



Dear Homeowner:

Thank you for your interest in the Cuyahoga County, Department of Development, Housing Rehabilitation Loan Program. Enclosed is a copy of the application packet. Please review the information to determine whether the program meets your need according to the guidelines provided by HUD.

To apply, simply complete the application in its' entirety and return it with the required documentation to: Attn: Rehab. Loan Officer

Cuyahoga County Dept. of Development  
Reserve Square  
1701 East 12th Street, 1st Floor  
Cleveland, OH 44114

To expedite the processing of your application, please submit the following information with your application, where applicable:

- Copy of your most recent gas, electric, water and sewer bills.
- Copy of the declaration page that identifies the amount of homeowner's insurance, date of coverage and amount of premium.
- Copy of your most **recent six (6) pay stubs**.
- Copy of recent pension pay statement. Copy of most recent social security/disability income award letter.
- Signature on the attached Request for Verification of Employment for each employer for all members of the household 18-years of age and older.
- If you have children 18-years of age and older who attend school, please submit a copy of their school registration.
- Copy of your most recent mortgage statement that reflects the mortgage balance, your payment and escrow information.
- Copy of court order for award of monthly child support payments. You will also need to contact the Child Support Enforcement Agency at (216) 263-4500 to obtain a printout of your child support payment history for the past six months.
- Copy of your last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts.
- Copy of your checking and savings account statements for the past six months.
- Copy of your current Income Taxes Return with the appropriate Schedules (Schedules E) to verify your income from rental property.
- Copy of a statement from your insurance company that reflect any cash value in your life policies before death.

**All original documents will be returned to you upon your written request.**

The processing of your application will begin upon receipt of your application and all requested information. Please use black or blue ink to fill-out application.

The Cuyahoga County Rehabilitation Loan Program is funded by the U.S. Department of Housing and Urban Development, which requires us to verify your gross family income to determine your eligibility for the program.

We will also obtain a title report to verify your ownership of the property, taxes paid and any additional liens that may exist.

A consumer credit report will be obtained to determine your ability to repay the debt. You may be required to attend credit counseling as a condition of the loan.

The difference between your home's market value and the balance of your mortgage is considered equity. The Rehab Loan Program will not provide a loan which when added to your existing mortgage(s) exceeds 100% of the value. Therefore, it is necessary for us to verify your current balance on all mortgages that exist on your home. After all information is received, verified and you are determined eligible, an appraisal will be conducted of your property to verify its market value.

There may be times we find it necessary to request additional information, information; your cooperation will be greatly appreciated.

Should you have any questions and/or require any additional information, do not hesitate to contact us at (216) 348-4066.

If you live in one of the following Entitlement Cities, please call the telephone numbers listed below to inquire about your community's housing rehabilitation programs:

Cleveland Residents	(216) 664-2790
Cleveland Heights Residents	(216) 291-4869
Lakewood Residents	(216) 529-5906
Euclid Residents	(216) 289-4625
Parma Residents	(216) 661-7372

**HOUSING REHABILITATION LOAN PROGRAM  
2011 URBAN COUNTY PARTICIPATING COMMUNITIES**

- |     |                        |     |                      |
|-----|------------------------|-----|----------------------|
| 1.  | BAY VILLAGE            | 27. | MIDDLEBURG HEIGHTS   |
| 2.  | BEACHWOOD              | 28. | MORELAND HILLS       |
| 3.  | BEDFORD                | 29. | NEWBURGH HEIGHTS     |
| 4.  | BEDFORD HEIGHTS        | 30. | NORTH OLMSTED        |
| 5.  | BENTLEYVILLE VILLAGE   | 31. | NORTH RANDALL        |
| 6.  | BEREA                  | 32. | NORTH ROYALTON       |
| 7.  | BRATENAHL VILLAGE      | 33. | OAKWOOD VILLAGE      |
| 8.  | BROADVIEW HEIGHTS      | 34. | OLMSTED FALLS        |
| 9.  | BROOK PARK             | 35. | OLMSTED TOWNSHIP     |
| 10. | BROOKLYN               | 36. | ORANGE VILLAGE       |
| 11. | BROOKLYN HEIGHTS       | 37. | PARMA HEIGHTS        |
| 12. | CHAGRIN FALLS TOWNSHIP | 38. | PEPPER PIKE          |
| 13. | CHAGRIN FALLS VILLAGE  | 39. | RICHMOND HEIGHTS     |
| 14. | CUYAHOGA HEIGHTS       | 40. | ROCKY RIVER          |
| 15. | FAIRVIEW PARK          | 41. | SEVEN HILLS          |
| 16. | GARFIELD HEIGHTS       | 42. | SHAKER HEIGHTS       |
| 17. | GATES MILLS            | 43. | SOLON                |
| 18. | GLENWILLOW VILLAGE     | 44. | SOUTH EUCLID         |
| 19. | HIGHLAND HEIGHTS       | 45. | STRONGSVILLE         |
| 20. | HIGHLAND HILLS         | 46. | UNIVERSITY HEIGHTS   |
| 21. | INDEPENDENCE           | 47. | VALLEY VIEW          |
| 22. | LINNDALE               | 48. | WALTON HILLS VILLAGE |
| 23. | LYNDHURST              | 49. | WARRENSVILLE HEIGHTS |
| 24. | MAPLE HEIGHTS          | 50. | WESTLAKE             |
| 25. | MAYFIELD HEIGHTS       | 51. | WOODMERE VILLAGE     |
| 26. | MAYFIELD VILLAGE       |     |                      |



## CUYAHOGA COUNTY DEPARTMENT OF DEVELOPMENT

### **Housing Rehabilitation Loan Program & Senior Deferred Housing Rehabilitation Loan Program**

The Housing Rehabilitation Loan Program enables eligible low-and-moderate income homeowners in participating communities to make basic repairs and home improvements, which maintain the quality of their housing and create a positive effect in the surrounding neighborhood.

Loans are offered at below-market interest rates to homeowners who meet program qualifications.

Loans are available for one to four-family houses. The owner must occupy one of the units.

Priority is given to the Department of HUD housing quality standards. The homeowner participates in setting priorities for repairs and in contractor selection.

#### **Eligibility**

- Interest rate and term of loan depend on yearly (gross) income.
- Maximum income limits are as follows, as of December 2011.
- Homeowners age 62 and over qualify for Deferred Loans up to the 4% income limit

<b><u>Household Size</u></b>	<b><u>Deferred*</u></b>	<b><u>0%</u></b>	<b><u>2%</u></b>	<b><u>4%</u></b>
1	\$22,300	\$26,800	\$31,220	\$35,700
2	\$25,500	\$30,600	\$35,700	\$40,800
3	\$28,700	\$34,400	\$40,180	\$45,900
4	\$31,850	\$38,200	\$44,590	\$50,950
5	\$34,400	\$41,300	\$48,160	\$55,050
6	\$36,950	\$44,400	\$51,730	\$59,100
7	\$39,500	\$47,400	\$55,300	\$63,200
8	\$42,050	\$50,500	\$58,870	\$67,300

- A title search, credit check and appraisal are required, and will be provided by the Program.
- Loans are made up to 100% of appraised value to correct violations, secured by a lien.

#### **How to Apply**

To request an application form and more information, contact:  
Cuyahoga County Department of Development  
Reserve Square  
1701 East 12th Street, 1st Fl.  
Cleveland, Ohio 44114  
(216) 348-4066  
Ohio Relay Service (TDD) 1-800-750-0750



Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	INCOME (MONTHLY)
_____	_____	Owner	\$ _____
_____	_____	Co-Owner	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**PREVIOUS SERVICE:**

Have you ever received a housing rehabilitation loan through this Department?

Yes  No If yes, what Year \_\_\_\_\_.

**INCOME AND EMPLOYMENT:** (If any person listed is self-employed, submit a current financial statement, copy of signed current tax return, including all schedules, and current profit and loss statement).

All income sources for all persons of the household that are age 18 or over must be stated:

Your Annual Income \$ \_\_\_\_\_ (a) (gross annual)  
 Name of Your Employer \_\_\_\_\_ number of years employed: \_\_\_\_\_  
 Your Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Co-Owner's Annual Income \$ \_\_\_\_\_ (b) (gross annual)  
 Co- Owner's Employer \_\_\_\_\_ number of years employed: \_\_\_\_\_  
 Co-Owner's Employer's Address \_\_\_\_\_  
 \_\_\_\_\_

**Other sources of Household Income (monthly):**

Pension	\$ _____	Welfare	\$ _____	Div/Int	\$ _____
Social Security	\$ _____	ADC	\$ _____	Rental Income	\$ _____
VA Benefits	\$ _____	Alimony	\$ _____	Unemployment	\$ _____
Disability	\$ _____	Child Support	\$ _____	Other	\$ _____

**FAMILY ASSETS: (Please attach additional account information on a separate sheet of paper).**

Name and Address of Financial Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name and Address of Financial Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Do you own life insurance that allows you to borrow cash before death?  Yes  No

Name and Address of Insurance Company: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Are there any revocable trusts that are available to the family?  Yes  No

Do you own any other real estate?  Yes  No

**MORTGAGE INFORMATION:**

First Mortgage FHA Loan?  Yes  No

Purchase Price of Home \$ \_\_\_\_\_ Year \_\_\_\_\_

**FIRST MORTGAGE:**

_____	_____
Name of Lending Institution	Account Number
_____	_____
Address City Zip Code	Balance Owed Now

**SECOND MORTGAGE:**

_____	_____
Name of Lending Institution	Account Number
_____	_____
Address City Zip Code	Balance Owed Now

**MISCELLANEOUS:**

Have you any past obligations owed to Cuyahoga County in the past five (5) years?

Yes  No

Are there any unsatisfied judgments against you? If yes, give date \_\_\_\_\_

Yes  No

Has either owner or co-owner declared bankruptcy in the past two (2) years?

Yes  No

Homeowners Insurance: \_\_\_\_\_ \$ \_\_\_\_\_ Yearly Premium  
Company Name

Gas \$ \_\_\_\_\_/month Electric \$ \_\_\_\_\_/month Water \$ \_\_\_\_\_/Quarterly Sewer \$ \_\_\_\_\_/Quarterly

How did you hear about the program? Please check.

Building Department  Television  Other \_\_\_\_\_  
 City Newsletter  Newspaper

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the Cuyahoga County Housing Rehabilitation Loan Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by Cuyahoga County. PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date



Cuyahoga County  
Department of Development  
Reserve Square  
1701 East 12th Street, 1st Floor.  
Cleveland, Ohio 44114  
(216) 348-4066

## RELEASE OF INFORMATION FORM

**Purpose:** To make sure that assistance is used properly, Federal laws require that the information that you provide be verified. To receive assistance from The Department of Housing and Urban Development, applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

**Consequences for Not Signing the Consent Form.** If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

**Types of Information to be released.** I authorize the above-named organization and the Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program and/or the Lead Hazard Control Grant Program. Information may be made about the following items:

- ✓ Income (all sources)
- ✓ Assets (all sources)

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form.
- 3) I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- 4) All adult household members will sign this form and cooperate with the above-named organization in this process.

**Instructions.** Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

**Please print and sign your name and date:**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Other Adult Member of Household



**Request for Verification of Mortgage CUYAHOGA COUNTY LOAN PROGRAM**

Application Number	Date of Request
A. Name and Address of Applicant	B. Name and Address of Mortgagee

**NOTE TO MORTGAGEE**

The applicant identified in Block A has applied for a Cuyahoga County loan/grant for property rehabilitation. The applicant has authorized the County to obtain verification from any source named in the application. Your verification of mortgage is for the confidential use of the County. Please furnish the information requested below and return this form along with if any signed **Loan Modification** documents.

**Mortgagee's Verification**

<i>Type of Mortgage</i>	Monthly Payment For:
	Principal and Interest \$ _____
	Taxes \$ _____
<i>Account Number</i>	Insurance \$ _____
	Total \$ _____
<i>Original Amount of Mortgage</i> \$ _____	
<i>Present Balance</i> \$ _____	

Loan Payment Experience    Excellent     Good     Fair     Poor

Signature of Authorized Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Attn: Rehab. Loan Officer**

Name and Address of Agency to which this Form is to be returned:  
 Cuyahoga County Department of Development  
 Reserve Square  
 1701 East 12<sup>th</sup> Street, 1<sup>st</sup> Floor  
 Cleveland, Ohio 44114

I hereby authorize the release of the above requested information to the Cuyahoga County Department of Development.

**X** \_\_\_\_\_



**Department of Development**

Reserve Square  
1701 East 12th Street, 1st Fl.  
Cleveland, Ohio 44114  
216/348-4066  
Fax. No.216 348-4477

**Request for Verification of Employment**

**CUYAHOGA COUNTY LOAN PROGRAM**

SOCIAL SECURITY NUMBER / /

A. NAME ADDRESS, AND ZIP CODE OF APPLICANT	C. APPLICATION NUMBER  D. DATE OF REQUEST
B. NAME, ADDRESS, AND ZIP CODE, PHONE # OF APPLICANT'S EMPLOYER	NOTE TO EMPLOYERS  The applicant identified in Block A has applied for a loan/grant for property rehabilitation under the County Rehabilitation Program. The applicant has authorized the County in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the County. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

**Employer's Verification**

E. POSITION HELD	RATE OF PAY (Estimated, if not actually paid on hourly or annual basis)				
F. DATES OF EMPLOYMENT	<table> <tr> <td>HOURLY</td> <td>ANNUAL</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	HOURLY	ANNUAL	\$ _____	\$ _____
HOURLY	ANNUAL				
\$ _____	\$ _____				
G. PROBABILITY OF CONTINUED EMPLOYMENT	ADDITIONAL COMPENSATION – ACTUAL AMOUNTS RECEIVED PAST 12 MONTHS				
H. OTHER REMARKS  J. SIGNATURE OF EMPLOYERS  The above information is furnished in strict confidence, in response to your request.  _____ Date  _____ Signature  _____ Title	Overtime \$ _____ Commission \$ _____ Bonus \$ _____ If applicant is in military service, give income or monthly basis as follows:  Base Pay \$ _____ Quarters & Sustenance \$ _____ Flight or Hazard Duty allowance \$ _____  K. NAME, ADDRESS, AND ZIP CODE TO WHICH THIS FORM IS TO BE RETURNED:  <b>ATTN: Rehab. Loan Officer</b> Cuyahoga County Department of Development Reserve Square 1701 East 12 <sup>th</sup> Street, 1 <sup>st</sup> Floor Cleveland, Ohio 44114				

I hereby authorize the release of the above requested information to the Cuyahoga County Department of Development.

X \_\_\_\_\_