,450	\$35,400	\$39,300	\$42,450	\$45,600	\$48,750
Portage	\$28,050	\$32,050	\$36,050	\$40,050	\$43,300	\$46,500	\$49,700
Stark	\$24,150	\$27,600	\$31,050	\$34,450	\$37,250	\$40,000	\$42,750
Summit	\$28,050	\$32,050	\$36,050	\$40,050	\$43,300	\$46,500	\$49,700

SAFE and HEALTH RELATED REPAIRS:

Listed below are examples that can be repaired and/or replaced

- Accessibility support, such as ramps, grab bars, railings
- Porch and step replacement or repair
- Bathroom upgrades for accessibility needs, such as a walk-in showers, repairs, grab bars
- Roof repair or replacement (must have visible signs of interior leaking)
- Furnace, hot water tank repair or replacement (homeowner has no heat or water)
- Repairs that will improve the safety of the homeowner

Emergency repairs will be done as soon as possible. Serious roof leaks, no heat, no water, electrical fire hazards or no ingress/egress to/from the home are considered emergencies.

Rebuilding Together NEO provides assistance in correcting the above health and safety items. If more than one of the above items is in serious disrepair, only those items which can be **completed** for the program funding amount will be done in priority order. **NO funds will be provided for partial correction of these items or to the homeowner in cash as reimbursement for items completed.** An applicant will only be served once every five (5) years under this program.

Please submit the following with this application:

➤ **Proof of age/identity documents:**

A copy of one of the following: driver's license, state identification card or birth certificate.

➤ **Proof of disability documents:**

A **current** copy of one of the following: letter from your physician documenting your disability OR a benefit award letter that states that you are disabled (SocSec, pension, etc).

➤ **Proof of income documents:**

Current copies of all income sources (recent payroll stubs, child support order, social security, pension, etc) for **ALL** residents in the household. **ALSO, you must include three months of current bank statements, this must include all pages of the statements.**

➤ **Proof of homeowner's insurance (if applicable):**

A **current** copy of the declaration page of your homeowner's insurance policy. You may have your insurance agent fax a copy to 330-773-4116. **You do NOT need to have homeowners insurance to be eligible for the program.**

For RTNEO Employees Only:

ODSA __ HUD __ UDSA __
COAMHRP __ AFHIP __ Other __

OFFICE USE ONLY:

Date App Rcvd: ____/____/____

Case #: _____

SECTION 1: APPLICANT INFORMATION		
Applicant Name:	Date of Birth: ____/____/____	
Co-Applicant Name:	Date of Birth: ____/____/____	
Address:		
City:	County:	Zip Code:
Phone:	Last Four Digits of Social Security #:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
How would you rather be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Call <input type="checkbox"/> Text		
Please list the name and telephone number of person we can contact if we cannot reach you: Name: _____ Phone: _____ Relationship to you: _____		
Do you have a social worker or caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No Social Worker/Case Worker Name: _____ Phone: _____ Agency: _____		
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No How many rooms are in your home? _____		
How many years have you lived at the above address? _____ Year home was built? _____ Is your home more than one story? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been cited for any housing code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you are not eligible)		
Do you have homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Company Name: _____ Agent's Name: _____ Phone: _____ Policy No: _____ Expires on: ____/____/____		
Do you own other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Property #1 Address: _____ Property #2 Address: _____		

SECTION 2: MILITARY HISTORY

Are you a U.S. Military Veteran? Yes No

Please include provide us with a copy of DD-214 Form.

SECTION 3: APPLICATION

I learned about Rebuilding Together from:

TV Flyer Radio Newspaper Friend/Relative Neighbor Church

Agency Social Worker Senior Center Other: _____

Have you ever applied to Rebuilding Together? Yes No If yes, when? _____

Has Rebuilding Together ever completed work on your home? Yes No If yes, when? _____

Have you received home repair assistance from other program(s)? Yes No

If yes, list the program(s) and year(s) assistance was given:

SECTION 4: PERSONS LIVING IN HOUSEHOLD

Family Type: Couple Female Head of Household Male Head of Household

Please provide us with the following information for ALL residents living in home:

Applicant Name	Age	Ethnicity*	Have a disability?	Relationship to applicant
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	

***Please use the following examples of Ethnicities:**

Caucasian, African American, Asian, American Indian, Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & Caucasian, American Indian/Alaskan Native & African American, Asian & Caucasian, African American & Caucasian, Hispanic. **Rebuilding Together will NOT deny any services to persons on the basis of race, religion, national origin or sex. The information is required by the federal government for reporting purposes.**

SECTION 5: TYPE OF DISABILITIES

If you have a disability please indicate which applies to you (applicant only):

- Hearing impaired
 Sight impaired
 Wheelchair bound
 Uses a walker/can
 Developmental/Intellectual Disability
 Other:

SECTION 6: VERIFICATION OF INCOME

Income documentation MUST be submitted with application. Please list income including child support, etc. for ALL residents living in the home. Attach additional sheets if necessary.

Name	Income Source (Wages, SSI, Pension, Etc)	Total Gross Income	Monthly / Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

SECTION 8: TYPE OF SAFETY and HEALTH REPAIRS NEEDED

Check if needed	<u>Repair Type</u>	<u>Brief description of repairs needed, what rooms</u>
<input type="checkbox"/>	Accessibility (ramp, grab bars, handrails)	
<input type="checkbox"/>	Safety Supports (handheld shower, shower stool, raised toilet seat, anti-slip mat)	
<input type="checkbox"/>	Safety Repair (Smoke alarms, doorbells, dead bolt/knobs, address numbers)	
<input type="checkbox"/>	Carpentry repairs	
<input type="checkbox"/>	Fire Alarms/Extinguisher	
<input type="checkbox"/>	Roof/Gutters/Downspouts Do you have an active leak? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Hot Water Tank Does hot water tank work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Furnace Repairs Does furnace work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Flooring	
<input type="checkbox"/>	Doors	
<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

Please list any repairs you feel need immediate attention. Please provide us with detailed description of these repairs: (Example: Hot water tank is leaking)

SECTION 9: APPLICATION CHECKLIST

I have read and filled out ALL sections of this application.

I have enclosed copies of the following documentation:

- 1) **Proof of Identity** (copy of driver's license or state identification card)
- 2) **Proof of Income:** (copy of payroll stubs, social security award letter, pension, last three months of bank statements, etc. for ALL residents living in home)
- 3) **Proof of Homeowner Insurance - If applicable** (copy of current declaration page of policy) **I have read and signed the following attachments:**
- 4) Applicant Agreement (Attachment A)
- 5) Client Grievance Policy (Attachment B)
- 6) Privacy Policy (Attachment C)
- 7) Authorization of Release of Information (Attachment D)
- 8) Optional Consent to Notify Secondary Contact (Attachment E)
- 9) Walk Away Policy (Attachment F)

If someone other than the applicant prepares this application (or if assistance is given) please complete the following:

Name: _____ Agency (if any): _____

Phone No: _____ Relationship: _____

Is the applicant aware of this application? Yes No

Do you have Power of Attorney? Yes No (Please include a copy with application.)

Please return this application with ALL required documentation to:

Rebuilding Together Northeast Ohio
3465 S. Arlington Rd. Suite E #141
Akron, OH 44312

Scan and Email Application: Info@rebuildingtogetherneo.org

Fax: 330-773-4116

If you have any questions about completing the application, please call Rebuilding Together at 330-773-4100.
If you would like to drop off an application, please call our office to ensure someone is available to assist you.



Applicant Agreement

The owner/co-owner certify that all information on this application and all information furnished in support of this application are given for the purpose of obtaining home repair assistance through Rebuilding Together/Ohio Development Service Agency and is true and complete to the best of the applicants' knowledge and belief.

Verification of information may be obtained from any source. A credit report may be obtained on the owner and co-owner by Rebuilding Together Northeast Ohio.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SECTION

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 representations shall be fined no more than \$10,000 or imprisoned for no more than five (5) years or both."

The owner/co-owner understand that submitting an application does not guarantee that they will be provided with any assistance from Rebuilding Together. The owner/co-owner understand that

ONLY A LIMITED NUMBER OF HOMES WILL BE CHOSEN and that **THEIR HOME MAY NOT BE CHOSEN** even if they meet all qualifications. The owner/co-owner understand that if chosen, this program **CANNOT GUARANTEE** that all work requested will be completed.

I acknowledge that I have read and understand the applicant agreement above.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Co-Applicant Signature

Date



Client Grievance Procedure Policy

When a client has a grievance regarding the provision of information about a program or service of Rebuilding Together Northeast Ohio, the implementation process of a service or the quality of the actual service itself, assurance will be made to the client that their concern will be addressed in an efficient, expedient manner.

Any client that has a grievance should begin by contacting the Executive Director of Rebuilding Together Northeast Ohio, who will be responsible for resolving this concern as quickly as possible. The Executive Director may ask for a written statement describing your concerns in detail prior to discussing your concerns with you.

If the client is not pleased with the efforts made by the Executive Director, the grievance will be taken to the President of the Board of Directors of Rebuilding Together Northeast Ohio.

The last step in the grievance process, if the above are not successful, is for the concern to be taken to the entire Board of Directors of Rebuilding Together Northeast Ohio.

I acknowledge that I have read and understand the client grievance policy above.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Co-Applicant Signature

Date



Privacy Policy

Rebuilding Together Northeast Ohio (RTNEO) may amend this policy at any time. RTNEO collects information only when appropriate and may use or disclose your information to provide you with services or to comply with legal and other obligations, specifically if funds used to complete work on your behalf are provided through government entities. Your private information (social security number, financial info, etc.) cannot be publicly viewed, sold or accessed by anyone other than the appropriate staff and government funders. Any information provided to government entities becomes part of the public record as mandated by applicable laws. Applicants can inspect the personal information that we maintain at any time. Applicants can also ask us to correct inaccurate or incomplete information. RTNEO will respond to questions and complaints. Applicants can have a copy of the full privacy notice upon request.

Please Note: RTNEO will not release any personal information pertaining to your case to any family members, friends, neighbors, etc. unless you have completed and signed the Authorization for Release of Information Form. This provides RTNEO with permission to release information regarding your case to ONE other person. If we do not have an Authorization for Release of Information form in your file, we will not release information to anyone who contacts our office about your case. This policy is to protect our clients and will be enforced.

By my signature below I agree to allow RTNEO to collect my personal information and to use or disclose it as described in this notice.

Applicant Print Name

Applicant Signature

Date

Co-Applicant Print Name

Co-Applicant Signature

Date



Authorization of Release of Information

To make sure that assistance is used properly, federal laws require that the information that you provided be verified. To receive assistance from the U.S. Department of Housing and Urban Development applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the RTNEO to obtain information from third parties relative to your eligibility and participation in its programs. **If you fail to sign this form or the individual verification forms this may result in your assistance being denied.**

I authorize Rebuilding Together Northeast Ohio and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for the minor home repair program. Information may be obtained about the following items:

- ✓ Income (all sources)
- ✓ Assets (all sources)
- ✓ Homeowner Insurance

I acknowledge that

1. A photocopy of this form is as valid as the original.
2. I have the right to review my file and the information received using this form.
3. I have the right to copy information from my file and to request correction of inaccurate information.

Each adult member of the household (18 years or older) must sign this release of information form.

Head of Household Date

Other Adult Member of Household Date

Other Adult Member of Household Date

Other Adult Member of Household Date

Other Adult Member of Household Date

Authorization for Secondary Contact

PLEASE NOTE: This form is *OPTIONAL*. You only have to return this form if you wish to have someone else listed as an additional contact regarding your application. *

List **ONE** person, other than yourself, for us to speak with regarding your application:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #'s: _____

Email Address: _____

Relationship to Applicant: _____

I, _____ (applicant name), give permission to Rebuilding Together Northeast Ohio to provide the above referenced person any information regarding my application. I also understand that a family member, friend and/or neighbor, other than the person listed above, will not be provided with any information regarding my application and will be asked to get written permission from me.

Applicant Signature

Date

Walk Away Policy

Under certain circumstances assistance may be withheld and/or terminated at the discretion of the Rebuilding Together Northeast Ohio staff regardless of eligibility for and/or approval of a project. Such circumstances include, but are not limited to: The applicant, or friends/family of the applicant, becomes verbally or physically abusive and/or threatens Rebuilding Together Northeast Ohio staff members, contractors, volunteers and/or their employees.

- During the course of the rehabilitation process the applicant, or friends/family of the applicant, continually fails to cooperate with Rebuilding Together Northeast Ohio staff, the contractors or their employees and/or fails to meet his or her required responsibilities.
- The applicant knowingly misrepresents information relevant to eligibility for assistance.
- After the initial inspection of the home, a determination is made that the home is not structurally sound.
- Failure on the part of the applicant to demonstrate pride of ownership. Conditions included under pride of ownership include:
 - a. Abuse by animals: Evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings or yards caused by animal behavior, feces or urine.
 - b. Illegal or improper use of the property: Use of the property for purposes other than as a single-family residence in violation of building and zoning ordinances when such use constitutes a health or safety hazard or is a visual detriment to the neighborhood.
 - c. Deliberate abuse: Excessive damage to the home or fixtures not easily attributable to normal wear and tear.
 - d. Housekeeping and Maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
 1. Constitute a potential health/safety hazard to staff, contractors, volunteers, or employees.
 2. Will severely hamper or increase the cost of rehabilitation work.
 3. Adversely impacts the appearance of the neighborhood.

I acknowledge that I have read and understand the RTNEO Walk Away Policy.

Applicant Print Name

Date

Applicant Signature

Date

Co-Applicant Print Name

Co-Applicant Signature

The roof of your home is of primary importance in protecting it from the elements. When re-roofing becomes necessary there are many things to consider. The following list will help you understand what to expect during the re-roofing process.

1. Any construction project can cause stress for certain family members such as pets, children or seniors. This should be considered before the project begins and appropriate provisions should be made.
2. Typically, large trucks will deliver materials. Driveways and walkways should be cleared to make way for deliveries. Materials will typically be stored on your roof, on your driveway, or around the perimeter of your home temporarily through the project. You may want to discuss your preferences about this with your contractor or RTNEO staff.
3. Job length can vary from 1 day to several weeks, depending on complexity of the roofing job, and material type being installed.
4. Rain gutters do not have to be removed in most cases, unless new rain gutters are being installed as part of your roof package.
5. During re-roofing, debris may fall from above, electric cords, tools, ladders, and materials will likely surround your house. The tear off and re- roof process can be messy and loud at times.
6. It is not necessary to be at home during the re-roofing process, but it is a good idea to be available by phone as unexpected things come up that your contractor may need to consult with you about.
7. Your contractor may need access to power outlets. If you are not planning to be at home it can be helpful to orient your contractor to the location of your breaker box in case of a tripped circuit breaker or other similar issue.
8. The re-roofing process can cause vibration down to the foundation of your home. So, it is recommended that the homeowner take precautions to protect any fragile items such a collectibles or pictures by removing them from shelves, or walls, to prevent damage.
9. Some debris may fall into your attic. Debris or dust may also enter the interior of your home though skylights or tongue and groove ceilings. It is recommended that you cover the areas below as well as storage areas, such as attics, where personal belongings are stored with tarps or drop clothes.
10. Cathedral or vaulted ceiling areas can experience “nail pops”, (a sheetrock nail which backs out and causes a hole in the interior finish) from the tear off and re-

roofing process. This is unavoidable and these repairs are the responsibility of the homeowner.

11. Upon completion of your roofing project your contractor should do a thorough cleanup of your lawn, driveway and walkways. It is virtually impossible to guarantee the collection of every nail, so be cautious, particularly where your car is parked.
12. New roofing will form to the surface to which it is installed. If the roof structure is uneven, or has sags, or rises, the shingles will not hide these areas. After the initial install, some shingles will appear raised, not sitting as flat, etc., this is due to the storage and shipping of the product and will flatten out as the sun warms the roof, and the product has time to lie down.
13. You may experience a rainy day or two during the course of your re-roofing project. It is not prudent to do some phases of a re-roofing project if it is raining. However, some phases of roofing can continue in the rain. Depending on the severity of the weather conditions safety can become a factor and so work may cease for a period of time to allow for improvement of conditions. Tarps may be installed over your roof temporarily as a precaution. Weather can create a slower process and may effect scheduling, so allow for possible delays in the completion of your project. Remember, re-roofing your home **is** major construction.

I acknowledge that I have read and understand re-roofing details above.

Applicant Print Name

Date

Applicant Signature

Date

Co-Applicant Print Name

Co-Applicant Signature