



Housing Accessibility and Rehabilitation Grant Program Application

Dear City of Euclid Resident(s):

Thank you for your interest in our new Housing Accessibility and Rehabilitation Grant Program. To apply, please fill complete this application in its entirety. Incomplete applications will be returned to the applicant to complete and

Instructions:

1. Complete the attached form and complete each section in its entirety. Please print all information.
2. If you have any questions about completing your Request for Service, please contact our Project Manager, Jim Fialko at 216-289-8562 or email jfialko@cityofeuclid.gov.
3. Please return the completed form by email, mail or in-person submission to:

City of Euclid

Attn: Jim Fialko, Project Manager

Community Development Division - Department of Planning & Development

585 East 222nd Street, Euclid, OH 44123-2099

Next Steps:

1. This is the first step in the process of determining eligibility based on income, ownership status, and project.
2. The City of Euclid's Community Development Division will contact you within 30 business days to review the application with you. We will follow up by letter confirming eligibility or ineligibility for your project. The letter will outline the next steps in the application process, whether eligible or not.
3. Applicants **must** be current on mortgage and property taxes, or on a payment plan (must provide proof).
4. You **must** provide proof of income with this application. Including the last Federal Income Tax Form or other proof of income statement. We may request additional information from you at any point in the process. Once you have provided all necessary information, we will start your final review.

Eligibility Requirements:

1. Own and live in the home within which services are being requested in the City of Euclid, OH
2. Earn no more than the maximum income levels below:

Maximum Income as of May 1, 2025 depends on the number of people in your household, does not include full-time caregivers								
Percent (%) of AMI	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Extremely Low 30%	\$20,900	\$23,850	\$26,850	\$29,800	\$32,200	\$34,600	\$37,000	\$39,350
Very Low 50%	\$34,800	\$39,800	\$44,750	\$49,700	\$53,700	\$57,700	\$61,650	\$65,650
Low 60%	\$41,760	\$47,760	\$53,700	\$59,640	\$64,440	\$69,240	\$73,980	\$78,780
Moderate 80%	\$55,650	\$63,600	\$71,550	\$79,500	\$85,900	\$92,250	\$98,600	\$104,950

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS



Housing Accessibility and Rehabilitation Grant Program Details

The Community Development Division will cover up to \$7,500.00 for eligible rehabilitation projects. Homeowners are responsible for 25% of the total costs. Please see the list below of Eligible Projects within this new program.

The City of Euclid reserves the right to limit the eligible projects that will be approved based on budgetary factors and the needs of the community as a whole.

If you have additional questions, please contact Project Supervisor Jim Fialko at (216) 289-8562 or via email at jfialko@cityofeuclid.gov.

Exterior Improvements	Energy Efficiency Improvements	Accessibility Improvements	Utilities Improvements
Driveway Repair/Replacement (<i>if cited by Department of Building and Housing</i>)	Entry Doors	Storm Doors	Electrical Upgrades
Waterproofing	Insulation	Sidewalk Repair/Replacement	Sewer Line Repair/Replacement
Tuckpointing	Solar Panels	Wheelchair Ramps	Furnace Replacement
Roof Replacement (<i>if cited by Department of Building and Housing</i>)	Window Replacement	Handrails and Grab Bars	Hot Water Tank Replacement
	Gutter and Downspout Repairs/Replacement		Electrical Code Corrections
			Whole-House Air Conditioning
			Plumbing Fixture Replacements

Ineligible Projects and Expenses – Below is a partial list of ineligible projects and expenses as examples. Community Development will review your completed Project Form to determine eligibility and will contact you on the eligibility of your project. Projects that are subject to a Homeowners Insurance Claim are not eligible. Please review your Insurance Policy.

Temporary Fixes and Maintenance	Recreational Amenities	Accessory Additions	“Wear and Tear” type Expenses
Crack Sealing	Swimming Pools	Patios	Furnace Filters
Landscaping	Hot Tubs and Jacuzzis	Decks	Light Bulbs
Snow Plowing	Backyard Playgrounds for Children	Fences	Batteries
Tree Trimming or Removal		Sheds, if there is a garage present	Power and Hand Tools
Roof Shingle Repair			



Housing Accessibility and Rehabilitation Grant Program Application

Homeowner Information

Date: _____

Name: _____

Address: _____ City: Euclid State: OH Zip: _____

Phone: _____ Alternative Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Marital Status: (check one)

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Spouse's Name: _____

Date of Birth: _____

Social Security Number (Required): _____ - _____ - _____

Employer's Name: _____

Employer's Address: _____

☐ Full-time

☐ Part-time

☐ Retired

Annual Income: \$ _____

Dependents

Total Dependents (including applicant): _____

Total Number of Children: _____

Female Headed Household: ☐

Source of Income and Monthly Amount (must provide document) (check all that apply)

☐ Welfare \$ _____

☐ ADC \$ _____

☐ AFDC \$ _____

☐ Social Security \$ _____

☐ Workers Compensation \$ _____

☐ Unemployment \$ _____

☐ Other (specify) _____ \$ _____

☐ Retirement / Pension \$ _____ ☐ Employment _____ \$ _____

Homeowner: _____

Mortgage Holder: _____

Mortgage Holder's Address: _____

Monthly Mortgage Payment: \$ _____

☐ I have attached a copy of my most recent tax return(s) to this application

I, the undersigned do hereby acknowledge that I have read and understood the rules and regulations as set forth in this application, and confirm that all statements made hereto are true and accurate to the best of my knowledge.

Applicant's Signature	Date
-----------------------	------

Spouse's Signature _____ Date _____

Address: _____ City: Euclid State: OH Zip Code: _____

Phone: _____

Housing Accessibility and Rehabilitation Grant Project Request Form



RELEASE

I / we have applied to the City of Euclid's Community Development Division / Department of Planning and Development for assistance through the Housing Accessibility and Rehabilitation Grant Program

I / we have met the program guidelines for determining income eligibility. I/we desiring to receive the assistance available, have granted permission to the City of Euclid's Community Development Division personnel to be on my / our private property for the purpose of making certain repairs to my / our property; specifically:

In consideration for the labor and materials received by me/us under the program (s), I / we hereby hold harmless the City of Euclid, Mayor Kirsten Holzheimer Gail, the Department of Planning and Development and any and all City employees who have worked on my / our property from any and all claims for personal and/or property damage occurring as a direct or indirect consequence of my/our participation in the above-mentioned program(s) and the housing rehabilitation services received to my /our personal benefit.

Furthermore, I/we agree to indemnify the City of Euclid and the above-named individuals from any and all claims arising now and hereinafter in connection with any and all services rendered.

Applicant's Signature

Date

Witness's Signature

Date



WATCH OUT FOR LEAD-BASED PAINT POISONING

If this property was constructed before 1978, there is a possibility it contains lead-based paint. Please read the following information concerning lead-based poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times, though, there are not symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify Community Development Division at the City of Euclid or other agency to which you or your landlord is applying or rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate the hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, door, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom of stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**
- (d) Do not leave paint chips on the floor in the window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead-based paint. Instead of scraping and repainting, the surface may be covered with other material such as wall board, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

Tenant/ Homebuyer / Homeowner Responsibilities

You should immediately notify the management office of the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should operate with that office's effort to repair the unit.

☐ I have received a copy of the Notice entitled "Watch Out for Lead-Based Paint Poisoning"

Signature: _____

Print Full Name: _____

Date: _____



RELEASE

I /we understand that, as a result of the work to be performed by The City of Euclid's Community Development Division and the EDCOR Low-interest Home Improvement Loan Program, lead-based paint may be disturbed which may be hazardous as defined by The Department of Housing and Urban Development (HUD), 29 CFR 1926.62.

Further, I/we agree to allow the work to proceed as described and hold The City of Euclid, the Community Development Division and the Department of Planning and Development, its employees and its agents harmless as to any claims which may result from the work being performed.

Name (Print): _____

Signature: _____

Date: _____

Witness Signature: _____ Date: _____

☐ I **decline** to have the work done as described



Personal Release

PERSONAL RELEASE I hereby grant permission to the City of Euclid and its assigns and licensees to take photographs or videos of the home repairs completed. I give the City of Euclid permission to use these images and videos:

- The use may include reproduction, distribution, derivative works and display.
- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the internet and social media.
- The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising and promotion.

I further acknowledge that I will not be compensated for these uses, and that the City of Euclid exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive the right to inspect or approve of the uses of any printed or electronic copy. I hereby release the City of Euclid and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release is binding on me, my heirs, assigns, and estate. The City of Euclid is not obligated to use any of the rights granted under this Release. **This Release expresses the complete understanding of the parties.**

Signature: _____

Print Full Name: _____

Date: _____



Race and Ethnic Data Reporting Form
U.S Department of Housing and Urban Development
Office of Housing

Name of Property: _____ Project No.: _____

Address of Property: _____ City: Euclid State: OH Zip: _____

Name of Owner / Managing Agent: _____

Type of Assistance or Program Title: _____

Name of Head of Household: _____

Name of Household Member: _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select all that apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

** Definitions of these categories may be found on the next page
There is not penalty for persons who do not complete the form.

Signature: _____

Date: _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Form HUD-27061-H (9/2003) OMB Approval No. 2502-0204 (Exp. 03/31/2014)



Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form.

The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



HOUSING ACCESSIBILITY AND REHABILITATION GRANT CHECKLIST

ALL ITEMS REQUIRED

- ☐ Copy of Driver's License or State ID (applicant and spouse)
- ☐ Copy of Social Security card (applicant and spouse)
- ☐ Proof of on time mortgage payment or payment plan
- ☐ Proof of all sources of income
- ☐ If Cited by the Department of Building and Housing, include copy of Violation Notice