



# Essential Home Repair Program



The City of Lorain has established an Essential Home Repair program for eligible homeowners to receive funding up to, but not to exceed, \$15,000 for one repair, one time, necessary to the safety and stability of the home. All applicants must meet Department of Housing & Urban Development (HUD) income guidelines of at least 80% of area median income (AMI) or below. Please see accompanying brochure for more details.

***Please complete the application in its entirety. Incomplete applications will delay assistance.***

**Return applications to:** City of Lorain, BHP, 200 West Erie Ave., 5<sup>th</sup> Floor, Lorain, OH 44052

## APPLICANT AND CO-APPLICANT INFORMATION

Applicant Name	Address	
Zip	Years Owned	Date of Birth
Email Address	Home Phone	
Social Security Number	Cell Phone	

How many people live in the home: \_\_\_\_\_

Are you (check one)  Married  Divorced  Separated  Single  Widowed

Are you the female head of household? Yes  No

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

\*if yes, translator's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Name*	Address <input type="checkbox"/> (check here if same as above)	
Zip	Years Owned	Date of Birth
Email Address	Home Phone	Cell Phone

(\*Co-applicant is spouse/other on mortgage/title, living in the home)

## Yes No

- Are you current with your utility bills? If no, number of months behind: \_\_\_\_\_
- Is the Mortgage current? (Mortgage payments must be current to qualify for this program)
- Are the property taxes current? (Property taxes must be current to qualify for this program; consideration will be given to applicants who apply for the Lorain County Treasurer Property Tax 20% Payment Plan)
- Do you own any other property or houses? If yes, address(es) \_\_\_\_\_

Number of stories: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Basement: Yes  No

## REQUESTED REPAIR (select One (1)):

Electrical:

Roof & Gutters:

Plumbing:

Reasonable Accommodations:

OTHER:

Furnace:

Please Explain:

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



# Essential Home Repair Program



## HOUSEHOLD INFORMATION & INCOME

Provide SIX (6) weeks most-recent paycheck stubs, pension Statements, Social Security award letter, along with a **copy of your most recent tax return for everyone who lives in the home that is over the age of 18 years old**. If there is more than one unit, such as a duplex, provide proof of income for everyone living in the owner-occupied unit and proof of rental income for non-owner occupied unit.

**List ALL household members including applicant. List all wages, W2, SSI, pensions, rents etc.**

Name	Age	Social Security #	Relationship	Monthly Income	Source
			SELF/APPLICANT		

*(If any adult living in the household claims no income, they will be required to sign a no-income affidavit)*

YES NO

Do you expect changes to your household in the next twelve (12) months; please explain:

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## 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: \_\_\_\_\_ ZIP: \_\_\_\_\_

*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.*

Yes No

- Are you an employee of the City of Lorain, or the Department of Building, Housing and Planning?
- Are you married to an employee of the City of Lorain?
- Are you the brother, sister, parent, partner, child or relative of any employee of the City of Lorain, or the Department of Building, Housing and Planning?

If the answer is "yes" to any of these questions, please explain:

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**I certify,** that the information provided herein is true and complete. I authorize The City of Lorain Department of Building, Housing and Planning (BHP) to review this application, and to request, receive, and share information with the above-named translator, and others to verify its accuracy and completeness. I understand that my project is funded with federal funds administered by BHP through the Department of Housing & Urban Development (HUD). By signing this application, you are authorizing BHP to comply with all federal guidelines and regulations to verify its accuracy for compliance purposes.

**APPLICANT SIGNATURE**

**DATE**

**CO-APPLICANT SIGNATURE**

**DATE**

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose to not furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

**Note: Please provide the following information on everyone living in the household at the time of application**

<b>RACIAL CHARACTERISTICS (CHECK ONE)</b>	
<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Black/African-American	Black/African-American
White	White
Asian	Asian
Black/African-American & white	Black/African-American & white
American Indian/Alaska Native	American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native & white	American Indian/Alaska Native & white
American Indian/Alaska Native & Black/African-American	American Indian/Alaska Native & Black/African-American
Asian & white	Asian & white
Other/ multi-racial	Other/ multi-racial

**ETHNICITY** (check one below regardless of the answer above)

Check only if Hispanic or Latino Origin	Check only if Hispanic or Latino Origin
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I do not wish to furnish this information-Applicant: (Initial) \_\_\_\_\_

I do not wish to furnish this information: Co-applicant: (Initial) \_\_\_\_\_

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

**2025 HUD Income Limits**

	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>60% Limit Income</b>	\$40,860	\$46,680	\$52,500	\$58,320	\$63,000	\$67,680	\$72,360	\$77,040
<b>80% Limit Income</b>	\$54,450	\$62,200	\$70,000	\$77,750	\$84,000	\$90,200	\$96,450	\$102,650

**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."



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## APPLICATION MATERIAL CHECKLIST

### Provide the following information for the Application to be considered complete

\*\*NOTE: If any of the items below do not apply to you, please put N/A next to the item. Income information must be provided with this application otherwise it will delay assistance.

**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
- **Electric Bill:** Copy of the most recent electric bill
- **City Utilities:** Copy of the most recent water/sewer bill

**INCOME (please provide ALL that apply for all household members over the age of 18)**

- **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
- **Tax Return:** Copy of your most recent tax return
- **Child Support Payments:** Copy child support payment history for the past three(3) months
- Copy of the SSI benefit for minors
- Additional sources of income not listed above

**ASSETS**

- **Checking Account Statements:** Three (3) Months ALL Checking Account Statements for everyone over the age of 18 (all pages, even if blank)
- **Savings Account Statements:** Three (3) Months ALL Savings Account Statements for everyone over the age of 18 (all pages, even if blank)
- **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
- **Self-employment Federal Income Tax Return:** copy of your current Federal Income Tax Return with appropriate Schedules (Schedules C and/or E) to verify your income from self-employment and/or rental property

**MISCELLANEOUS**

- **Higher Education Registration:** If you have children 18 years of age or older who attend college or trade school, provide a copy of their school registration

**HOME OWNERSHIP**

- **Mortgage Statement:** Copy of your most recent mortgage statement that reflects the mortgage balance, your payment, and escrow information
- **Home 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