



Do You Need Assistance With A Home Repair?

Burten, Bell, Carr Development, Inc. could help!

Burten, Bell, Carr Development, Inc. has a limited amount of funding to assist income eligible homeowners in our service area with basic critical health and safety home repairs.

ELIGIBILITY REQUIREMENTS

- 1) Own and occupy their home in the Buckeye, Kinsman, or Central neighborhoods.
- 2) Meet household income guidelines.
- 3) Request a home repair that meets BBC and the state of Ohio definition of decent, safe, and sanitary.

OTHER FACTORS IN DETERMINING ELIGIBILITY

- Urgency.
- Cost of the repair requested.
- Condition of the home.
- Overall repair needs.
- Tax delinquency & other factors that place occupancy at risk.
- Previous participation in the program.

If selected, you may be required to contribute to a portion of the repair cost or volunteer for the community's benefit, such as helping at a community event or volunteering at the BBC office.

PICK UP AN APPLICATION AT THE BBC OFFICE!
Monday-Friday 8:00am-5:00pm
7201 Kinsman Rd. Suite 104 Cleveland OH 44104
-OR-
Download one from our website
www.bbcdevelopment.org

PROGRAMS

- Exterior Repair Program**..... May thru October
- Interior Repair Program**..... Year Round
- Gutter Cleaning** April thru Oct
- Furnace Tune up**..... Oct thru March
(up to \$500 for furnace clean outs)
- Senior 65+ Home Safety** Year Round
(Grab bars, railings etc.)

INCOME ELIGIBILITY

Household Members	Income Cannot Exceed
1	\$31,651
2	\$36,201
3	\$40,701
4	\$45,201
5	\$48,851

THINGS TO KNOW

- Incomplete applications will delay the qualification process.
- Availability of funds, season of the year, quantity of applications and other factors may delay the completing of home repairs.
- Knowingly falsifying information will disqualify your application and possibly disqualify you and your household for future services.

FOR MORE INFORMATION CONTACT:

Mikal Jeanbaptiste
 Real Estate Development Coordinator
 (216) 609-3198
mjeanbaptiste@bbcdevelopment.org



HOME REPAIR ASSISTANCE PROGRAM APPLICATION

Today's Date _____

PRIMARY APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Who is completing this application? Homeowner Caseworker
 Family member Other (please specify): _____

***Please attach proof of all sources of income**

CO-OWNER/CO-APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Relationship to applicant: Spouse Non-Family member
 Other Family member Other (please specify): _____

***Please attach proof of all sources of income**

HOUSEHOLD INFORMATION

Total number of people in household (adults and children): _____ Total monthly household income: \$ _____

Type of household (check one)

- Single Adult (18-64 yrs)
- Senior Adult (65+ yrs)
- Single Adult with child(ren)

- Two Adults with child(ren)
- Two adults with no minor children
- Other: _____

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS BELOW

HOUSEHOLD MEMBER #1

Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Relationship to applicant: Child (0-17yrs) Non-Family member
 Other Family member Other (please specify): _____

**Please attach proof of all sources of income*

HOUSEHOLD MEMBER #2

Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Relationship to applicant: Child (0-17yrs) Non-Family member
 Other Family member Other (please specify): _____

**Please attach proof of all sources of income*

HOUSEHOLD MEMBER #3

Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Relationship to applicant: Child (0-17yrs) Non-Family member
 Other Family member Other (please specify): _____

**Please attach proof of all sources of income*

HOUSEHOLD MEMBER #4

Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

What race do you identify as? _____ Are you Hispanic? Yes No

Do you have a disability? Yes No *Monthly Income: \$ _____

Relationship to applicant: Child (0-17yrs) Non-Family member
 Other Family member Other (please specify): _____

**Please attach proof of all sources of income*

For additional household members, please use a separate sheet of paper.

INFORMATION ABOUT THE HOME AND REPAIR REQUEST

Property type (check one):

- Single-family
- Multi-family (two or more units)
- Condominium
- Other (describe): _____

Number of bedrooms _____
in the home?

Have you ever received Yes No
repair assistance from
BBC?

Are your property taxes yes No
current?

Are you facing Yes No
foreclosure?

Check the box describing the repair you seek to have addressed.

- Exterior Repair Program**..... May thru October
 - Concern #1 _____
 - Concern #2 _____
 - Concern #3 _____

- Interior Repair Program**.....Year Round
 - Concern #1 _____
 - Concern #2 _____
 - Concern #3 _____

- Gutter Cleaning**April thru Oct
- Furnace Tune up**.....Oct thru March
- Senior 65+ Home Safety** Year Round
(Grab bars, railings etc.)

- Concern #1 _____
- Concern #2 _____
- Concern #3 _____

PLEASE NOTE: Seasonal repairs are ONLY completed within months specified above. If applying outside of that specified timeframe your application will automatically move to the following year.

DON'T FORGET!

- ❖ Make sure that your application is complete (income details and signatures too!)
- ❖ Provide proof of ALL income for everyone living in the home.
- ❖ Provide proof of home ownership (i.e. water bill, sewer bill, or tax bill)

PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS

	I certify that I own and occupy the home at the above address.
	I have given my permission to allow the recommended repairs to be done by a licensed/bonded contractor selected by the agency.
	I understand that I may be required to contribute part of the cost of repairs or other sweat equity.
	I understand that applying does not guarantee service and that BBC examines several factors, including repair request, urgency, condition of the home, and overall repair needs, tax delinquency and other factors that place occupancy at-risk, location, and previous participation in the program.
	All information contained in this application is true and correct to the best of my knowledge. I understand that knowingly providing false information (i.e. failing to report all occupants of the home or income) may render my household and me ineligible for future services.

Owner signature _____ Date _____

Owner signature _____ Date _____

For Staff Use Only

Total Annual Income		% AMI	
App Complete?	Y / N	Eligible?	Y / N
Other leveraged funds		Final repair cost	
Date completed			



City of Cleveland

Justin M. Bibb, Mayor

Department of Community Development
601 Lakeside Avenue, Room 320
Cleveland, Ohio 44114-1070 (216) 664-2869
www.cleveland-oh.gov

Exemption to Federal Lead Based Paint Regulations (24 CFR 35)

Client Name _____

Client Address _____ Cleveland, OH 441 _____

Total Occupant declared on application _____ Total under six (6) years of age _____

	Exemption	Supporting Documentation
	Structure constructed on or after January 1, 1978	<u>Property summary report</u> from Cuyahoga County website
	Housing exclusively for elderly, where a child under age six (6) does NOT reside, or is NOT expected to reside, 100 days or more	Copy of Application stating household members and their age
	Housing exclusively for persons with disabilities, where a child under age six (6) does NOT reside, or is NOT expected to reside, 100 days or more	Documentation of SSI or SSD
	Structure is defined as a zero bedroom dwelling, including efficiency apartment, single-room occupancy, dormitory or military barrack	<u>Property summary report</u> from Cuyahoga County website
	Structure has been determined to be free of lead-based paint by a certified inspection	Copy of <u>Lead Based Paint Inspection</u> and <u>Lead Based Paint Risk Assessment Report</u>
	Structure that all lead-based paint has been properly identified, removed and cleared. This does not apply when enclosure or encapsulation has been used as a method of abatement	Copy of <u>Lead Based Paint Inspection</u> and <u>Lead Based Paint Risk Assessment Report</u> and copy of <u>Lead Clearance Report</u> and copy of specifications

	This structure is currently unoccupied and will remain unoccupied until it is demolished to the foundation	Copy of <u>Acquisition Assessment</u> form from CCLRC or certification from City of Cleveland Building and Housing or affidavit from titled homeowner stating project site is currently vacant
	The structure is a non-residential property (wholly or partially) and not used for human residency. Common use areas such as entryways, hallways, corridors, passageways, stairways, or building exteriors in a mixed-use building are not exempt	<u>Property Summary Report</u> from Cuyahoga County website
	The scope of rehabilitation does not disturb a painted surface	Copy of specifications and picture of each surface proposed to be rehabbed in specifications
	The scope of repair is an emergency action (e.g. natural disaster, fire, structural collapse, etc.) and is needed to safeguard structure against imminent danger to human life, health, safety, or to protect the property from further structural damage	Certification from City of Cleveland Building and Housing
	If structure is classified as a historical site or dwelling, interim may be used in place of abatement, under certain circumstances	N/A

Both the client and agency staff member have declared all information accurately and to the best of their knowledge. Falsification of information in a federally funded program may be grounds for declining the application.

Signature of client

Date

Signature of agency staff member

Date

2024 Income Verification
ALL INFORMATION IS CONFIDENTIAL

Clients Name _____

Address _____

Each participant in this program is required by the Department of Housing and Urban Development and the City of Cleveland, Department of Community Development to provide their annual income level to establish eligibility for this federally funded program; and to verify race/ethnicity for data collection purposes only. From the income characteristics listed below, please circle the number of people in your household and the annual income level that matches your household size. Check the appropriate for race and for ethnicity, when applicable. Sign your name to verify the information you supplied to the Agency is true.

Income Characteristics (Circle One)			
#	Extremely Low Income (0% to 30% of MFI)	Very Low Income (31% to 50% of MFI)	Low Income (51% to 80% of MFI)
1	\$19,000 or less	\$19,001 - \$31,650	\$31,651 - \$50,650
2	\$21,700 or less	\$21,701 - \$36,200	\$36,201 - \$57,850
3	\$24,860 or less	\$24,861 - \$40,700	\$40,701 - \$65,100
4	\$30,000 or less	\$30,001 - \$45,200	\$45,201 - \$72,300
5	\$35,140 or less	\$35,141 - \$48,850	\$48,851 - \$78,100
6	\$40,280 or less	\$40,281 - \$52,450	\$52,451 - \$83,900
7	\$45,420 or less	\$45,421 - \$56,050	\$56,051 - \$89,700
8+	\$50,560 or less	\$50,561 - \$59,700	\$59,701 - \$95,450

Racial Characteristics			
White		Black/African American	Black African American & White
Asian		Asian White	Native Hawaiian / Other Pacific Islander
Native Indian Alaskan		American Indian Alaskan Native & Black	American Indian Alaskan native & White
Other			

Participants Signature _____ Date _____