



Home Repair Program Universal Application

Applicant Name:

Address:

Top Priorities for the House:

Directions for applicants:

This application combines the applications for the 5 following programs:

- Miami Valley Community Action Partnership Weatherization Programs
- Habitat for Humanity Critical Home Repair
- County Corp Home Repair
- Miami Valley Community Action Partnership Emergency Home Repair
- Rebuilding Together Dayton

Filling out this application will allow you to apply for all of these programs. Please fill out the entire application even if you only want to apply for one program as this will give you the best opportunity to receive home repair assistance.

If you have any questions or difficulties with this application, please contact:

Aileen / (937) 369 - 0654 / aileen.hull@daytonenergycollaborative.org



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Required Documents

- ☐ Proof of the **last 90 days of income** for ALL household members
 - ☐ If self employed, **provide 2 years of complete tax returns** with schedules and year-to-date profit and loss statement
- ☐ Copies of **most recent utility bills** (electric, fuel, natural gas), pages #1 and #2
- ☐ **Current mortgage statement** OR **proof of ownership**
- ☐ Copies of **social security cards** for ALL household members
- ☐ Proof of **property insurance** (declaration page of insurance policy)

****Note: If you do not have insurance, you are still eligible for some programs.*
- ☐ Proof of **current property taxes** OR proof of payment plan within last 3 payments
- ☐ **Proof of age** (driver's license or state ID)



Universal Form

Homeowner/Primary Applicant		
First Name:	Middle Name:	Last Name:
DOB: Gender: (circle one) FEMALE / MALE	Veteran or widower of veteran? (circle one) YES / NO	Indicate your status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: Are you Hispanic or Latino? (circle one) YES / NO	A member of the household is disabled. (circle one) YES / NO
Current Address:	City:	State:
Zip Code:	County:	Mailing Address: (if different from main address) Apt/Lot/Floor: City: / State: / Zip Code: County:
Contact Information:		
Email:	Phone #:	Preferred method of contact: (circle one) PHONE / EMAIL
Income Information:		
Source: Frequency: (circle one) Weekly / biweekly / monthly / annually	Amount:	Do you expect a change in income within the next 12 months? (circle one) YES / NO



Other Household Members (only fill out if household > 1)							
First Name:							
Last Name:							
SSN:							
DOB:							
Gender:							
Race:							
Education:							
Ethnicity:							
Disabled? YES/NO:							
Health insurance:							
Relationship to primary applicant:							
Income source:							
Income Amount:							

Do you expect your household composition to change within the next 12 months? (circle one)

YES / NO



Miami Valley Community Action Partnership Weatherization

Homeowner/Primary Applicant		
SSN: _ _ _ - _ _ - _ _ _	Education: <input type="checkbox"/> 0-8, 9-12 (non grad) <input type="checkbox"/> HS grad or GED <input type="checkbox"/> 12+ post secondary <input type="checkbox"/> 2-4 year grad college	Family Type: <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> 2 parent household <input type="checkbox"/> Single person <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational households
Source of Income: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Self-employment <input type="checkbox"/> No income <input type="checkbox"/> Social Security <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension <input type="checkbox"/> Disability <input type="checkbox"/> Child support <input type="checkbox"/> Other (please specify) _____	Work Status: <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant seasonal farm worker <input type="checkbox"/> Unemployed (short-term; 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Other sources of income: <input type="checkbox"/> Cash withdrawn from IRAs, Annuities, Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate & Trust Settlements, Divorce Settlements, Insurance Payout, Lottery Winnings) Other earned income: <input type="checkbox"/> Self-Employed (includes owning own businesses, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-Employment (includes teachers, construction workers, etc.)
Supplemental Income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Utility assistance <input type="checkbox"/> Workers' Compensation, Ohio Works First (TANF, ADC) <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	Non-cash benefits? List: Food stamps? <div style="text-align: center;">YES / NO</div>	Health insurance type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults
Building Information:		
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Building Type: <input type="checkbox"/> Mobile home <input type="checkbox"/> Single family <input type="checkbox"/> Multi-family low rise <input type="checkbox"/> Multi-family high rise	How long have you lived in this house? <div style="text-align: center;">_____ years</div>



Utility Information		
Account Holder's First Name: Last Name:	How do you heat your home? <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane or bottle gas <input type="checkbox"/> Fuel oil or kerosene <input type="checkbox"/> Coal wood or pellets <input type="checkbox"/> Electric (includes baseboards) <input type="checkbox"/> Other	Company/Vendor: Account #: Centerpoint Energy #:
Relationship to Primary Applicant:	Is the utility service address the same? YES / NO	Shared Meter? YES / NO
Electric Utility Information (if different from above)		
Account Holder's First Name: Last Name:	Electric Company/Vendor: Account #:	Shared Meter? YES / NO
Relationship to Primary Applicant:		
PIPP Program		
Do you wish to enroll in PIPP and have a regulated utility provider? YES / NO	If you are already enrolled in PIPP, do you wish to reverify on this account? YES / NO	

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____



County Corp Home Repair & Habitat for Humanity Critical Repair

Income information		
Employment Information: Current employer: _____ Address: _____ _____ Phone: (_____) _____-_____ 	Length of employment: _____ Position/Title: _____ Supervisor/Manager/HR contact: _____ _____ Annual Salary: \$ _____	Do you have more than \$5,000 in total assets in savings/stocks/bonds? <div style="text-align: center;">YES / NO</div> Please check any other income including but not limited to: <input type="checkbox"/> Social Security <input type="checkbox"/> V.A. Benefits <input type="checkbox"/> ADC <input type="checkbox"/> General Relief TANF <input type="checkbox"/> Pensions <input type="checkbox"/> Interest Annuity <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Food Stamps, <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other: _____
Property Information		
Name of Lender:	Account #:	Address of lender:
Do you have homeowners insurance? <div style="text-align: center;">YES / NO</div>	Name of Insurance Company:	Name of Insurance Agent:
Insurance Agent's Phone Number:	Are you up to date on your mortgage payments? <div style="text-align: center;">YES / NO</div>	Have you executed a loan modification to void foreclosure? <div style="text-align: center;">YES / NO</div> Date of modification: _____
Are you current on your property taxes? <div style="text-align: center;">YES / NO</div>	If no, do you have an agreement with the county tax division? <div style="text-align: center;">YES / NO</div> If so, when: (write date) _____	Have you ever been given orders from the local government regarding code violations that must be corrected? <div style="text-align: center;">YES / NO</div>



Miami Valley Community Action Partnership Emergency Home Repair

Additional Income Information:

Deductible Information:

- ☐ Health Insurance Premiums
- ☐ Health Care Spending Accounts
- ☐ Medicaid Spend Down (deductibles)
- ☐ Medicare Part D (RX premium)
- ☐ Child Support paid-out
- ☐ Attorney fees for estate or trust settlements

Excluded Income:

- ☐ Agent Orange Pension
- ☐ Veterans affairs, service related disability
- ☐ Handicapped income (i.e. work programs for the blind or disabled)
- ☐ Title V wages (i.e. senior employment programs)
- ☐ Volunteers in Service to America Stipend (VISTA)
- ☐ Work allowances (work requirement to receive OWF assistance)
- ☐ Income earned by dependent minors
- ☐ Tax refunds/rebates

Excluded income continued:

- ☐ Education assistance (grants stipends for tuition/books)
- ☐ Stipends for foster care
- ☐ Military allowances for subsistence
- ☐ Ohio waiver program (Medicaid benefit for caregiver)
- ☐ Prevention retention and contingency (i.e. emergency services, rental asst.)
- ☐ Transportation allowances (WIOA)
- ☐ Proceeds from reverse mortgage
- ☐ FEMA, cash payments
- ☐ Title III Disaster relief emergency assistance

Zero Income Statement:

If anyone has zero income, please briefly explain how he/she provided for the following:

Food:

Housing/Shelter:

Clothing/Other:

Please list a contact person, address and phone number who can verify information provided for person(s) with zero income:

I understand that by signing this form, I authorize the Ohio Department of Development, Office of Community Services, or its designated representatives to access public assistance, social security, employment or other records needed to verify and statements I have made.

Applicant Signature: _____ Date: _____

Verified by: _____ Date: _____



Rebuilding Together Dayton Home Repair

<p style="text-align: center;">MONTHLY EXPENSE INFORMATION</p> <p>Mortgage payment/taxes = \$ _____</p> <p>Home insurance = \$ _____</p> <p>Utilities (Gas & Electric)= \$ _____</p> <p>Water/Sewer Service= \$ _____</p> <p>Telephone= \$ _____</p> <p>Cable/Internet= \$ _____</p> <p>Medical= \$ _____</p> <p>Total= \$ _____</p>	<p>Do you need any of the following?</p> <p><input type="checkbox"/> Grab bars</p> <p><input type="checkbox"/> Handrails</p> <p><input type="checkbox"/> Step-in shower</p> <p><input type="checkbox"/> Tall toilet</p> <p><input type="checkbox"/> Ramp</p> <p><input type="checkbox"/> Electrical</p> <p><input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Furnace</p> <p><input type="checkbox"/> Water heater</p> <p><input type="checkbox"/> Smoke/co detector</p> <p><input type="checkbox"/> Security lights (porch/alley)</p> <p><input type="checkbox"/> Other</p>
<p>Has anyone in the home recently fallen?</p> <p style="text-align: center;">YES / NO</p>	<p>Does anyone in the home have asthma?</p> <p style="text-align: center;">YES / NO</p>
<p>Do you have a social worker/case manager?</p> <p style="text-align: center;">YES / NO</p>	<p>Who can we call if we cannot reach you?</p> <ul style="list-style-type: none"> • Name: • Relationship: • Phone Number:
<p>If yes to the previous question, please provide the name, agency, and phone number of your social worker/case manager:</p> <ul style="list-style-type: none"> • Name: • Agency: • Phone Number: 	<p>Were you referred by any of the following agencies or people?</p> <p><input type="checkbox"/> Area Agency on Aging</p> <p><input type="checkbox"/> Senior Resource Connection,</p> <p><input type="checkbox"/> County Corp</p> <p><input type="checkbox"/> Housing Inspector</p> <p><input type="checkbox"/> Catholic Social Services</p> <p><input type="checkbox"/> East End Community Center</p> <p><input type="checkbox"/> Citywide</p> <p><input type="checkbox"/> Meals on Wheels</p> <p><input type="checkbox"/> Wesley Community Center</p> <p><input type="checkbox"/> Community Action Partnership</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Case manager</p> <p><input type="checkbox"/> Other</p>

Homeowner Signature: _____ Date: _____



Personal Statement:**Must be completed.**

For us to fully understand, please tell us about the condition of your home. How is your health and safety impacted by the condition of your home?

Please tell us the circumstance that led you to apply for home repair assistance, and how you hope repairs will improve your current living situation.



PROPERTY OWNER'S RELEASE AND AUTHORIZATION

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials, I, the customer at the address below, hereby release, acquit and forever discharge, CenterPoint Energy and Miami Valley Community Action Partnership (MVCAP), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against CenterPoint Energy or MVCAP, their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof.

I acknowledge that CenterPoint Energy, MVCAP, and their contractors are providing and installing weatherization materials on an "AS IS" basis, and that CenterPoint Energy and MVCAP, and their contractors DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected by CenterPoint Energy or MVCAP, or their contractors as a result of the installation of weatherization materials are estimates only.

I authorize CenterPoint Energy to release to its designees information about my account and about weatherization materials installed on the property at the address below.

Signed: _____
(Customer's Signature)

Date: _____

Address

City, State, Zip Code

Customer Account Number

HOME WEATHERIZATION ASSISTANCE HOMEOWNER/AUTHORIZED AGENT CERTIFICATION

EIA-29D



I, _____, certify that I am the owner/authorized agent for the property at
(Name)

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill and plug aluminum and/or vinyl siding YES ____ NO ____ NA ____

2. Drill and plug interior walls YES ____ NO ____ NA ____

3. Install S-TYPE fuses YES ____ NO ____ NA ____

4. Lower the thermostat on the water heater YES ____ NO ____ NA ____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. Other work that must be done in accordance with the Minimum Weatherization Program Standards.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed: _____
(Owner/Authorized Agent)

Date: _____
5/24/99

CenterPoint Energy Weatherization Program Application

Name: _____ **SS#:** _____

Address: _____

Phone: _____ **Number in Household:** _____

CenterPoint account #: _____ **e-mail address:** _____

I own and currently live at the above listed address: _____ Yes _____ No

If you answered No to the above question, please answer the next question.

If you answered Yes, please skip to the next question.

Household Income

List all persons in the household and identify all income sources and amounts for the past 90 days.

You must provide documentation of all household income in order for this application to be processed. Attach additional page(s) if necessary.

Name	Age	Source of Income	Amount for past 90 days
			\$
			\$
			\$
			\$
			\$
			\$

Please read the following statement. If you do not understand any part of it or if you have any questions about what you are asked to sign, please ask someone at this agency to help you.

I certify that the information given by me in this application is true, accurate and complete to the best of my knowledge and understand that all of this information is subject to verification. I understand that by signing this application I authorize this agency and its representatives and designee's access to bank, employment, public assistance, utility account or any other records as may be required to verify any and all statements made in this application. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and State laws for knowingly making false or fraudulent statements.

Signature of Applicant

Date

For Office Use Only:

CenterPoint Energy Client Information

Total Income prior to application date: 12 Months: _____

Verified by: _____ Date: _____

☐ 200% ☐ 300%

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local Energy Assistance Provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies that perform weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.
 - That if I make my PIPP payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - That if I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
 - That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.
 - That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.
 - That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility(ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Development Services Agency, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

X Sign Here _____ **Application Date** _____

Date Printed – May 2019

COMMUNITY ACTION PARTNERSHIP OF DAYTON
Emergency Home and Repairs Program

EMERGENCY HOME REPAIR PROGRAM
AUTHORIZATION AND RELEASE

The undersigned hereby certifies that he/she is the owner of the property located at

_____ and does hereby authorize the Community Action Partnership of Dayton (CAP) and _____, the EHRP Local Administrator, to make repairs and improvements as necessary to the said property. Funding for this program is provided by the City of Dayton Community Development Block Grant.

The owner and/or tenant hereby release and agree to indemnify and hold harmless CAP and the Local Administrator, its staff, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant agree to provide CAP and the Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certifies that he/she intends to occupy the property for at least on (1) year after the date the work is completed.

Owner and/or tenant agree that the quality of the installation of the material cannot be guaranteed beyond a period of one (1) year.

Owner and/or tenant understand that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agrees to the work to be performed as determined by the Local Administrator.

Local Administrator Signature

Date

Homeowner Signature

Date

Terms, Conditions and Homeowner(s) Signature

WARNING!! It is a Federal crime punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts as applicable under the provisions of Title 18, US Code, Section 1014.

IMPORTANT – READ CAREFULLY and SIGN AT THE BOTTOM:

By signing below, I certify that:

- I do not have the financial means (savings, investments, etc.) to perform the repairs for which I am applying.
- I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief.
- This application shall remain the property of Rebuilding Together Dayton, to which it is submitted for the purpose of obtaining assistance.
- I will not be monetarily charged for the work performed on their home; however, certain funding sources do require a lien be placed on the property for the value of the repairs.
- I hereby consent to and authorize Rebuilding Together Dayton, after providing me reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. Homeowner(s) agree to allow RTD staff, volunteers and contractors access to the residence to perform pre- and post- inspections and to complete the repairs.
- If access to the home is denied, the application for services will be cancelled.
- Homeowner(s) will have the opportunity to discuss and approve a work scope with an RTD representative.
- RTD will determine if a project can be completed by volunteers or if a contractor is necessary; all contractors will be selected by RTD.
- RTD focuses on health and safety modifications/repairs. All scopes of work will be determined and approved by RTD. Homeowners will have the opportunity to review the approved scope of work prior to the project starting with a construction coordinator.
- RTD reserves the right to cancel a portion of or the entirety of a project at any time for any reason. Project completion is contingent upon the availability of funding.
- Homeowners who have received assistance from Rebuilding Together Dayton within the last 2 years will be placed lower on the waiting list and assisted as funding is available.
- I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.
- I hereby consent to the unrestricted use of my image and that of my family members, in connection with the Project, by Rebuilding Together Dayton or any person authorized by Rebuilding Together Dayton, including, but not limited to, any photographs, audio or video recordings, interviews, videotapes, motion pictures or the use of my name in connection with television, radio or print media.
- ***I understand that the submission of this application and any subsequent home assessments do not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.***

Homeowner 1 Signature

Date

Homeowner 2 Signature

Date

**Please return completed application with proof of income to Rebuilding Together Dayton
15 W. Fourth Street, Suite 450 Dayton OH 45402**



Release of Information

The undersigned hereby certifies that they are the owner of the property located at

Address

I/We, _____, as participant(s) in the following Home Repair and weatherization programs: County Corp, Habitat for Humanity, and Miami Valley Community Action partnership, hereby affix my/our signature for the purpose of obtaining required information from the following sources:

- Social Security Administration
- Any Public Assistance Agency
- Employers (current or former)
- Previous Landlords
- Sheriff and Police Departments
- Any Social Service Organization
- Any School System
- Financial Institutions
- Day Care Providers
- Utility Companies
- City, County or State Department
- Personal References
- Internal Revenue Services
- Credit References
- Life Insurance Companies or
- Any Department or Agency that can furnish the required information to determine continued eligibility for this Housing program.

Privacy Act Notice: This information is to be used by the agencies collecting it or its assignees in determining whether you qualify for their programs. The Federal Home Loan Bank of Cincinnati, the Department of Housing and Urban Development have the right to access financial records held by any financial institution in connection with the consideration or administration of the Community Development Block Grant rehabilitation program to which you have applied. Financial records involving your transactions will be available to The Federal Home Loan Bank of Cincinnati and the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You do not have to provide this information, but if you do not your application may be delayed or rejected.

A photocopy of this document will be valid as the original. The signed form will be valid for eighteen (18) months from the signature date. County Corp, Habitat for Humanity, and/or Miami Valley Community Action Partnership may also release like information to the named agencies.

By signing below, I/we authorize the requested information be released to the following agencies: County Corp, Habitat for Humanity, and Miami Valley Community Action Partnership.

Signature of Participant

Date

Signature of Participant

Date



NOTE: You only have to fill out this page if you do NOT receive any income! Otherwise, you can leave it blank.

NO INCOME STATEMENT

Applicant Full Name: _____

Address: _____

I do not presently receive any income from any source, including but not limited to the following:

- Employment
- Unemployment Insurance Benefits
- Compensation
- Disability
- Social Services
- Social Security
- Child Support
- Veteran's Benefits
- Supplemental Security Income

 Signature

 Date

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.

Signed _____

(seal)

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state- approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium.
- Remove shoes or wipe soil off shoes before entering your house.

I have received a copy of "Protect Your Family From Lead in Your Home".

X

Signature

X

Date

Miami Valley Community Action Partnership Weatherization Customer Intake Application

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Client Number:		Program Name:				Application Date:	
		! HEAP ! PIPP+ ! Winter Crisis ! Summer Crisis					
Primary Applicant							
First Name:		M.I.:		Last Name:			
Social Security Number:		Date of Birth:		Gender:			
				! Female ! Male ! Other			
Disabled: ! Yes ! No		Veteran: ! Yes ! No		Food Stamps: ! Yes ! No			
Current Residential Address:							
Current Mailing Address (if different from above):							
City:		State:		Zip Code:		County:	
Phone Number:				Email Address:			
Race:		Education:		Ethnicity:			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		! 0-8 <input type="checkbox"/> 9-12 (Non Grad) <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12 + Post-Secondary <input type="checkbox"/> 2-4 Yr. Grad College		! Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins			
Household Information:							
# In Household:		Family Type		Building Type		Work Status	
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low- rise (3 stories or less) <input type="checkbox"/> Multi-family high-rise (3 stories or more)		<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	
Housing Status							
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent <input type="checkbox"/> Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other							
Health Insurance Type							
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults							
Source of Income:				Income Period:		Income Amount:	
<input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Self-Employment <input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify) _____				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
Household Members:							
Last Name:							
First Name:							
Social Security #							
Date of Birth:							
Gender:							
Race:							
Education:							
Ethnicity:							
Disabled Y/N:							
Health Insurance:							
Relationship (i.e. daughter, son, spouse etc.)							
Income source:							

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____