

**CITY OF ELYRIA
CDBG EMERGENCY
OWNER-OCCUPIED HOME REPAIR PROGRAM
GUIDELINES & APPLICATION**

This program is made possible by the Federal Community Development Block Grant Program. A loan of up to \$20,000 is available per single family owner-occupied home to assist with specific home repairs or activities that eliminate conditions detrimental to the safety and health of the residents. If required, a \$500 contingency allowance in the form of a grant can be made available.

Eligibility

Eligible activities or repairs include but are not limited to the following:

- ◆ Electrical and Plumbing Repairs
- ◆ Removal of architectural barriers for disabled and/or handicapped applicants
- ◆ Replacement of inoperable and/or unsafe hot water tanks and furnaces
- ◆ Roof Replacement

Ineligible activities consist of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, and repairs to garages or any structure not attached to the living unit.

If the applicant has received assistance within the last 5 years and still has an active lien on the property, the applicant is ineligible for funding. No funds will be provided for partial correction, for non-eligible improvements or to the owner in cash as reimbursement for the repair work completed (or to the owner directly for labor or materials purchased by the homeowner). If the bid for the approved emergency repair is more than the funds provided by the grant, the project may be ineligible for the program.

Because funds are limited, applications must be accepted on a “first come, first served” basis.

In order to be considered for this loan:

- (1) The house must be a single-family dwelling located within the City of Elyria, Ohio.
- (2) The applicant must own and occupy the home as their primary, permanent residence, and must provide proof of ownership, current homeowner’s insurance, and paid property taxes. Applicants with Lease-Option agreements or Life Estates are not eligible to participate.
- (3) Homeowners must be at or below 80% of area median income. Income and assets will be verified before a home repair contract can be issued. The total household income is based on the number of people living in the home and cannot exceed the following:

Number of Persons in Household	Maximum Income*
1	\$55,650
2	\$63,600
3	\$71,550
4	\$79,500
5	\$85,900
6	\$92,950
7	\$98,600
8	\$104,950

*FY2025 HUD Income Limits (subject to change)

*Other restrictions apply

Repayment Clause

To prevent owners from simply selling the property and profiting from the CDBG-funded improvements, the owners must execute a loan agreement and promissory note to repay the program if they sell the property within five years of project completion. Part of the owner's obligation is forgiven each year they live on the property.

Repayment of the rehabilitation shall be based on a twenty percent (20%) reduction of the amount to be repaid per year according to the following schedule:

0-12 months:	100% repayment	After three (3) years:	40% repayment
After one (1) year:	80% repayment	After four (4) years:	20% repayment
After two (2) years:	60% repayment	After five (5) years:	0% repayment

If the property is inherited by a blood relative who is also eligible under the program guidelines or sold to an eligible person under the guidelines, repayment may be deferred. If the owner dies during the five-year period and the heir(s) sell the dwelling, then repayment will follow the same schedule as if the owner were alive and selling the dwelling.

Subordinations will follow the City of Elyria's Subordination Policy.

Pre-construction Requirements

Debris removal is a pre-construction requirement to program participation. The property must be in a clean and sanitary condition before a contract can be approved.

Procedure

- 1) A request for assistance is received.
- 2) A preliminary verification of ownership and income eligibility are completed. (The computer records at the County will be checked.)
- 3) A representative from the Department of Community Development will visit the property to:
 - a. Inspect the property to verify that an emergency does exist. If, in the opinion, of the Community Development Housing Inspector, the property owner has need of an emergency repair, it can be done without bringing the entire property up to code.
 - b. Housing Inspector will explain the program and begin income verification.
 - c. Obtain the signature of the owner on a document which states that he/she understands he/she will have to abide by the Emergency Home Repair regulations.
 - d. Prepare cost estimate forms which are approved by the owner.
- 4) Homeowner will be asked to select five contractors, which the City will request sealed bids from.
- 5) Owner will review the bids with the housing inspector. The lowest and best bid shall be selected, unless the homeowner has reason to believe the lowest bidder is not capable of satisfactorily completing the project. In that case, the homeowner must submit their reasons in writing.
- 6) Once a contractor is chosen, loan documents and contracts will be executed, a purchase order will be issued and the Housing Inspector will release a Notice to Commence.

General

- Repairs may only be completed by contractors who are licensed and registered as required by the Elyria Building Department.
- Only completed applications will be accepted. See the Application Checklist for requirements.
- The City of Elyria administers all programs without regard to race, color, age, sex, ancestry, national origin, religion, familial status or disability.

Authorization for Release of Information

If the attached Authorization for Release of Information form is returned with the application for emergency home repair assistance, but this specific part of the form is unsigned or this form is NOT returned with the application, the application is incomplete and no assistance with home repairs can be provided. ***Please complete a separate release of information form for each adult household member who has an income.***

If you are within the income guidelines, need the eligible repairs, and would like to be considered for assistance, you **MUST** reply to all the questions in the Application for Emergency Home Repair and return the application to the City of Elyria Community Development Department, and provide a copy of all applicable requested documents. Because funds are limited, complete applications must be accepted on a “first come, first serve” basis.

Applications are taken on an on-going basis as long as funds are available. Applicants will be notified of their status within 15 days of receiving a completed application.

**Please print or type and submit copies of requested information with this application.
We will not return any documents you enclose with this application.**

The City of Elyria is an equal opportunity provider. No person shall be denied benefits or be subject to discrimination based on race, color, religion, sex, age, national origin, familial status, or disability.

APPLICATION CHECKLIST: *If not applicable indicate with N/A.*
Incomplete applications will not be considered for assistance.

Application completed. ***Sign & answer all questions***

_____ Copy of Driver's License, State Identification, or Passport for applicant and co-applicant.

_____ Authorization for Release of Information completed for each adult household member.

_____ Proof of Homeowners Insurance (**Submit Declaration page**).

_____ All persons living in the household must be included on application, including household members 18 years and older. Students (over 18) earning income **must provide documentation of full-time student status**.

_____ All household income listed for persons **18 years and older** must be included.

_____ Copies of wage statements for all members working in household. (**Six (6) months most recent pay stubs** for each household member)

_____ Not employed? Please provide signed statement of circumstances indicating there is no income. If receiving unemployment, submit four most recent statements.

_____ **2025 Annual** statement for Social Security, Disability and/or Pension Forms 1099-R.

_____ Must list all assets – **refer to page 10** *Asset Inclusions and Exclusions*.

_____ Copy of 2024 Federal Tax Return and W-2 forms.

_____ Child Support Court Order (if applicable); any and all Public Assistance (i.e. Food Stamps, Mortgage Payments, etc.)

_____ Provide all Bank Account information for all members of household over the age of 18 years old. **Submit most recent six (6) months statements (Savings and Checking)**.

_____ If Self-employed, provide **complete** copies of Federal Tax Returns for last 3 tax years filed.

_____ Copy of statement showing mortgage and property taxes are current.

_____ Is home in foreclosure? **Indicate yes or no**.

_____ Bankruptcy? **Indicate yes or no**, if yes please provide a copy of release.

_____ Divorce Decree and/or Death Certificate to verify Ownership (if applicable).

***Additional documentation may be required**

**CITY OF ELYRIA
CDBG EMERGENCY HOME REPAIR PROGRAM
APPLICATION**

A. Personal Information

Head of
Household Name _____ Age _____ Male/Female
(Last) (First) (MI) (Circle One)

Home Address _____, Elyria, OH 44035

Home Phone (440) _____ Work Phone or Cell Phone (____) _____

Email Address _____

Employer _____

Work Address _____ Job Title _____

Spouse _____ Age _____ Male/Female
(Last) (First) (MI) (Circle One)

Spouse's Employer _____

Work Address _____ Job Title _____

Work Phone (____) _____

Note: Roommates are also considered household members. Other household members' employment information (including children 18 or older who are not full-time students) may be listed on back if applicable.

Name (first/last)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please continue on back if additional space is needed.

Have you declared bankruptcy in the past seven (7) years? YES NO (please circle)

If yes, has it been released? YES NO (please circle)

If yes, please provide proof of release. Proof of release is required in order to be eligible for funding.

Have you received prior assistance? YES NO (please circle)

B. Annual Income & Assets

YEARLY INCOME

Family or Other Household Members	a)Wages/Salaries (Gross)	b)Benefits /Pensions	c)Public Assistance	d)Other Income
1)Totals				

2) Enter total of items 1a) through 1d). \$ _____

Please provide the **last (6) six months of pay stubs or statements** for all income listed above. Current Disability Statements and/or SSI Benefit Statements are also acceptable, as are yearly pension statements. Household Income will be evaluated and calculated based upon Section 8 regulations and definitions for annual (gross) income. All sources of income will be verified with documentation from the income source. This documentation will be made a permanent part of the case file. Include 3 years of W2 forms and income tax filings if self-employed.

ASSETS -- Refer to page 10 for Asset Inclusions & Exclusions			
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets.....		3.	
4. Total Actual Income from Assets.....			4.
5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise, leave blank			5.

C. Banking Information

List the following information regarding accounts you may have at banks, savings and loans, or credit unions. If you need additional space, please complete on the back of this form.

Bank Name_____ Bank Name_____

Address_____ Address _____

Type of account/s: CHECKING SAVINGS CD OTHER_____ (circle appropriate ones)

Also, please indicate the following concerning any stocks, bonds, or securities you may have.

Type of security_____ # of shares_____ and/or certificates_____

Value per share \$_____ or bond account \$_____

Name and address of company issuing security_____

Provide us with copies of the last six (6) official statements for each bank and/or securities account.

D. Housing Information (Please circle the appropriate answer below)

1. Do you own your own home? YES NO
2. Are your property taxes current? YES NO
3. Do you have homeowner's insurance? YES NO
4. If you have a mortgage, are you current? YES NO (Attach copy of most recent statement)
5. Do you have any liens against your property? YES NO

Please explain.

Please list name, address and policy number of insurance company and provide copy of Declaration page.

Insurance Co._____ Policy #_____

Address_____

Please identify the repair you are requesting and explain why you believe it is an emergency.

E. Racial Information: (required information per HUD)

Please circle all appropriate answers.

Head of Household	Spouse/Other Adult(s)
Racial Composition: Single or multiracial	Racial Composition: Single or multiracial
Ethnicity: Hispanic or non-Hispanic	Ethnicity: Hispanic or non-Hispanic
Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander Multi-Racial Other	Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander Multi-Racial Other

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY.

Signature of Applicant_____ Date_____

Please return your completed application to the: **City of Elyria**
Office of Community Development
131 Court Street, Suite 302
Elyria, OH 44035

For Office Use Only

Date Application Received_____

Application Received By _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your City of Elyria Emergency Home Repair Application for the purpose of verifying information supplied in your application and for reports to the Department of Housing and Urban Development (HUD)

I _____ (your name) hereby grant permission to the City of Elyria to verify information provided in this application and to release to its authorized representatives and to HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

The information provided is for confidential use in determining your eligibility for the Emergency Home Repair Program.

Applicant Signature

Date

If this form is not signed and returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a release of information form for each adult household member who has income.

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ASSET INCLUSIONS AND EXCLUSIONS

INCLUSIONS: IF YOU OWN ANY OF THE FOLLOWING LIST THEM AS ASSETS ON PAGE 6 OF THE APPLICATION.

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewelery, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

EXCLUSIONS: THE FOLLOWING ARE NOT CONSIDERED ASSETS AND ARE EXCLUDED.

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. **"Business"** does not include rental of properties that are held as an investment and not a main occupation.