



## 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 \_\_\_\_\_

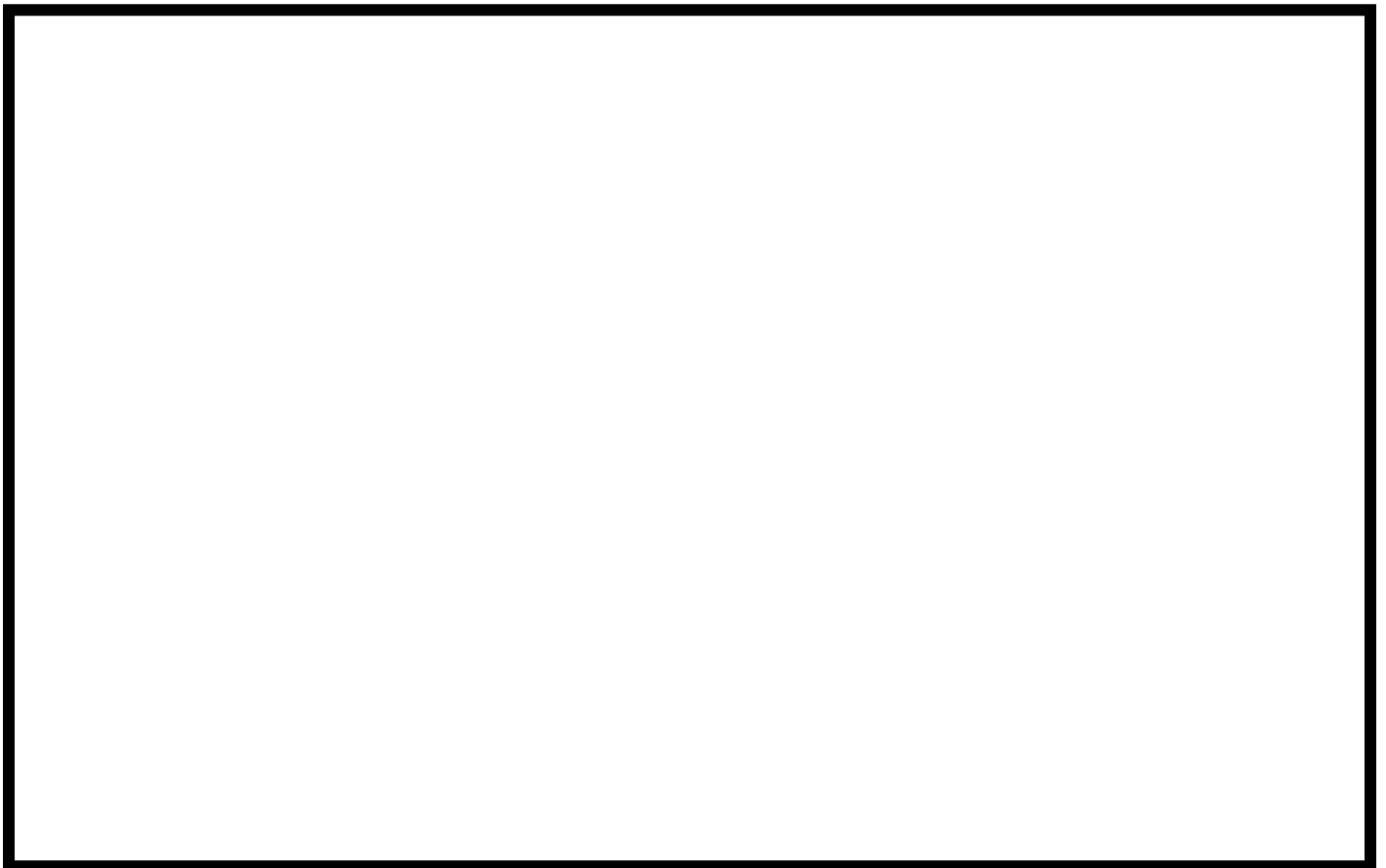
Occupant #3 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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:**



## 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**

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

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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**

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

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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**

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

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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**

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

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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](mailto:bcollier@ohiocity.org)

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