



**Safe At Home - ODSA
Serving Portage , Summit, & Stark County
2020-2021 Program Year**

Program Administered by Rebuilding Together Northeast Ohio
Addressing Health and Safety Issues

APPLICATION PROCESS

1. You must live in the Summit, Stark, or Portage County
2. Complete and sign the application form
3. Included required documentation (applications without documentation will not be processed)
4. Mail or email to:

Rebuilding Together Northeast Ohio
5351 Naiman Parkway
Suite C
Solon, Ohio 44139
Fax: 330-773-4116
Email: info@rebuildingtogetherneo.org

For more information or questions call **330-773-4100 ext. 2102**
Rebuilding Together Northeast Ohio's mission:
Repairing homes, revitalizing communities, rebuilding lives.



Please turn over.....



GENERAL ELIGIBILITY REQUIREMENTS:

You must be able to verify that you are:

- At least 60 years old and/or have a disability.
- Own and reside in (at least one year) a single-family dwelling in Portage, Stark, or Summit County
- Current on property taxes or on a delinquent tax payment plan with Summit County.
- 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
Summit	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850
Stark	\$22,750	\$26,000	\$29,250	\$32,450	\$35,050	\$38,300	\$41,550
Portage	\$25,350	\$28,950	\$32,550	\$36,150	\$39,050	\$41,950	\$44,850

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

- 1 – Accessibility (ramp, grab bars, handrails)
- 2 – Safety Repair (handheld shower, shower stool, raised toilet seat, anti-slip mat)
- 3 – Safety Repair (Smoke alarms, doorbells, doorbolt/knobs, address numbers)
- 4 – Electrical
- 5 – Porch/steps

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.

Eligible applicants will be assisted on a first come-first serve basis according to the date their application was received. 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.

NOTE: 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.
- **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.**



Rebuilding Together Northeast Ohio 2020-21
Safe At Home - ODSA



OFFICE USE ONLY:

Date App Rcvd: ___/___/___

Case #: _____

SECTION 1: APPLICANT INFORMATION
Applicant Name: _____ Date of Birth: ___/___/___
Co-Applicant Name: _____ Date of Birth: ___/___/___
Address: _____
City: _____ Zip Code: _____
Phone: _____ Last Four Digits of Social Security #: _____
Marital Status: [] Single [] Divorced [] Married [] Widowed
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 case worker? [] Yes [] No
Social Worker/Case Worker Name: _____ Phone: _____
Agency: _____
Do you own your home? [] Yes [] No (If you do not own your own home, you are not eligible)
Is it a single family home? [] Yes [] No
How many years have you lived at the above address? _____
Year home was built? _____ Is your home more than one story? [] Yes [] No
Have you been cited for any housing code violations? [] Yes [] No (If yes, you are not eligible)
Do you have homeowner's insurance? [] Yes [] No
Insurance Company Name: _____
Agent's Name: _____ Phone: _____
Policy No: _____ Expires on: ___/___/___
Do you own other real estate? [] Yes [] No
Property #1 Address: _____
Property #2 Address: _____
SECTION 2: MILITARY HISTORY
Are you a U.S. Military Veteran? [] Yes [] No
If yes, please provide us with a copy of your DD-214 form.



**Rebuilding Together Northeast Ohio 2020-21
Safe At Home - ODSA**



SECTION 3: APPLICATION HISTORY

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

Do you have any children under the age of six that visits you over 60 hours a year? Yes No

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

Name	Age	Ethnicity*	Have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to applicant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant
			<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	
			<input type="checkbox"/> Yes <input type="checkbox"/> 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/cane
 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
			<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



**Rebuilding Together Northeast
Ohio Safe At Home - ODSA**



SECTION 8: TYPE OF REPAIRS NEEDED

Check if needed	Repair Type	Brief description of repairs needed, what rooms
<input type="checkbox"/>	Accessibility (ramp, grab bars, handrails)	
<input type="checkbox"/>	Safety Repair (handheld shower, shower stool, raised toilet seat, anti-slip mat)	
<input type="checkbox"/>	Safety Repair (Smoke alarms, doorbells, doorbolt/knobs, address numbers)	
<input type="checkbox"/>	Carpentry repairs	
<input type="checkbox"/>	Fire Extinguisher	
<input type="checkbox"/>	Gutters/Downspouts	
<input type="checkbox"/>	Drywall/Interior Painting (Walls/Ceilings)	
<input type="checkbox"/>	Hot Water Tank	
<input type="checkbox"/>	Furnace/Furnace Filters	
<input type="checkbox"/>	Flooring	
<input type="checkbox"/>	Doors	
<input type="checkbox"/>	Trash removal/yard work	
<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, 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:

1. Applicant Agreement (Attachment A)
2. Client Grievance Policy (Attachment B)
3. Privacy Policy (Attachment C)
4. Authorization of Release of Information (Attachment D)
5. Optional Consent to Notify Secondary Contact (Attachment E)
6. 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
5351 Naiman Pkwy, Suite C
Solon, Ohio 44139
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.*

SECTION 10: Use this space to tell us what receiving assistance would mean to you.



Safe At Home - ODSA 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

**Safe At Home - ODSA
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

Safe At Home - ODSA 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 publically 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



Safe At Home - ODSA 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 above named organization 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

***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

Safe At Home - ODSA 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 his or her 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

Applicant Signature

Date

Co-Applicant Print Name

Co-Applicant Signature

Date