



2025-2026 SENIOR HOME REPAIR PROGRAM

Date: _____

Applicant Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Please circle one:

Is the above address either OWNER OCCUPIED OR RENTAL UNIT

Phone Number(s): (_____) _____ (_____) _____

Email: _____

Total Number of Household Occupants: _____

Occupant #1 Name _____ Date of Birth _____

Occupant #2 Name _____ Date of Birth _____

Occupant #3 Name _____ Date of Birth _____

Occupant #4 Name _____ Date of Birth _____

Please check which repairs you are seeking:

- Porch Steps
- Handrail Installation
- Gutters
- Minor Roof Repair
- Windows
- Electrical
- Painting
- Other

Please use this space below to describe “other” or any additional information:

A large, empty rectangular box with a thick black border, intended for the respondent to write any additional information requested in the previous question.

SELF-DECLARATION OF INCOME

Please complete the following form for EACH household member over the age of 18

This is to certify the income status for the applying household. Income includes but is not limited to:

- Employment
- Self-Employment
- Social Security/Social Security Disability Income/Supplemental Security Income
- Pension
- Veteran's Administration Benefits
- Rental Property Income
- Unemployment Benefits
- TANF/AFDC (public assistance)
- Worker's Compensation
- Regular or Semi-Regular Cash Assistance from Someone Not Listed on Application
- No Source of Income

*Please note the Home Repair Program is only available to households at or under 80% Average Median Income. See the 2025 Income Limits Summary below.

2025 Income Limit Category	Persons in Family						
	1	2	3	4	5	6	7
Low (80%) Income Limits (\$)	55,650	63,600	71,550	79,500	85,900	92,250	98,600

SELF-DECLARATION OF INCOME:

To be completed by every household member 18 or older.

Applicant Name: _____ Date of Birth: _____

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Signature: _____ **Date:** _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: _____ Date: _____

SELF-DECLARATION OF INCOME:

To be completed by every household member 18 or older.

Household Member #2 Name: _____ Date of Birth: _____

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Signature: _____ **Date:** _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: _____ Date: _____

SELF-DECLARATION OF INCOME:

To be completed by every household member 18 or older.

Household Member #3 Name: _____ Date of Birth: _____

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Signature: _____ **Date:** _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: _____ Date: _____

SELF-DECLARATION OF INCOME:

To be completed by every household member 18 or older.

Household Member #4 Name: _____ Date of Birth: _____

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Signature: _____ **Date:** _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: _____ Date: _____

Participants may return this application to:

In person or by mail:

Ohio City Incorporated
3308 Lorain Ave, Cleveland, OH 44113

Scan and email:

bcollier@ohiocity.org

Please contact Brandon Collier at 330-604-4706 or
bcollier@ohiocity.org if you have any questions or need
assistance in completing the application.