

Lorain County Community Action Agency

Emergency Home Repair Matching Grant Application Packet for Homeowners

Administered by:
Housing Services Department

By Appointment:
401 Broadway Ave., Lorain, Ohio 44052-0245

Mail to: 506 Broadway Avenue
P.O. Box 245
Lorain, Ohio 44052-0245

To call: (440) 204-3138 or
(440) 204-3155, ext. 5
FAX (440) 245-3085 or
FAX (440) 245-3260

Hours: 8am – 5pm Monday through Friday

www.lccaa.net



Lorain County Community Action Agency Emergency Home Repair Matching Grant Program

Program Description

Lorain County Community Action Agency (LCCAA) makes matching grant funds available for qualified individuals to pay for emergency home repairs. Depending on household income, the repair program available is a match of 20 cents for every dollar awarded. *An income-eligibility chart is provided on the next page.*

Based on household size and income, the homeowner is required to pay a portion of the project or repairs. The amount the homeowner puts in is their required "match" to qualify for the assistance.

Matching funds may include:

- Homeowner's cash contribution
- Documented funds from other public and private programs (such as other repair grants and forgivable/low-interest loans for home improvement)

Eligible repairs may include:

- *Plumbing* – leaking, broken sinks, toilets, faucets, garbage disposals, water heater replacements, and gas leaks
- *Small Electrical Hazards* – non-working and overheating lights, outlets, and switches
- *Handicap Accessibility Improvements* – ramps, installation of safety bars
- *Furnace* – clean and tune, minor repairs, duct cleaning
- *Minor Exterior Structural Defects* – missing porch handrails, sagging porch steps, missing or broken floor boards or decking, replace gutters, broken glass, and mobile home skirting

Program Guidelines

The following guidelines are used in administering the program:

Cost must be reasonable and customary

- The property must be located in Lorain County
- Repair work and/or materials must be invoiced for payment directly to LCCAA
- Assistance is restricted to once every 24 months for each home
- Applicants must be owner-occupants, age 60 & over and/or disabled
- The homeowner must be income eligible according to household size (note: last 12 months or last 90 days—whichever is in your favor—may be used)

Income Eligibility Chart – Annual Household Income

Family Size	125% of 2014 Federal Poverty Guidelines*
1	\$14,588
2	\$19,663
3	\$24,738
4	\$29,813
5	\$34,888
6	\$39,963
7	\$45,038
8	\$50,113
*Each additional member add	\$ 5,075
If income is at or below the amount listed for the family size, the match requirement is...	20 cents for every dollar awarded

**EFFECTIVE JANUARY 22, 2014 as determined by DHHS*

Application Process

Interested individuals can obtain an application online at www.lccaa.net (keyword: home repair) or by calling (440) 204-3155, x. 4253, or choose option #4. Once eligibility and funding availability is determined, LCCAA's Director of Housing Services will issue an approval with the amount of the grant awarded*. Funds are not released until all work is complete. LCCAA reserves the right to inspect work to verify services have been rendered. Required forms include:

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- Emergency Home Repair Matching Grant Application
- CSBG Intake Form

Required documentation to verify eligibility includes:

- Proof of disability
- Proof of ownership
 - Copy of deed or property tax receipt
- Proof of income
 - Paystubs or appropriate documentation for total household income for the last 12 months for everyone in the household 18 years old or above
- Utilities
 - Current gas bill, electric bill, and water bill
- Proof of residency
 - Valid driver's license or state identification card

*** Please Note: Approvals are at the director's discretion. The agency reserves the right to deny an eligible repair if cost is excessive or if funding does not permit.**

List all household members and all household income for the last 12 months.

Household Member's Name	Relationship to You	Social Security Number	Date of Birth	Income Source(s)	Current Monthly Income	Total Income for Last 12 Months
	Self					

Please list source(s) of matching funds. Matching funds may include:

- Homeowner's cash contribution
- Documented funds from other public and private programs (such as other repair grants and forgivable/low-interest loans for home improvement)

Match Source(s)	Amount of Match
<i>Examples: Homeowner cash, Community Housing Improvement Program (CHIP) grants or loans, rural housing RH504 loans, support from faith-based organizations</i>	

Release of Liabilities

I hereby agree to defend, indemnify, and hold harmless Lorain County Community Action Agency (LCCAA), its officers, agents and employees against all liabilities, judgments, costs, and expenses arising out of, or in consequence of, repairs provided as part of LCCAA's Emergency Home Repair Matching Grant Programs (EHRMG). It is further agreed that LCCAA's EHRMG programs will not assume responsibility for any existing nonconforming code violations, which may be found before, during or after the work or repairs. My signature below signifies I have read and understand this agreement.

Client Signature

Date

Program: EHR

CSBG INTAKE FORM HEAD OF HOUSEHOLD INFORMATION

CSBG #: _____

SS# _____ LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ STREET ADDRESS _____

CITY _____ ZIP _____ PHONE _____

GENDER: F ___ M ___ DISABLED: Y ___ N ___ FOOD STAMPS: Y ___ N ___ VETERAN: Y ___ N

ETHNICITY:

- Black
- White
- Hispanic
- Native American
- Asian
- Other

EDUCATION:

- 0-8
- 9-12
- HS Grad/GED
- 12+
- Unknown
- College Grad

HEALTH INSURANCE:

- Medicaid/HMO
- Medicare
- Private
- Self Insured
- Other
- None

FAMILY TYPE:

- Single Parent Female
- Single Parent Male
- Two Parent
- Single Person
- Couple
- Other

HOUSING STATUS: RENT ___ OWN ___ HOMELESS ___ SITE COUNTY: LORAIN

HOUSING TYPE (Check appropriate number below):



1. ___ Mobile Home



2. ___ Single Family



3. ___ Multi-family Low-rise
(3 stories or less)



4. ___ Multi-family High-rise
(4 stories or more)

INCOME SOURCE:

- Employment
- Unemployment
- Social Security

- AFDC
- General Assistance
- SSI/SSD

- Pensions
- Disability
- Other

HOUSEHOLD MEMBERS INFORMATION (DO NOT INCLUDE YOURSELF)

SS#	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	DISABLED	ETHNICITY	EDUCATION	HEALTH INS	VETERAN	INCOME PERIOD	AMOUNT	INCOME SOURCE

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION NECESSARY FOR VERIFICATION PURPOSES.

(Signature of Client)

(Date)

COMMENTS: _____

HOUSING & ENERGY SERVICES ADVOCATE	DATA ENTRY
SIGN	SIGN
DATE	DATE