



City of Lorain HOME Rehabilitation Loan Application

The HOME Rehabilitation Loan Program provides a 0% interest, fully or partially forgivable, ten year loan to homeowners for necessary repairs to owner-occupied homes. Please review the accompanying brochure for further details and requirements of the program.

Complete the application in its entirety. Incomplete applications will not be considered.

Return the completed, signed and dated application, along with required documentation to: City of Lorain / Department of Building, Housing and Planning | 200 West Erie Ave., 5th Floor | Lorain, Ohio 44052 | 440-204-2020

APPLICANT AND CO-APPLICANT INFORMATION

Applicant name _____

Applicant's address _____ Zip _____

Social Security Number _____ Home phone _____

Cell phone _____ E-mail address _____

Are you (check one) Married Divorced Separated Single Widowed

Indicate your primary language: English Spanish Other Do you require a translator? Yes No

If yes, translator's Name _____ Phone: _____

Co-Applicant* (if applicable)

**(Co-applicant is a spouse or any person listed on the mortgage/title who is living in the home)*

Co-Applicant Name _____

Applicant's address _____ Zip _____
Check if same as above

Social Security Number _____ Home phone _____

Cell phone _____ E-mail address _____

APPLICANT REPRESENTATIVE

COMPLETE THIS SECTION TO NAME AN AUTHORIZED REPRESENTATIVE if anyone other than the applicant will correspond with the City about this application

Representative Name: _____ Phone: _____

Representative Address: _____ City: _____ ST: _____

By signing this application, I authorize this representative to discuss any matters of this application with City of Lorain staff. This information may include income, credit reporting, bank statements, life insurance, and any other detailed information required to obtain assistance with repairing my home. If this section is not complete, the City of Lorain will not be permitted to discuss this application or any accompanying materials with anyone other than the applicant.

Participation and approval is subject to the availability of funds
for the program.



HOUSEHOLD INFORMATION

Enter all household member information below. Indicate if any member is or will be a part-time/full-time college student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Member	Name (Last, First, MI)	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	*College Student Y/N	Employer Name, Address, & Phone	Monthly Income/Source
1		Self \ Head of Household				
2						
3						
4						
5						
6						

Please provide additional sheets of paper for more than six members in the household

Is anyone in the household Pregnant: Yes No; If yes, name: _____

*Note for Applicant: Adult students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

Over age 24 Veteran of the US Military Married Has dependent child(ren)
 Member is part of a household that is low-income

Applicant must answer the following additional questions:

Any child(ren) in the home with Elevated Blood Lead Levels (EBLL) Yes or No

Any child(ren) under the age of six (6) Yes or No

REPAIRS NEEDED:**

***Please note: any and all deficiencies found during the initial inspection must be corrected and brought up to code under this program before requested repairs will be considered*

ACCESSIBILITY NEEDS:



HOUSING COST & OTHER DEBT***Do not leave any sections blank on this page***

<i>Housing Cost</i>	<i>Monthly Amount</i>	<i>Annual Amount</i>
1 st Mortgage		
2 nd /Home Equity loan		
Property taxes		
Property insurance		
Gas		
Electric		
Water		
Homeowners Association Fees (if appl)		

Are the utility bills current? Yes No If no, number of months behind: _____Is the mortgage current? Yes No If no, number of months behind: _____Are the property taxes current? Yes No If no, number of months behind: _____Is insurance on the house? Yes No **OTHER DEBT – MONTHLY PAYMENTS**

<i>Debt</i>	<i>Monthly Payment</i>
Car loans	
Student loans	
Credit cards	
Child Support/Alimony	
Repairs/Maintenance	
Other consumer debt: Cable, TV Apps, cell phone; Internet	

OTHER INFORMATIONHave you ever gone through bankruptcy? Yes No If yes, year: _____ Discharged? Yes No Have you had other legal action against you? Yes No If yes, year & type of action: _____Is this a multifamily home? Yes No How many units? _____Other property owned? Yes Address(es) _____ No

How many people live in the home? _____

Are you an employee of the City of Lorain? Yes No Are you married to an employee of the City of Lorain? Yes No Are you related to any employee of the City of Lorain? Yes No 

INCOME INFORMATION

Report all current income and expected income for the next 12 months for each household member below (HH Mbr#-see page 2). This includes long-term **unemployment compensation and all hazard pay**. Anticipate **annual income for the next 12 months** by converting current income to annual figures, see chart to the right. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart in Section A.

PAY INCOME MULTIPLIER

Weekly Gross Pay	X 52
Bi-weekly Gross Pay	X 26
2x a Month Gross Pay	X 24
Monthly Gross Pay	X 12

A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income.

DO NOT INCLUDE: IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

Income Sources (ANNUAL FIGURES)	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Employment Wages <i>(salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions))</i>	\$	\$	\$	\$	\$	\$
Social Security <i>(include disability/Supplemental; include gross amount prior to any Medicare premiums)</i>	\$	\$	\$	\$	\$	\$
Disability or Death Benefits <i>(disability compensation)</i>	\$	\$	\$	\$	\$	\$
Recurring Income <i>(Retirement/Pension/Insurance policy/Annuities, etc.)</i>	\$	\$	\$	\$	\$	\$
Unemployment Compensation <i>(regular unemployment; exclude Federal Pandemic Unemployment Compensation)</i>	\$	\$	\$	\$	\$	\$
Business and Self-employment net income <i>(include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)</i>	\$	\$	\$	\$	\$	\$
Interest & dividends <i>(any other net income of any kind from real or personal property, including rental income)</i>	\$	\$	\$	\$	\$	\$
Worker's Compensation <i>(including Severance pay)</i>	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments <i>(Temporary Assistance to Needy Families)</i>	\$	\$	\$	\$	\$	\$
Armed Forces Pay <i>(Regular Pay, special pay, and housing allowance; exclude military hazard pay)</i>	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits <i>(exclude deferred disability benefits)</i>	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments <i>(exclude amount in excess of \$480)</i>	\$	\$	\$	\$	\$	\$
Alimony or Child Support <i>(include only amounts expected)</i>	\$	\$	\$	\$	\$	\$
Recurring cash gifts <i>(from private/nonprofit/charity/friends/family not residing in the home)</i>	\$	\$	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$	\$	\$
Total for each HH Member	\$	\$	\$	\$	\$	\$
Section A: Total Income for Household	\$					



ASSETS & INCOME FROM ASSETS

Annual income includes income derived from assets to which household members have access. Using the categories below; report the type of asset held by each member of the household, balance of asset, and the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Assets Categories: Enter the Household Member # below for each asset listed		Cash Value of Asset	Interest/Dividends Earned on the Assets
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
Disposed Assets: Assets given away for less than the fair market value in last 24 months with value > \$1,000		Cash Value of Disposed Asset	Income from Disposed Asset
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr# 6		\$	\$
		Total Value of Assets	Total Income from Assets
		\$	\$

INCLUSIONS: The following are considered assets

- Cash held in Checking, Savings, safe deposit boxes, homes, etc.
- Mutual funds
- Money Market Acct.
- Retirement and Pensions, 401(K)
- Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust
- Whole Life Insurance policy
- Lump sum- inheritance
- Lottery Winnings
- Insurance Settlements
- Personal property held as an investment (e.g., antiques, gems, etc.)

EXCLUSIONS: The following are not considered assets

- Necessary personal property
- Interest in Indian trust lands
- Assets not effectively owned by the applicant
- Equity in cooperatives in which the family lives
- Assets not accessible to and that provide no income
- Term life insurance policies with no cash value
- Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation



RACIAL CHARACTERISTICS

Note: Please provide information on everyone living in the household at the time of application. More than one box can be checked. Applicant may decline to disclose. Disclosure is not required to be considered for assistance.

If you choose not to furnish this information, the City of Lorain will conduct a visual observation.

Race/Ethnicity	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Hispanic (must circle one)	Yes or No					
Select the race each person in the household identifies with below						
Black/African American						
White						
Asian						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaska Native						
American Indian/Alaskan Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-Racial						
Decline to disclose						



APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to an agency of the US Government.

I authorize The City of Lorain Department of Building, Housing and Planning to review this application, and to request, receive, and share information with lenders and others to verify its accuracy and completeness. I agree to provide any additional documentation required by the program administrator to document my/our household income.

I acknowledge a COVID screening and questionnaire will be required during inspections and home visits to protect the Homeowners and the Building, Housing & Planning staff.

I acknowledge the HOME Rehabilitation Program is voluntary. If relocation is necessary during lead paint mitigation or abatement, I will voluntarily relocate until there is clearance to return to the home.

APPLICANT AGREES TO AND ACKNOWLEDGES THAT IN SUBMITTING THIS APPLICATION, THE CITY OF LORAIN HAS THE RIGHT TO OBTAIN AND ACCESS A PERSONAL CREDIT REPORT ON APPLICANTS AND CO-APPLICANTS AND VERIFY ANY INFORMATION PROVIDED ABOVE.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date

2025 HUD Income Limits (SUBJECT TO CHANGE EACH YEAR PER HUD GUIDELINES) Per Household Income

2025 HUD Income Limits

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% Limit Income	\$41,760	\$47,760	\$53,700	\$59,640	\$64,440	\$69,240	\$73,980	\$78,780
80% Limit Income	\$55,650	\$63,600	\$71,550	\$79,500	\$85,900	\$92,250	\$98,600	\$104,950

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 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 statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."



CITY OF LORAIN HOME REHABILITATION LOAN PROGRAM



APPLICATION MATERIAL CHECKLIST

**NOTE: If any of the items below do not apply to you, please put N/A next to the item. All information must be provided with this application otherwise assistance will not be considered, NO EXCEPTIONS.

- **DRIVER'S LICENSE:**
 - Copy of, State identification, Passport, or other Photo Identification for applicant and co-applicant
- **UTILITIES**
 - **Gas Bill:** Copy of the most recent gas bill, **ALL PAGES**
 - **Electric Bill:** Copy of the most recent electric bill, **ALL PAGES**
 - **Utility Bill:** Copy of the most recent water/sewer bill, **ALL PAGES**
 - **Phone/Cell Phone Bill:** Copy of the most recent phone bill, **ALL PAGES**
- **INCOME (provide all that apply)**
 - **Pay Stubs:** Copy of your most recent six (6) pay stubs for all members of the household
 - **Pension Statement:** Copy of the most recent pension statement
 - **Social Security Award Letter:** Copy of the most recent Social Security/disability income award letter
 - **Social Security Benefit:** Copy of the SSI benefit for minors
 - **Tax Return Statement:** Copy of your most recent tax return
 - **Child Support Income:** Copy child support received history for the past six (6) months
 - **Additional sources of income not listed above**
- **DEBTS (most recent statements)**
 - **Credit card statements:** **ALL PAGES**
 - **Auto Loan(s) statement:** including but not limited to boat, motorcycle
 - **Student Loan Statement(s)**
 - **Personal Loan Statement(s)**
 - **Any Co-Signed Loan monthly payments**
- **EXPENSES**
 - **Auto Insurance Declaration Page**
 - **Child Support/Alimony Payments**
 - **Other Essential Monthly Expenses – transportation, life insurance premiums, childcare, etc.**
- **ASSETS**
 - **Checking Account Statements:** 6-Months **ALL** Checking Account Statements **ALL PAGES** for everyone over 18
 - **Savings Account Statements:** 6-Months **ALL** Savings Account Statements **ALL PAGES** for everyone over 18
 - **Self-Employment Tax Return Statement(s):** Federal Income Tax Return with Schedules (Schedules C and/or E)
 - **Life Insurance Statement:** Copy of a statement from your insurance company that reflect any cash value in your life policies before death (Whole Life and/or Universal Life)
 - **Investment Statements:** Copy of last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts
- **HOME OWNERSHIP**
 - **Mortgage Statement:** Copy of your most recent mortgage statement that reflects the mortgage balance, your payment, and escrow information
 - **Home Equity Line of Credit Statement:** if applicable
 - **Insurance Declaration Page:** Copy of the Homeowner's insurance declaration page that identifies the amount of home insurance, date of coverage, and amount of premium
- **MISCELLANEOUS**
 - **School Registration:** If you have children 18 years of age or older who attend school



HOME Program Eligibility Release Form

Organization requesting release of information
(PJ name, address, telephone, and date)

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program
HOME Homebuyer Program
HOME Rental Rehabilitation Program
HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the 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.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)		
Dependent Deduction		
Full-Time Student		
Handicap/Disabled		
Family Member		
Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X

X