



Residential HVAC Energy Efficiency Grant Program

APPLICATION FOR ASSISTANCE

Administered by:

City of Elyria – Office of Community Development

APPLICATION PROCESSING & FUNDING

Funding is limited and will be awarded on a first-come, first-served basis.

Applications are logged in the order they are received, however, only complete applications with all required documentation will be considered eligible for funding.

Incomplete applications may be bypassed until all required information is submitted. The effective application date for funding consideration will be the date the application is deemed complete.

HOW TO SUBMIT YOUR APPLICATION

Email: Send completed application and all required documents to:
aedwards@cityofelyria.org

In Person: Drop off at:
[Office of Community Development, Suite 302]
Hours: [Monday through Friday 8:30 am to 4:00 pm]

SECTION 1 – APPLICANT INFORMATION

Property Address:

Applicant Name (as shown on deed):

Phone Number: _____

Email Address: _____

Is this property your primary residence? Yes No



SECTION 2 – PROPERTY ELIGIBILITY

Please confirm the following:

- Property is located within Elyria city limits
- Property is owner-occupied
- Property is residential in nature
- Property is not a mobile home
- Property taxes are current
- No delinquent water/sewer utility balances¹
- Property is NOT under land contract, rent-to-own, lease-purchase, or similar agreement
- Property is covered by active homeowners insurance

If there are open code violations, list them below. All code violations must be corrected, or included as part of the approved project scope, for the application to be considered complete. Applications with unresolved violations will be considered incomplete and may be bypassed until all required items are addressed.

SECTION 3 – HOUSEHOLD INFORMATION

List ALL persons living in the home.

Name	Age	Relationship	Employed?

¹ Applicants must have no delinquent water or sewer utility balances with the City of Elyria. Any balances that have been transferred to the County as a lien must be paid in full at the County level to be considered eligible.



Name	Age	Relationship	Employed?

Total Number of Household Members: _____

SECTION 4 – HOUSEHOLD INCOME

Total Gross Annual Household Income: \$_____

Income may not exceed 150% of HUD Area Median Income (AMI) based on household size.

2025 Maximum Income Limits (150% AMI)

Household Size	Maximum Income
1	\$104,400
2	\$119,300
3	\$134,200
4	\$149,100
5	\$161,050
6	\$173,000
7	\$184,900
8	\$196,850

I certify that my total household income does not exceed the applicable limit.



SECTION 5 – REQUIRED DOCUMENTATION CHECKLIST

All adult household members (18+) must provide income documentation.

Proof of Identity & Residency

- Government-issued photo ID

Proof of Ownership

- Most recent property tax statement

OR

- Recorded deed

Income Documentation (for ALL adults 18+)

If Employed:

- Two most recent consecutive pay stubs
- Most recent Federal Tax Return (Form 1040 – first two pages)

If Self-Employed:

- Most recent Federal Tax Return
- Schedule C
- Year-to-date Profit & Loss (signed)

If Social Security:

- Award letter

If Pension/Retirement:

- Pension statement

If Disability:

- Award letter

If Unemployment:

- Benefits statement

If Child Support/Alimony:

- Court order
- Most recent payment verification



If No Income:

- Signed & notarized Zero Income Affidavit

Additional Income (if applicable):

- Rental income
 Investment income
 Other: _____

SECTION 6 – SYSTEM INFORMATION

Type of System Needing Replacement (check all that apply):

- Furnace
 Central Air Conditioner
 Heat Pump
 Boiler
 Combination Furnace/AC
 Water Heater (Hot Water Tank)

Age of System (approximate): _____ years

Describe the issue with your current system:

Has a licensed HVAC contractor diagnosed the issue?

- Yes
 No

Reason for Replacement (check all that apply):

- System failure / inoperable
 Unsafe condition (CO risk, cracked heat exchanger, leak, etc.)
 Excessive repair cost (over 50% of replacement cost)
 Obsolete / parts unavailable
 Incompatible components



- Repeated major repairs
- Code compliance issue
- End-of-life failure
- Severe energy inefficiency causing hardship
(Documentation required from contractor.)

SECTION 7 – CONTRACTOR ESTIMATES

- I have obtained at least two (2) written estimates from licensed contractors.
- Estimates include detailed scope of work and itemized costs.
- Contractors are licensed to operate in the City of Elyria.

Contractor 1 Name: _____

Estimate Amount: \$ _____

Contractor 2 Name: _____

Estimate Amount: \$ _____

(Attach estimates.)



SECTION 8 – PROGRAM ACKNOWLEDGEMENTS

Please initial each statement:

_____ I understand the maximum grant amount is \$10,000.

_____ I understand I am responsible for any project costs exceeding the approved grant amount.

_____ I understand work cannot begin until I receive a written Notice to Commence.

_____ I understand funds are paid directly to the contractor after final inspection and approval.

_____ I understand the City does not guarantee contractor workmanship and is not responsible for disputes.

_____ I understand providing false or incomplete information may result in denial, repayment, or disqualification.

_____ I agree to allow City staff to conduct site inspections before and after installation.

_____ I understand funding is subject to availability and final approval.

_____ I understand the City reserves the right to deny assistance based on financial capacity or incomplete documentation.

_____ I understand that applications are processed on a first-come, first-served basis and that only complete applications will be considered for funding.

SECTION 9 – DISCLOSURE OF OTHER FUNDING

Are you receiving or applying for other funding for this project?

No

Yes (Explain below)



SECTION 10 – APPLICANT CERTIFICATIONS

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that false statements may result in denial of assistance, repayment of funds, and possible legal action. I certify that I am not receiving duplicate funding for the same scope of work.

I further certify that neither I nor any member of my household is an employee of the City of Elyria and that I am not an immediate family member² of any City of Elyria employee. I understand that any violation of this certification may result in disqualification, denial of funding, or recapture of awarded funds.

Applicant Signature: _____

Date: _____

Printed Name: _____

Applicant Signature: _____

Date: _____

Printed Name: _____

FOR OFFICE USE ONLY

Date Application Received: _____

Application Complete: Yes No

Income Verified: Yes No

Ownership Verified: Yes No

Eligibility Determination: Approved Denied

Approved Grant Amount: \$ _____

Conditional Award Letter Issued: _____

Notice to Commence Issued: _____

Final Inspection Date: _____

Final Disbursement Amount: \$ _____

² Immediate family member includes spouse or domestic partner, parent, child, sibling, grandparent, grandchild, in-laws (mother-, father-, son-, daughter-, brother-, or sister-in-law), step-relatives, and any individual residing in the same household.