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.

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 Cleaning .....................................April 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.

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

**Income Eligibility**

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Income Cannot Exceed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$34,050</td>
</tr>
<tr>
<td>2</td>
<td>$38,900</td>
</tr>
<tr>
<td>3</td>
<td>$43,750</td>
</tr>
<tr>
<td>4</td>
<td>$48,600</td>
</tr>
<tr>
<td>5</td>
<td>$52,500</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Total Annual Income</th>
<th>% AMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>App Complete?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Eligible?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Other leveraged funds</td>
<td>Final repair cost</td>
</tr>
<tr>
<td>Date completed</td>
<td></td>
</tr>
</tbody>
</table>
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___________

<table>
<thead>
<tr>
<th>Exemption</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure constructed on or after January 1, 1978</td>
<td>Property summary report from Cuyahoga County website</td>
</tr>
<tr>
<td>Housing exclusively for elderly, where a child under age six (6) does NOT reside, or is NOT expected to reside, 100 days or more</td>
<td>Copy of Application stating household members and their age</td>
</tr>
<tr>
<td>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</td>
<td>Documentation of SSI or SSD</td>
</tr>
<tr>
<td>Structure is defined as a zero bedroom dwelling, including efficiency apartment, single-room occupancy, dormitory or military barrack</td>
<td>Property summary report from Cuyahoga County website</td>
</tr>
<tr>
<td>Structure has been determined to be free of lead-based paint by a certified inspection</td>
<td>Copy of Lead Based Paint Inspection and Lead Based Paint Risk Assessment Report</td>
</tr>
<tr>
<td>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</td>
<td>Copy of Lead Based Paint Inspection and Lead Based Paint Risk Assessment Report and copy of Lead Clearance Report and copy of specifications</td>
</tr>
</tbody>
</table>
This structure is currently unoccupied and will remain unoccupied until it is demolished to the foundation

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

The scope of rehabilitation does not disturb a painted surface

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

If structure is classified as a historical site or dwelling, interim may be used in place of abatement, under certain circumstances

| This structure is currently unoccupied and will remain unoccupied until it is demolished to the foundation | Copy of Acquisition Assessment 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 | Property Summary Report 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________________________________________________________________________
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)

<table>
<thead>
<tr>
<th>#</th>
<th>Extremely Low Income (0% to 30% of MFI)</th>
<th>Very Low Income (31% to 50% of MFI)</th>
<th>Low Income (51% to 80% of MFI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,450 or less</td>
<td>$20,451 - $34,050</td>
<td>$34,051 - $54,450</td>
</tr>
<tr>
<td>2</td>
<td>$23,350 or less</td>
<td>$23,351 - $38,900</td>
<td>$38,901 - $62,200</td>
</tr>
<tr>
<td>3</td>
<td>$26,250 or less</td>
<td>$26,251 - $43,750</td>
<td>$43,751 - $70,000</td>
</tr>
<tr>
<td>4</td>
<td>$31,200 or less</td>
<td>$31,201 - $48,600</td>
<td>$48,601 - $77,750</td>
</tr>
<tr>
<td>5</td>
<td>$36,580 or less</td>
<td>$36,581 - $52,500</td>
<td>$52,501 - $84,000</td>
</tr>
<tr>
<td>6</td>
<td>$41,960 or less</td>
<td>$41,961 - $56,400</td>
<td>$56,401 - $90,200</td>
</tr>
<tr>
<td>7</td>
<td>$47,340 or less</td>
<td>$47,341 - $60,300</td>
<td>$60,301 - $96,450</td>
</tr>
<tr>
<td>8+</td>
<td>$52,720 or less</td>
<td>$52,721 - $64,200</td>
<td>$64,201 - $102,650</td>
</tr>
</tbody>
</table>

### Racial Characteristics

<table>
<thead>
<tr>
<th>White</th>
<th>Black/African American</th>
<th>Black African American &amp; White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian White</td>
<td>Native Hawaiian / Other Pacific Islander</td>
</tr>
<tr>
<td>Native Indian Alaskan</td>
<td>American Indian Alaskan Native &amp; Black</td>
<td>American Indian Alaskan native &amp; White</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participants Signature _____________________________________________ Date _____________