



**CITY OF ELYRIA
OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM
(CHIP) APPLICATION**

COMPLETE APPLICATION MUST BE RETURNED TO COMMUNITY DEVELOPMENT BEFORE 4:30 P.M. ON JUNE 30, 2026

Submission of an application does not guarantee funding or assistance.

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

Application completed. Signed & all questions answered.

Authorization for Release of Information for each adult member who has income.

All persons 18 years and older living in the household must be included in application.

All household income listed for family members 18 years and older must be included.

Not employed? Please provide signed statement indicating there is no income.

If receiving unemployment, most recent benefits statement.

Two (2) most recent consecutive pay stubs for each employed household member
2026 Annual statements for Social Security, Disability and/or Pensions/Form 1099-R.

Copy of 2025 Federal Tax Return and W-2 forms.

If Self-employed, provide most recent Federal Tax Return, Schedule C and Year-to-date Profit Loss (signed)

Copy of statement showing mortgage and property taxes are current.

Proof of Homeowners Insurance (Submit the Declaration page.)

Alimony and/or Child Support Court Order (if applicable); and any public assistance forms as applicable (i.e. welfare assistance)

Divorce Decree and/or Death Certificate to verify ownership.

CHIP Information Sheet

Photo ID

Is home in foreclosure? Indicate yes or no.



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

Reasonable accommodations are available upon request for persons with disabilities. Please contact the Office of Community Development for assistance.

For Office Use Only: Date App. Received _____ Received by _____

PLEASE PRINT - Sign & answer all questions

A. Personal Information

Applicant - Head of the Household

Name _____
(Last) (First) (MI)

Date of Birth (MM/DD/YYYY) _____

Home Address _____, Elyria, OH 44035

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail _____

Employer _____

Work Address _____ Job Title _____

Co- Applicant

Name _____
(Last) (First) (MI)

Date of Birth (MM/DD/YYYY) _____

Employer _____

Work Address _____ Job Title _____

Cell Phone _____ Work Phone _____

Note: All persons living in the household must be disclosed, whether related or unrelated. If additional space is needed, please utilize the back of this page.

Name (First/Last)

**Date of Birth
(MM/DD/YYYY)**

Relationship



| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Have you declared bankruptcy in the past seven (7) years?
 If yes, has it been released?
 If yes, proof of discharge is required in order to be eligible for funding.

B. Anticipated Annual Income

| Household Member | Employer/Source | Gross Monthly Income |
|------------------|-----------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Two (2) most recent consecutive pay stubs for each employed household member. 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 most recent income tax filing and most recent W2 forms for all household members.

NOTE:

The following items are NOT required for the preliminary income review, but may be required later if selected for funding:

- Bank statements
- Asset documentation
- Asset calculation forms
- Six months of income documentation

Only applicants selected for further processing will be required to submit full income verification documentation.



C. Housing Information

1. Do you own your own home?
(Life estates and land contract are not permitted. Mobile homes are not eligible for funding.)
2. Are your property taxes current?
3. Do you have homeowner’s insurance?

Please list name, address and policy number of insurance company.

Insurance Co. _____ Policy # _____

Address _____ *(Must submit a copy of Declaration Page)*

4. Do you have any liens against your property?

Please explain.

5. Please identify the repairs you are requesting. (Ex. Electrical, Handicap Accessible Improvements)

D. Racial Information: (required information per HUD) This information is requested for federal reporting purposes only and will not affect eligibility.

| Head of Household | Spouse/Other Adult(s) |
|-------------------|-----------------------|
|-------------------|-----------------------|

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Non-Latino

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Non- Latino

Race: Check all that apply

- White
- Black/African American
- Asian
- American Indian or Alaska Native

Race: Check all that apply

- White
- Black/African American
- Asian
- American Indian or Alaska Native



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.

Maintenance of the Property. I will maintain my property in safe, sound and habitable condition throughout the entire application and rehabilitation process.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____



Please return your completed application to the: City of Elyria, Office of Community Development, 131 Court Street, Suite 302, Elyria, OH 44035 or email to aedwards@cityofelyria.org

AUTHORIZATION FOR RELEASE OF INFORMATION

Complete a release for each adult member who has income.

This document is for authorization to release information regarding your City of Elyria CHIP 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 Community Housing Improvement Program.

This authorization remains valid throughout the application, preliminary review, and full income verification process.

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.



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OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY HOUSING IMPACT & PRESERVATION PROGRAM
(CHIP) APPLICATION

COMPLETE APPLICATION MUST BE RETURNED TO COMMUNITY DEVELOPMENT BEFORE 4:30 P.M. ON JUNE 30, 2026

Name: Private Owner-Occupied Rehabilitation Program

Location: Within the municipal limits of Elyria.

Funding is limited and submission of an application does not guarantee assistance.

Description/Purpose: This program is designed to bring affected owner occupied, single family structures into compliance with the City of Elyria Housing Code and Ohio Department of Development (ODOD) Residential Rehab Standards. This will be accomplished by a combination of making repairs to, altering or replacing the electrical, heating, plumbing and structural elements of the home.

QUESTIONS & ANSWERS ABOUT THE PROGRAM:

[Q] What is available?

[A] The City of Elyria provides a 0% interest deferred loan for eligible repairs. The loan is forgiven over a five (5) year period as long as the homeowner continues to own and live in the home as their primary residence. Twenty percent (20%) of the loan is forgiven each year. If the property is sold or transferred before the end of the five-year period, repayment of the remaining balance may be required.

[Q] How much money can I get to fix up my home?

[A] The amount of the partially deferred loan depends upon the extent of work required to bring your property in conformance with the City of Elyria Housing Code and ODOD Residential Rehab Standards. The maximum amount of assistance available is currently \$85,000 per project, including eligible hard and soft costs.

[Q] Does it cost me anything to submit an application or have my home inspected?

[A] No. There is no cost to submit an application or have your home inspected.

[Q] Who can obtain these loans?

[A] You are eligible for these loans only if:

- 1) You live within the City of Elyria and meet the other guidelines of the program.
- 2) You own and occupy the property as your principal residence.
- 3) Must be current with property taxes.
- 4) Household income must not exceed 80% of the Area Median Income (AMI), adjusted for household size, as established annually by HUD. See attached.

[Q] How does the process work?

[A] Applications will be accepted during the advertised application period.

- Applications must be complete at the time of submission to be considered.
- After the application period closes, the City will conduct a preliminary income review based on the documentation submitted with the application. This review is intended to determine whether the household appears to meet income eligibility requirements. It is not a full income eligibility determination.
- Applications that pass the preliminary income review will be forwarded to the Rehab Specialist for an initial property inspection. The Rehab Specialist will complete the Initial Eligibility Inspection and Priority Ranking.
- Following inspection, applications will be ranked based on need and program priorities. Due to limited funding, only the highest-ranking applications will move forward.

- Applicants selected in the top tier will then be required to complete a full income eligibility review, including submission of additional documentation such as bank statements, asset information, and extended income history.
- Final assistance will only be provided to applicants who successfully complete the full income verification process and meet all program requirements.
- Processing times may vary depending on application volume, funding availability, contractor scheduling, and inspection timelines.

[Q] Are there any restrictions on how the money is used or the improvements that are to be made?

[A] Yes. Funds may only be used for repairs approved by the City that correct code violations and help bring the home up to required residential rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

| GENERALLY ELIGIBLE | GENERALLY INELIGIBLE |
|---|--|
| Electrical Heating & Air Conditioning Plumbing Roofing Gutters & Downspouts Structure I Deficiencies (porches, stairs, windows, doors, floors, etc.) Structure II Deficiencies (masonry & concrete repairs) Insulation Accessibility Improvements | Room Additions Installations of items that were not previously there and are not health or safety related. (i.e. the installation of a deck where only steps had existed would not be allowed) Cosmetic Items Landscaping General Property Improvements Construction or repair of auxiliary buildings |

Only work approved by this department may be performed, and must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.

Reasonable accommodations are available upon request for persons with disabilities. The City of Elyria administers all programs in accordance with fair housing and equal opportunity requirements.

[Q] Who should I contact if I want to get an application or learn more about the program?

[A] You can obtain an application form from the City of Elyria, Office of Community Development, 131 Court Street, Suite 302, OH. You may call the office at (440) 326-1541 or email aedwards@cityofelyria.org and an application can be mailed or emailed. Applications are also available at <https://www.cityofelyria.org/department/community-development/>.

[Q] When is the deadline for signing up for the program?

[A] Applications will be accepted until 4:30 p.m. on June 30, 2026. Only complete applications will be considered for funding.



FY 2026 Income Limits Summary

| FY 2026 Income Limit Area | Median Family Income | FY 2026 Income Limit Category | Persons in Family | | | | | | | |
|----------------------------------|----------------------|-----------------------------------|-------------------|--------|--------|---------------|--------|--------|---------|---------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Cleveland, OH HUD Metro FMR Area | \$105,000 | Very Low (50%) Income Limits (\$) | 36,750 | 42,000 | 47,250 | 52,500 | 56,700 | 60,900 | 65,100 | 69,300 |
| | | Extremely Low Income Limits (\$)* | 22,050 | 25,200 | 28,350 | 33,000 | 38,680 | 44,360 | 50,040 | 55,720 |
| | | Low (80%) Income Limits (\$) | 58,800 | 67,200 | 75,600 | 84,000 | 90,750 | 97,450 | 104,200 | 110,900 |

NOTE: Lorain County is part of the **Cleveland, OH HUD Metro FMR Area**, so all information presented here applies to all of the Cleveland, OH HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Cleveland, OH HUD Metro FMR Area**.

The **Cleveland, OH HUD Metro FMR Area** contains the following areas: Cuyahoga County, OH; Geauga County, OH; Lake County, OH; Lorain County, OH; Medina County, OH.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

For last year's Median Family Income and Income Limits, please see here:

FY2025 Median Family Income and Income Limits for Cleveland, OH HUD Metro FMR Area