



BLCRF APPLICATION

Black and Latinx Community Reinvestment Fund

Dear Applicant(s),

Thank you for your interest in the Black and Latinx Community Reinvestment Fund Grant (BLCRF). This program is designed to assist you with important and necessary home repairs. Home Repair Resource Center (HRRC) will determine what financial assistance options are available and will help guide you through the process. HRRC is responsible for prioritizing health and safety home repairs. Depending on the scope and complexity of your project, the process can take several weeks to several months.

To begin the process, you must complete an application in its entirety. A submitted application does not guarantee approval.

Included with this letter is an application packet and a checklist of documents that you will need to gather as part of the application process. Please review this checklist carefully and make sure you provide all the documentation. If anything is missing, it will delay your application.

Also included in this packet are the following:

1. An overview of the BLCRF program.
2. Authorizations (4): Lead Form, Program Authorization, Homeowners Insurance Form, Privacy Policy. Please review them and remember to sign. **THESE FORMS MUST BE RETURNED WITH APPLICATION PACKET**

The Program has limited funding, and thus not all eligible applicants will be guaranteed to receive funding for home repairs or accessibility improvements.

If needed, HRRC will contact insured and bonded contractors for you to view the project and supply estimates. Your HRRC coordinator will help you review the estimates (**3 required**) and HRRC will advise you regarding hiring the contractor that is the most qualified to complete the project. All contractors need to be an approved, registered contractor with HRRC.

The application packet along with **ALL** supporting documents and forms can be returned via email, mail or dropped off in person at 2520 Noble Road Cleveland Heights, OH 44121. Contact Carolyn Ostrom at (216) 381-6100 ext.10 or email: costrom@hrrc-ch.org, to arrange a drop off time or if you have any questions.

Sincerely,

HRRC Staff

Home Repair Resource Center
2520 Noble Rd., Cleveland Heights, OH 44121 | 216.381.6100 | www.hrrc-ch.org

Program Overview



The Black and Latinx Community Reinvestment Fund’s Home Repair program is intended to address the housing, health, and safety needs of homeowners in predominantly Black and Latinx communities so that residents can maintain a safe, decent, accessible, and affordable place to live.

BLCRF Eligibility Requirements

- Applicant(s) must be at or below the following income guidelines for their household size.
- Property must be an owner-occupied property located in an eligible area throughout Cuyahoga County.
- Applicant(s) primary residence, may be 1 - 3 units residential property.
- Home must be in sound structural condition for the requested work to be performed.
- Be current on your mortgage, property taxes, or be current on an approved payment plan for any delinquent taxes for a minimum of the three prior months.

BLCRF Annual Gross Income Limits (effective date Jan. 12, 2024)

Household Size*	At or Below 100% of poverty (0% Contribution)	Between 101% and 200% of poverty (2.5% Contribution)	Between 201% and 300% of poverty (5% Contribution)	Between 301% and 400% of poverty (10% Contribution)
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840

*** call (216)381-6100 ext. 10 for additional income limits if your household size is not shown

Supporting Documents Checklist: provide one item from each category

Don't forget to attach anything! Missing items may delay processing of your application.

Application Documents (enclosed):

- 1. Signed Application (pages 4-5) with all information completed
- 2. Signed Program Authorization
- 3. Signed Lead Certification form
- 4. Signed Privacy Policy form

Supporting Documents (applicant to collect and submit):

Proof of Income: Please submit documents showing your household gross monthly income. Every household member over the age of 18 must provide proof of income and complete the Declaration of Income Statement.

- If you receive monthly income, submit (all that apply):
 - pension and/or social security statements showing current monthly benefit amount
 - 90 days of consecutive pay stubs
 - rental receipt(s) OR signed lease
 - proof of other income (e.g. dividends from stocks, alimony, child support, etc.)
- If you are unemployed, submit:
 - Notarized Declaration of No/Zero Income. Please call 216-381-6100 x 10 to receive a copy of this form.
 - Current/most recent year tax return OR IRS Form 4506-T
- If you are self-employed, submit:
 - Most recently filed 1040 including all schedules

Proof of Residence:

- Copy of most recent gas, electric, or phone bill; must show applicant name and address

Copies of Estimates (Not Required): If you have estimates already, please include them with the application.

When you are ready to return your application with your supporting documentation, you may scan/ email (costrom@hrrc-ch.org), drop off (2520 Noble Rd. Cleveland Hts. M-F, 10-4) or mail it in.

Please scan all documents as Adobe PDFs. Pictures of the documents will not be accepted.

Please note:

- If approved, you will receive written notification. Funds are not reserved at the time of approval.
- Work cannot commence until a Notice to Proceed is issued; funds are reserved at this time.



Application

Household/Home Information

Last Name: _____ First Name(s): _____ / _____

Address: _____ City _____ Zip _____

Single ___ Double ___ Year Built _____

Phone: (home) _____ (Other) _____

Email address: _____

Demographic Information – Please note that the following demographic information is requested for reporting purposed to document the impact of the Black & Latinx Community Reinvestment Funds in Cuyahoga County and will be reported in aggregate, in summary form, without your name/address or other identifying information included in our national fund settlement administrator, the National Fair Housing Alliance. Responses to these questions do not impact applicant eligibility for assistance.

Age: _____ Date of Birth: _____ Marital Status: _____

Race: American Indian/Alaska Native ___ Asian ___ Black or Af.-American ___

White ___ Biracial / Mutli-racial ___ Other ___

Are you Hispanic / Latinx? Yes ___ No ___

of Dependents ___ Ages: ____, ____, ___ Total # of Household Members ___

of People with Disabilities living in the home _____

Property Information

Current Mortgage Holder: _____

Included in Mortgage: Property taxes Y ___ N ___ Property insurance Y ___ N ___

Property Tax Status: Current? ___ Delinquent balance? ___ Payment Plan? ___

Rental/Income Property? Y ___ N ___ Years Owned: _____

Application (cont.)

Income Information

List below all persons living in the house and **indicate income received for all occupants over 18 years of age.**

All income must be shown, including but not limited to employment income, rental income, Social Security, SSI, pension, workers' compensation, child support, alimony, and unemployment insurance.

NAME	BIRTHDATE <i>(mm/dd/yyyy)</i>	PAY FREQUENCY <i>(Weekly, bi-weekly twice a month, monthly, etc...)</i>	MONTHLY GROSS INCOME <i>(Amount BEFORE taxes and deductions)</i>

*Use an additional sheet of paper if more space is needed.

Repair Work

Cited? Y ___ N ___ If violations remain, status: ___ Inspections ___ Housing Court

Work to be Done

Cited?

Total Cost \$ _____

I/we have reviewed the information herein and it is correct to the best of my/our knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

*** Review the following authorization forms within packet. A fully completed application must include these signed and dated forms ***

Office Use Only

Census Tract Code: _____

Client ID Number: _____



Lead Certification

Applicant's Name(s): _____

Address: _____

single-family two-family three-family

(If double or triple, tenant form to be completed)

Lead-based Paint Warning: "Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to children and pregnant women," HUD.

1. Year house built _____ Prior to 1978? yes no

2. Are there children in the household age 5 or younger? no yes

<u>Child's name (if age 5 or younger)</u>	<u>Has testing been done?</u>	<u>Existing elevated blood lead level?</u>
_____	<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

3. Has paint testing, a lead inspection, or a risk assessment been performed at the property?

Paint testing yes no Lead Inspection yes no Risk Assessment yes no

(For any "yes" response, a copy of the report must be provided to Home Repair Resource Center as part of the application.)

To Home Repair Resource Center:

I/we certify that the above information is true; that I/we have been told about the dangers of lead-based paint if there are children in the household age 5 or younger.

Signature: _____ Date: _____



Program Authorization

This document certifies that I, _____, am applying to be a client of the Black and Latinx Community Reinvestment Fund's Home Repair Program administered by the Home Repair Resource Center with funds provided by the Fair Housing Center for Rights & Research.

I am voluntarily submitting personal information and various documents and other financial information necessary for review and analysis of my case by HRRC.

I agree that HRRC is authorized to do any/all of the following:

- Submit my/our file for review
- Open my/our file for review for program monitoring and compliance
- Make follow-up contacts with me for program evaluation purposes

I acknowledge that I have received a copy of HRRC's Privacy Policy Statement.

HRRC DISCLOSURE: HRRC does not have any financial relationships with any for-profit or non-profit organizations. I/we understand I am not obligated to receive any other services offered by HRRC or its exclusive partners as a condition of participating in the BLCRF program.

Signature: _____ Date: _____

Signature: _____ Date: _____



Homeowners Insurance Form

Maintaining homeowner's insurance is your protection should something happen to your home. Homeowners insurance is not a substitute for routine home upkeep and maintenance. This form is to confirm that you are aware of the protections that homeowners insurance provides. HRRC will not be held liable for any claims that can be considered an insurance claim. HRRC will only work with **insured** contractors in an effort to protect you and your property from harm. By signing this form, you acknowledge that fact and release HRRC from any liability resulting from the work performed.

If you are uncertain about the status of insurance coverage for your home, we recommend that you contact your mortgage company, an insurance agent or the Ohio Fair Plan. The Ohio FAIR Plan was established in 1968 to provide essential insurance coverage for eligible property unable to obtain insurance through the voluntary market. You can contact them Monday - Friday, 8:00am - 4:30pm Main: 614-839-6446 Fax: 614-839-2882. You can always call Home Repair Resource Center and discuss this situation with one of our coordinators at 216-381-6100.

Signature: _____ Date: _____



Privacy Policy

Home Repair Resource Center (HRRRC) has developed this privacy policy to assure our clients that personal information collected will be treated with a high level of confidentiality and will only be used for program-related purposes.

HRRRC strictly protects the security of your personal information and honors your choices for its intended use. HRRRC has established and maintains reasonable procedures to protect the confidentiality, security and integrity of your personal information. HRRRC carefully protects your data from loss, misuse, and unauthorized access. Your personal information is never shared outside the agency without your written authorization; however, as an applicant to the Black & Latinx Community Reinvestment Funds, you are hereby notified and, by completing and submitting this form and your completed application, consent to disclosure of information contained within your application for assistance to the Fair Housing Center for Rights & Research, who has provided the funding for this program through a settlement agreement they obtained. You acknowledge that your application information, grant assistance details, and before and after photos of the work performed with program funds may be shared with the Fair Housing Center for Rights & Research for the purpose of monitoring and reporting program outcomes.

HRRRC will not sell your personal identifiable information to anyone.

HRRRC will send you unsolicited information including emails, flyers, event announcements, and newsletters, unless you advise us that you do not want to receive these types of correspondence.

If you have any questions about our privacy policy, please contact Carolyn Ostrom at 216-381-6100, ext. 10.

Home Repair Resource Center reserves the right to change this policy whenever deemed necessary without prior notification.

Signature: _____ Date: _____

Signature: _____ Date: _____