



## Veterans Home Repair Initiative

### Program Guidelines

Fair Housing Resource Center, Inc. is honored to be able to provide the necessary repairs, maintenance, modifications and appliance replacements for Veterans in Lake County, Ohio.

This program may be used for the following:

- Roof repair
- Step and balcony repairs
- Appliance replacement
- Ramps
- Property maintenance
- Other- All other home repair/modification needs must be approved by FHRC

In order to qualify for the Veterans Home Repair Initiative program an applicant must meet the following guidelines:

- FHRC will income qualify interested individuals to ensure that they fall below 80% Area Median Income in order to participate in our project.
- Live within Lake County.
- Be a United States Veteran
- Honorably Discharged
- Applicant (s) must be the homeowner of the property
- Applicant (s) must demonstrate a need for assistance.

Qualified applicants may be able to receive up to \$2,250.00 towards one repair or modification cost unless otherwise stated by FHRC. This program is meant to assist homeowners with large repair or modification costs. If homeowner repairs exceed the \$2,250 balance, the homeowner will have to pay the remaining out of pocket. The out of pocket is required to be paid to the approved contractor before repairs will commence.

Applicant(s) must sign below to verify they understand the program guidelines:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Veterans Home Repair Initiative Program

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

In order to complete your application for assistance, we need the following items as checked below:

- Proof of Income –30 days **CURRENT** paystubs for **ALL** members of household or SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
- Proof of Veterans Status
- Last (60) days of Bank Statements for all accounts
- Proof of homeownership- Mortgage Statement
- Photo I.D. for anyone over the age of 18
- One (1) utility bill
- Signed Release Form
- Other \_\_\_\_\_

\_\_\_\_\_  
We appreciate your assistance in the above. The quicker we receive the above documentation, the quicker we can process your application. If you have any questions, please do not hesitate to contact the office.



# VETERANS HOME REPAIR INITIATIVE PROGRAM



**Fair Housing Resource Center, Inc.**  
 1100 Mentor Avenue • Painesville, Ohio 44077  
 Phone: 440-392-0147 • Fax: 440.392.0148  
 Toll-free: 866.411.FHRC (3472)

HMIS Client #

Date:

### APPLICANT PERSONAL DATA

**Name:**

**Date of Application:**

**Date of birth:**

**SSN:**

**Marital Status:**

**Phone:**

**Current address:**

**# of Bedrooms**

**City:**

**State:**

**ZIP Code:**

**Monthly Mortgage payment:**

**How long have you lived here?**

**What needs repaired/modified?**

### HOUSEHOLD MEMBERS: (ALL OTHER PERSONS LIVING IN YOUR HOME, INCLUDING THOSE NOT RELATED TO YOU.)

Name	Household Relationship	Age



# VETERANS HOME REPAIR INITIATIVE PROGRAM



## APPLICANT EMPLOYMENT INFORMATION

**Current employer:**

**Employer address:**

**How long have you been employed?**

**Phone:**

**E-mail:**

**Fax:**

**City:**

**State:**

**ZIP Code:**

**Position:**

**Hourly Rate:**

\$ \_\_\_\_\_

**Salary:**

\$ \_\_\_\_\_

**Monthly income:**

**Previous employer \*:**

**Reason for leaving:**

**Address:**

**How long?**

**Phone:**

**E-mail:**

**Fax:**

**City:**

**State:**

**ZIP Code:**

**Position:**

**Hourly Rate:**

\$ \_\_\_\_\_

**Salary:**

\$ \_\_\_\_\_

**Annual income:**

**ANYONE OVER THE AGE OF 18 AND LIVING IN HOUSEHOLD IS A CO-APPLICANT**

**Name:**

**Date of birth:**

**SSN:**

**Phone:**

**Current address:**

**City:**

**State:**

**ZIP Code:**



## VETERANS HOME REPAIR INITIATIVE PROGRAM



### CO-APPLICANT EMPLOYMENT INFORMATION

**Current employer:**

**Employer address:**

**How long?**

**Phone:**

**E-mail:**

**Fax:**

**City:**

**State:**

**ZIP Code:**

**Position:**

**Hourly Rate:**

\$ \_\_\_\_\_

**Salary:**

\$ \_\_\_\_\_

**Monthly income:**

**Previous employer \*:**

**Reason for leaving:**

**Address:**

**Phone:**

**E-mail:**

**Fax:**

### Gross Income

List below the **GROSS** income of **ALL PERSONS** living in your home. Please attach proof of income for past month and current month.

**Primary Earner:**

**Employer:**

**Secondary Earner:**

**Employer:**

Primary	Secondary	Source of Income	Wages Earned	
			Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	<b>Wages</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Wages</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Social Security</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Social Security</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>SSI</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pensions (Including Veterans Benefits)</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Annuities</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Rental Income</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Interest Income</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Workers Comp</b>	\$	



## VETERANS HOME REPAIR INITIATIVE PROGRAM



<input type="checkbox"/>	<input type="checkbox"/>	<b>Unemployment</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Self Employment</b>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Child Support</b>	\$	

<b>Total Monthly Income:</b> \$	<b>Number of Occupants:</b>
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<b>Non-Cash Benefit Amount:</b> \$	<b>Type of Benefit (i.e.- Food stamps, etc)</b>	<b>Total Overall Income:</b> \$
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<b>MEDICAL EXPENSES</b>		<b>Amount</b>
Have you paid medical expenses, including prescriptions, since last June 1 <sup>st</sup> ?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	\$
Have you paid any medical insurance premiums since last June 1 <sup>st</sup> ?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	\$
Do you receive reimbursement for any of these expenses from insurance or from the Veteran's Administration?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	\$

<b>UTILITIES – (WHAT YOU PAY EACH MONTH)</b>	
Gas:	Electric:
Water/Sewer:	Oil:





# VETERANS HOME REPAIR INITIATIVE PROGRAM



## CERTIFICATION BY APPLICANT(S)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN INK BELOW.

I certify that all the information in the application for the Affordable Housing and Rehabilitation for Veterans Program is true and complete to the best of my knowledge. I understand this information is subject to verification. The Applicant (s) certifies that he/she/they are a United States Veterans or current member of service.

The Applicant(s) further certify that he/she/they are the owner(s) of the property identified in this application and that any and all funds provided to the Applicant(s) will be used only for the sole purpose of rehabilitation, unit modifications, appliances and other necessary housing costs.

I authorize the Home Depot Foundation to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

**I understand that the personal financial information contained in the application is necessary for evaluation of my application for assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties, except for the Home Depot Foundation.**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner number responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8).

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Signature of applicant

Date

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Signature of co-applicant, if for joint account

Date

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