



CUYAHOGA COUNTY HOME SENIOR SAFETY APPLICATION

Return to:
Attn: Ms. D. Miller
1701 East 12th Street, 1st Floor
Cleveland, OH 44114
(216) 348-4066

Applicants must be 62 years or older to apply.

Applicant Last Name	First	Middle Initial	Social Security Number	
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Co-Applicant Last Name	First	Middle Initial	Social Security Number	
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Address	City	Zip	Home Phone () ()	Work Phone () ()
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Your home is a: **Single Family** **Two- Family** **Multi-Dwelling (3 or more units)**

Is Your Property in Foreclosure?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are Property Taxes current?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you in a payment plan?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Head of Household	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Ethnicity : Hispanic/Latino	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Race (select one or more)	White <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Other/Multi-Racial <input type="checkbox"/>	
	Asian <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	

(Demographic data is obtained for statistical purposes only and is not considered for eligibility.)

Please list **all** household members who live at your address in the table below, and include Total Household Income you expect to receive and from all persons 18 years of age and older in the next 12 months. All sources of income include: Social Security, Pensions, Employment, Child Support, Public Assistance, etc.

Full Name	Date of Birth	Relationship to You (spouse, son, daughter, etc.)	Monthly <u>Gross</u> Income (Before Medicare deduction)	Source of Income
		Self	\$	
			\$	
			\$	
			\$	
			\$	
			\$	

ANNUAL ASSETS

Please list any assets you may have.

***Examples of an asset would be:** whole or universal life insurance policies, any interest and dividends from saving/checking accounts, CDs, IRAs, money market funds, treasury bills, stocks, bonds or capital investments, etc.

Name of Family Member	*Asset Description	Current Cash Value of Asset	Actual Annual Income from Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
A.	Cash Value of Assets	\$	
B.	Total Actual Annual Income from Assets		\$

To be completed by Administrative Staff. (Homeowner Do Not fill-out this section)

<p>C. If line A is greater than \$5,000, multiply line by .006 and enter the results here; otherwise, leave blank.</p>	\$
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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 a grant under the Cuyahoga County Home Safety Grant for Seniors Program, and is true and complete to the best of the occupants' knowledge and belief. Verification may be obtained from any source herein.

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."

Ownert Signature

Date

Co-Owner Signature

Date

(Signed Original in ink must be submitted, do not fax in.)