



HISTORIC SOUTH

APPLICATION

EXTERIOR HOME REPAIR PROGRAM

Personal Information

Applicant Name: _____
First M.I. Last

Co-Applicant Name: _____
First M.I. Last

Property Address: _____
Street Address Zip Code

Applicant E-Mail: _____ Co-Applicant E-Mail: _____

Applicant SSN#: _____ Co-Applicant SSN#: _____

Applicant D.O.B.: _____ Age: _____ Co-Applicant D.O.B.: _____ Age: _____

Primary Phone: _____ Primary Phone: _____

APPLICANT (Check At Least One in Each Section Below)	APPLICANT (Check At Least One in Each Section Below)
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/ Alaska Native & Black/African Amer. <input type="checkbox"/> Amer. Indian/Alaska Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Hawaiian/Another Pacific Islander <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> White	RACE: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/ Alaska Native & Black/African Amer. <input type="checkbox"/> Amer. Indian/Alaska Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Hawaiian/Another Pacific Islander <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> White
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced and Widowed)	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced and Widowed)
ARMED SERVICES STATUS: <input type="checkbox"/> Enlisted <input type="checkbox"/> Veteran (Includes: Peace time service) <input type="checkbox"/> Spouse of a veteran <input type="checkbox"/> N/A	ARMED SERVICES STATUS: <input type="checkbox"/> Enlisted <input type="checkbox"/> Veteran (Includes: Peace time service) <input type="checkbox"/> Spouse of a veteran <input type="checkbox"/> N/A

Employment and Financial Information

Applicant:

Applicant's Current Employer(s) Name, Address and Phone Number: _____ _____	Years at Job _____ _____
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Co-Applicant:

Applicant's Current Employer(s) Name, Address and Phone Number: _____ _____	Years at Job _____ _____
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Please list all individuals living in the household (including the Applicant and Co-Applicant):

Name	Age	Gender	Disability

Please list all sources of annual income for all household members 18 or older:

Source	Applicant	Co-Applicant	Household Member	Household Member	Household Member	Annual Total
Employment	\$	\$	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$	\$	\$
Social Security (SSI)	\$	\$	\$	\$	\$	\$
Disability (SSI)	\$	\$	\$	\$	\$	\$
Pensions/Retirement	\$	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$	\$
Investment	\$	\$	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$	\$	\$
Other (list source):	\$	\$	\$	\$	\$	\$

Please list Total of all household financial assets for all household members 18 or older:

Type	Cash Value	Annual Income from Assets	Financial Institution Name
Checking Accounts	\$	\$	
	\$	\$	
Savings Accounts	\$	\$	
	\$	\$	
Stocks/IRA	\$	\$	
U.S. Savings Bonds	\$	\$	
Other Real Estate	\$	\$	
Other:	\$	\$	
	\$	\$	
Total:	\$	\$	

Homeowner Insurance Company _____ Monthly Premium \$ _____
 (If applicable)

Have you received previous rehabilitation or down payment assistance from The City of Toledo?

Yes No If yes, explain:

Have you received previous repairs from Historic South Initiative?

Yes No If yes, explain:

Please list exterior repairs you are requesting (in order of priority), and why you are requesting the repair:

I/we certify that I/we am/are the Owner-Occupant of the property to be repaired/rehabilitated and that the information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

I/We authorize the Program or its agents to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

I/We authorize the Program and its agents to release protected information, regarding this application, to the following person (leave blank if not interested in this option):

Name: _____ Relationship: _____

E-mail: _____ Phone: _____

Applicant:

Co-Applicant:

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

See following page for the list of documentation that must be returned with your application.

Send to the email mike.andersonhsi@gmail.com for processing.

Any questions call (567) 318 3683

ENVIRONMENTAL REVIEW OF THE PROJECT MUST BE COMPLETED PRIOR TO COMMITMENT OF FUNDS (FEDERAL OR NON-FEDERAL) FOR THE PROJECT. IN ORDER TO MAINTAIN ELIGIBILITY FOR FEDERAL FUNDING, THE ENVIRONMENTAL REVIEW MUST BE COMPLETED BEFORE THE PROJECT BEGINS. PROPOSED CHANGE(S) IN THE SCOPE OF THE PROJECT MUST ALSO BE SUBMITTED TO THE DEPARTMENT OF NEIGHBORHOODS FOR REVIEW PRIOR TO INITIATING WORK ON THE CHANGE(S).

CITY OF TOLEDO
Department of Neighborhoods
**THIRD PARTY NOTIFICATION
OF PROPOSED USE OF FEDERAL FUNDS
HISTORICAL/ENVIRONMENTAL REVIEW**

Requesting Agency/Dept.: Historic South Initiative (HSI)/Department of Neighborhoods
Funding Source: CDBG
Funding Program: Home Repair Program tel. 567-290-8280
Contact Person: Mike Anderson, Assistant Director of Real Estate
Applicant: Historic South Initiative(HSI) fax. _____

Complete and return to the Historical/Environmental Review Officer, Department of Neighborhoods, Suite 1800, One Government Center, Toledo, Ohio 43604. Any questions regarding this form should be directed to Ebenezer Osei-Kwame, Neighborhood Development Manager, Department of Neighborhoods (419) 245-1400.

Please note. The Historical/Environmental Review must be completed prior to initiating physical activity on the project or commitment of (any) funds directly or indirectly associated with the project (with the exception of planning costs).

Name of Project: Home Repair Program
Address/Location of Project: _____
Property Type: Single-family home
Residential/ # of units 1 Commercial/ # of sq. ft. NA change of use
Detailed Description of how funds will be utilized. (Attach page if necessary)

Phase I Environmental Site Report Available See attached for further description

Attach the following:

1. **Photographs** of (A) front and rear of the structure (grade level to roof top) and (B) any specific architectural elements to be altered.
2. **Map** with the block circled.
3. **Work Specifications**
4. Signed Lead Based Paint Notification form if work will involve painted surfaces in occupied residential property.

Additional information may be needed depending upon scope of the project.

Signature of Applicant Date

This portion to be completed by the Department of Neighborhoods

- Project is consistent with requirements. If a change of scope is anticipated the change must be submitted for review and approval before work is initiated on the change.
- Review completed with the following conditions: (please see attachment(s) #1 thru # _____)

Finding: Exempt Categorical Exclusion Environmental Assessment

EPA PAMPHLET – ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receiving a copy of the Environmental Protection Agency (EPA) pamphlet entitled **Protect Your Family from Lead in Your Home**. I understand this pamphlet is being conveyed to me in conjunction with the:

project/program and/or in connection with any rehabilitation work performed on my dwelling unit that will disturb painted surfaces or in connection with any lead hazard reduction activity that may be performed on my dwelling unit as a part of a rehabilitation project or as required by applicable U.S. Department of Housing and Urban Development (HUD) regulations.

Owner's/Tenant's Name: _____

(Please print clearly or type)

Property Address: _____

City, State, Zip: _____

Phone Number: _____

(Area Code)

Owner/Tenant's Signature: _____

Date Pamphlet Received: _____

Month

Day

Year

Name of Person

Conveying EPA Pamphlet to the Property Owner/Tenant:

Signature of Person

Conveying EPA Pamphlet to the Property Owner/Tenant:

Document Checklist:

- Completed and signed Exterior Home Repair Application
- Two forms of identification for each person 18 years of age or older:
 - Driver's License or Ohio I.D. card
 - Social Security card, birth certificate, or other government issued I.D.
- Copy of deed (can be obtained at Lucas County Recorder's Office or from AREIS)
- Certification of hazard insurance (if you carry hazard insurance on your home) **or** Property Liability and Hazard Insurance Verification form (if you do not have current hazard insurance on your home)
- Income Verification for each person 18 years of age or older:
 - Pay Stubs (past 2 months)
 - SS/SSI/SSDI (current year benefits letter)
 - Pensions (current year benefits letter)
 - Most current 1 yr. tax return for each person 18 years of age or older **or** separate US Federal Tax Return Affirmation form for each person 18 years of age or older who did not file a tax return over the past two years
 - Child Support received for any member living in the house (current print out for each person receiving it from Child Support Bureau)
 - Other (please specify)
 - Zero Income Statement - no income for each person 18 years or older who does not have income (separate statement for each person who does not have income)
- Asset Verification:
 - Checking and Saving Bank Statements for each person 18 years of age or older (all pages of the past 2 months) **or** separate No Checking and Savings Account Statement for each person 18 years or older who does not have either a checking or savings account or both.

No Checking or Savings Accounts Statement

- **have at least one checking account?**

I do not have any checking accounts.

I do have at least one checking account

(Please provide at the last six months of checking account statements for each checking account)

- **Do you have at least one saving account?**

I do not have any savings accounts.

I do have at least one savings account

(Please provide at the last six months of checking account statements for each saving account)

- **Claimant Information**

Name:

First Name Middle Initial Last Name

Date of Birth: ____ / ____ / ____ Last 4 digit of SSN: XXX-XXX-____

- **Household Head Information**

First Name Middle Initial Last Name

Last 4 digit of SSN: XXX-XXX-____ Phone number: ____ - ____ - ____

Email Address: _____
example@example.com

Address:

Street: _____

Street Address Line 2: _____

City: _____ State: _____

Zip Code: _____

- **Signature**

(Claimants Signature)

Date: _____

Zero Income Statement

- **What is the source of your income?**

I do not have an income source

I do have an income source

(Please provide documentation as identified on the page 5 of the application)

- **Claimant Information**

Name:

First Name Middle Initial Last Name

Date of Birth: ____/____/____

Last 4 digit of SSN: XXX-XXX-_____

- **Household Head Information**

First Name Middle Initial Last Name

Last 4 digit of SSN: XXX-XXX-_____

Phone number: ____ - ____ - _____

Email Address: _____

example@example.com

Address:

Street: _____

Street Address Line 2: _____

City: _____ State: _____

Zip Code: _____

- **Signature**

(Claimants Signature)

Date: _____

Property Liability and Hazard Insurance Verification

(Check only 1 of the following and attach full Homeowners Insurance declaration page that has date of the coverage, the total amount of insurance, and total yearly cost. If you do not have it, contact your insurance agent, and request your Homeowners Insurance declaration page and send it.)

I do not have Liability and Hazard Insurance

Or

I have Liability and Hazard Insurance, and the payment is part of my monthly mortgage payment. Please attach the homeowners Insurance declaration page with this form.

Or

I have Liability and Hazard Insurance s Insurance but make payments directly to the insurance company. Please attach the Liability and Hazard Insurance declaration page with this form.

Rental Property Liability and Hazard Insurance Basic Information

Liability and Hazard Insurance Company: _____

Liability and Hazard Insurance Policy Dates: From: _____ to _____ (Dates)

Liability and Hazard Insurance Yearly Cost: \$_____

Affirmation

I/we affirm that the above information is accurate and true.

Print Name(s)

Signature

Date

Signature

Date

2022/2023 US Federal Income Tax Return Affirmation

Each Person 18 years Old and Older Must Complete a 2022/2023 US Federal Income Tax Return Affirmation and Provide a US Federal Tax Return Unless Not Required

Check all the following that apply, attach and return the appropriate US Federal Income Tax Return, if required. If filing as a joint return, the taxpayers filing together should sign one form and need to return only one copy of the tax return,

I did not file a 2022 US Federal Income Tax Return

AND

I did not file a 2023 US Federal Income Tax Return

Or

I did not file a 2022 US Federal Income Tax Return but have filed an extension. Please provide copy of the extension and a copy of your 2021 US Federal Tax Return, including all schedules, W-2s and 1099s.

Or

I did file a 2022 US Federal Income Tax Return. Please attach a copy of your 2022 US Federal Tax Return, including all schedules, W-2s and 1099s.

Or

I am not filing a 2023 US Federal Income Tax Return but filed a 2022 US Federal Tax Return. Please provide copy of the extension and a copy of your 2021 US Federal Tax Return, including all schedules, W-2s and 1099s.

Or

I intend to file a 2023 US Federal Income Tax Return but have yet to do so. And I did file a 2022 US Federal Tax Return. Please provide copy of the extension and a copy of your 2021 US Federal Tax Return, including all schedules, W-2s and 1099s.

Affirmation

I/we affirm that the above information is accurate and true.

Print Name(s)

Signature

Date

Signature

Date