



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 below
- 3) request a home repair that meets BBC and the state of Ohio definition of decent, safe and sanitary

Other factors in determining eligibility and selection of participants:

Urgency; scope cost of the repair requested; 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

Contact:

Mikal Jeanbaptiste
 Real Estate Development Coordinator
 (216) 609-3198
Mjeanbaptiste@bbcdevelopment.org
 Burten, Bell, Carr Development Inc.



Incomplete applications will delay qualification process. Knowingly falsifying will disqualify your application and possibly render you and your household ineligible for future services.

Programs: Home Repair Assistance

Exterior Repair Program...May thru October

Interior Repair Program.....Year Round

Gutter CleaningApril thru Oct

(up to \$500 for furnace clean outs)

Furnace Tune up.....Oct thru March

(Up to \$500 for furnace clean outs)

If selected you may be required to contribute towards a portion of the cost of the repair or volunteer for the benefit of the community, such as helping out at community event. or performing simple tasks for BBC

Income Eligibility

Household Members	Income Cannot Exceed
1	\$34,050
2	\$38,900
3	\$43,750
4	\$48,600
5	\$52,500



Home Repair Assistance Program

Primary Applicant Information

Today's Date _____

Name _____ Date of Birth _____

Address _____

Zip _____ Primary phone _____ Secondary

Phone _____

What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income

Relationship to applicant _____

Please attach proof of all sources of income

Co-Owner/Co-Applicant Information

Name _____ Date of Birth _____

Address _____

Zip _____

Primary phone _____ Secondary

Phone _____

What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income

Relationship to applicant _____

Please attach proof of all sources of income

Household Information

Total number of people in household _____ Total monthly household income _____

Type of household (circle one)

Single(nonelderly) Single Parent(related) Two Parent(related) Elderly(65+) Other

Please list all other household members below

Household member #1

Name _____ Date of Birth _____
What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income _____

Relationship to applicant _____

Please attach proof of all sources of income

Household member #2

Name _____ Date of Birth _____
What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income _____

Relationship to applicant _____

Please attach proof of all sources of income

Household member #3

Name _____ Date of Birth _____
What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income _____

Relationship to applicant _____

Please attach proof of all sources of income

Household member #4

Name _____ Date of Birth _____
What race do you identify as? _____ Are you Hispanic? _____

Do you have a disability? _____ Monthly Income

Relationship to applicant _____

Please attach proof of all sources of income

For additional members, please use separate sheet of paper

INFORMATION ABOUT THE HOME AND REPAIR REQUEST

Property type (circle one):

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

Number of bedrooms in the home _____ Have you received prior repair assistance from BBC?

Check the box describing the repair you seek to have addressed. Please note seasonal repairs are completed within months specified in the programs offered section. If applying outside of specified timeframe your application will move to the following year.

Furnace Tune-Up - Only offered October-March

Gutter Cleaning – Only offered April-October

Interior Assistance - List your top concerns

Exterior Repair – Only offered May-October (List your Top Concerns)

Are your property taxes current? _____ Are you facing foreclosure ? _____

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 submitting an application 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 _____

Don't Forget!

Ensure that your application is complete.

Provide a proof of income for everyone living in the home.

Provide proof of home ownership (i.e.water or sewer bill, tax bill)

For Staff Use Only

Total Annual Income		% AMI	
App Complete?	Y / N	Eligible?	Y / N
Other leveraged funds		Final repair cost	Participant Contribution
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 Country 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

2023 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	\$20,450 or less	\$20,451 - \$34,050	\$34,051 - \$54,450
2	\$23,350 or less	\$23,351 - \$38,900	\$38,901 - \$62,200
3	\$26,250 or less	\$26,251 - \$43,750	\$43,751 - \$70,000
4	\$31,200 or less	\$31,201 - \$48,600	\$48,601 - \$77,750
5	\$36,580 or less	\$36,581 - \$52,500	\$52,501 - \$84,000
6	\$41,960 or less	\$41,961 - \$56,400	\$56,401 - \$90,200
7	\$47,340 or less	\$47,341 - \$60,300	\$60,301 - \$96,450
8+	\$52,720 or less	\$52,721 - \$64,200	\$64,201 - \$102,650

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 _____