Dear Applicant:

Thank you for your interest in Healthy Homes Linden Home Repair Program, where we work to provide safe and healthy homes. This program provides homes repairs to owner-occupied homes at **no cost**. Below you will find the program’s eligibility requirements and an overview of the process.

**Eligibility Requirements**
- An **owner-occupied** single-family or duplex home
- Home location must be in the Healthy Homes impact area
- Mortgage and property taxes must be current
- Total household income may not exceed 65% of the Area Median Income (AMI) as determined annually by HUD. See page 2 for current guidelines.
- You may not have an undischarged bankruptcy or unpaid judgements
- Applicants must possess homeowners insurance at the time of application and throughout the duration of the grant.
- Sign a 3-year restrictive covenant prior to work beginning

**Timeline**

<table>
<thead>
<tr>
<th>Complete an application</th>
<th>Application status letter sent to homeowner</th>
<th>Scope of work created and discussed with homeowner</th>
<th>Contracts are signed and returned by homeowner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application review by Healthy Homes to determine eligibility</td>
<td>Meetings with contractors are schedule by Healthy Homes to assess repairs, if application is approved</td>
<td>Contracts are mailed</td>
<td>Project is scheduled.</td>
</tr>
</tbody>
</table>

---

1 Please note, the process could take up to 6 months.
Income Limits

Eligible applicants must earn at or below 65% of the Area Median Income (AMI), as determined annually by HUD, adjusted for family size. The total household income, including income from salaries and/or wages, Social Security, child support, SSI, disability, retirement, unemployment, Workers Comp, adoption subsidy, rental income, other, is used when calculating gross income. The following chart outlines program income limits for 2020-2021.

<table>
<thead>
<tr>
<th>Linden Income Limits</th>
<th>2020 – 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>65% Income Limits</td>
<td></td>
</tr>
<tr>
<td><strong>Household Size</strong></td>
<td><strong>Maximum Income</strong></td>
</tr>
<tr>
<td>1</td>
<td>$38,350</td>
</tr>
<tr>
<td>2</td>
<td>$43,810</td>
</tr>
<tr>
<td>3</td>
<td>$49,270</td>
</tr>
<tr>
<td>4</td>
<td>$54,925</td>
</tr>
<tr>
<td>5</td>
<td>$59,150</td>
</tr>
<tr>
<td>6</td>
<td>$63,505</td>
</tr>
</tbody>
</table>

Document Checklist

Enclosed you will find a checklist. Refer to the checklist to determine the required documents you must submit to process your application. **Failure to provide all requested documentation may result in your application being denied.** Please read through your application carefully to ensure that you have completed each section correctly. Completing and returning this application is the first step in the application process, it **DOES NOT** guarantee acceptance into the home repair program.

Completed application packets can be returned by either mail or email:

**Mail**
Healthy Homes
P.O. Box 77499
Columbus, OH 43207

**Email**
Patrice.AllenBrady@NationwideChildrens.org

If you have any questions or if you need assistance completing the application, please call my office at (614) 355-3639.

Thank you,

**Patrice Allen Brady**

Patrice Allen Brady
Healthy Homes Project Manager
Healthy Homes Home Repair Application

P.O. Box 77499
Columbus, OH 43207
614.355.3639
Patrice.AllenBrady@NationwideChildren.org

Full Name: ___________________________ Date: ___________________________

Last ___________________________ First ___________________________ M.I. ___________________________

Address: ___________________________

Street Address ___________________________

City ___________________________ State ___________________________ ZIP Code ___________________________

Phone: ___________________________

Email: ___________________________

Have you filed for bankruptcy in the past 7 years? Yes ☐ No ☐ (If yes, provide the bankruptcy decree/settlement agreement)

Have you received prior home repair assistance?* Yes ☐ No ☐ If yes, program name & when?
(ex. home weatherization assistance program (HWAP), etc.)

How did you hear about this program? ___________________________

Dwelling Information

Type of Dwelling: ☐ Single Family ☐ Duplex Year Built: ___________________________

Do you own and live in the home? Yes ☐ No ☐ If yes, how long have you lived in the home? ___________________________

Do you have a mortgage on the home? Yes ☐ No ☐ If yes, are you current on the mortgage? Yes ☐ No ☐

Do you have homeowners insurance Yes ☐ No ☐

Are you current on the property taxes? Yes ☐ No ☐ If no, is there a tax lien on the property? Yes ☐ No ☐

Are you aware of any asbestos present? Yes ☐ No ☐

Is the home in a historical district? Yes ☐ No ☐

Applicant Demographics

Primary Language: ___________________________

Ethnicity:
☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race:
☐ Caucasian/White ☐ Black/African American

☐ American Indian ☐ Asian

☐ Other: ___________________________

*Please note that past Healthy Homes Home Repair Program recipients and Healthy Homes homeowners are not eligible for Home Repair Program grants.
**Household Members**

**PLEASE LIST ALL OCCUPANTS OF THE HOME STARTING WITH THE HOMEOWNER(S)**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Age</th>
<th>Senior?</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SELF</td>
<td>M ☐ F ☐ Other ☐</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Age</th>
<th>Senior?</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M ☐ F ☐ Other ☐</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Age</th>
<th>Senior?</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M ☐ F ☐ Other ☐</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Full Name</th>
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<th>Gender</th>
<th>Age</th>
<th>Senior?</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M ☐ F ☐ Other ☐</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

If you need space for additional household members, please attach a separate sheet.

### Household Monthly Pre-tax Income (for all household members 18 years and older)*

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Applicant</th>
<th>Adult 1</th>
<th>Adult 2</th>
<th>Adult 3</th>
<th>Adult 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement/Pension</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SSI/Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>JFS Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Disability</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Total Gross Household Monthly Income

If you need space for additional household members, please attach a separate sheet. Refer to checklist for required documentation.

---

*Gross household income must not exceed 65% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.
Exterior Home Repair Requests

What repairs are you interested in? Please briefly describe the need for each repair.

Example
☒ Exterior Paint  Paint is chipping on all sides of the house and badly faded.

(All requests may not be accommodated; repairs must meet Healthy Homes Home Repair Program eligibility requirements & are prioritized by health, safety, & availability of resources)

☐ Exterior Painting
☐ Window Repair/Replacement
☐ Siding Repair/Replacement
☐ Door Repair/Replacement
☐ Gutter Repair/Replacement
☐ Roof Repair or Roof Replacement
☐ Steps and walkways
☐ Porch Repair/Replacement
☐ Other Items (i.e. exterior handicap modifications)

I understand that by signing this application, I grant HNHF Realty Collaborative (dba Healthy Homes) or its agents access to my employment, utility company or other records needed for verification and evaluation of my eligibility. By signing this application, I give HNHF Realty Collaborative or its agents the right to inspect my home and any work performed on my home.

I understand that filing this application does not guarantee that my household will receive assistance. I understand that HNHF may rescind approval if information is acquired which determines that my household is not eligible for services according to the rules of the program, or that I provided false information to the Collaborative.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. I understand that all facts are open to investigation and that upon investigation, anything contained in this application that is found to be false or misleading may lead to me not being considered for the program or I may be required to return all monies granted to me through the program.

HNHF does not discriminate based upon race, color, religion, sex, disability, familial status, or national origin.

ALL INFORMATION PROVIDED BY APPLICANT, AND THE RESULTS OF ALL INQUIRIES SHALL BE TREATED IN CONFIDENCE BY HNHF REALTY COLLABORATIVE.

Applicant Signature: ☒
Date:

Co-Applicant/Spouse Signature: ☒
Date:

FOR OFFICE USE ONLY

Date Received: 
Reviewed by: 
Date: 

Application Status: Approved ☐ Rejected ☐
Approved by: 
Date: 

Grant Amount: 

Comments: 

*Gross household income must not exceed the 65% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.
Required Documents for Home Repair Application Checklist

Return the completed signed application along with copies of the necessary documentation listed below. Healthy Homes cannot process your home repair application without all required documents.

Applicant Name: __________________________

<table>
<thead>
<tr>
<th>Required Application Documents</th>
<th>Attached</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed application <em>(All sections complete, signed and dated)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 most recent pay stubs for all jobs for all members over the age of 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Self-employed - Federal Income Tax form Schedule C’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020-issued Award Letter: Social Security, Disability, Retirement Pension, Public Assistance, VA, Unemployment, Worker's Comp, Child Support, Adoption Subsidy, etc. for adults in household 18 years and older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bankruptcy Decree/Settlement Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current, 2020-issued copy of homeowners insurance, declaration page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current, 2020-issued copy of mortgage statement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completing and returning this application is the next step in the application process, but DOES NOT guarantee acceptance into the program and does not guarantee a home repair project.

Please call 614-355-3639 if you have any questions. For persons hearing impaired, deaf or speech impaired contact TTY: 614-841-1991.

“We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.”

*Updated 3/2018*
1. What are the eligibility requirements to participate in the Healthy Homes Linden Home Repair Program?

**Eligibility Requirements** *(Meeting the eligibility requirements does not guarantee assistance.)*

- An **owner-occupied** single-family or duplex home
- Live within a Healthy Homes impact area
- Mortgage and property taxes must be current
- Total household income may not exceed 65% of the Area Median Income (AMI) as determined annually by HUD. See below.
- You may not have an undischarged bankruptcy or unpaid judgements
- Applicants must possess homeowners insurance at the time of application and throughout the duration of the grant.
- Sign a restrictive covenant prior to work beginning

<table>
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<tr>
<th>Linden Income Limits</th>
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<tr>
<td><strong>Household Size</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

2. What are the costs to participate in the program?

There is **no cost** to participate in the Healthy Homes Home Repair Program. A homeowner services agreement and a restrictive covenant must be signed by the homeowner(s) in order to participate in the program. Please contact our office for more details.

3. What is a restrictive covenant?

A restrictive covenant requires the owner-occupied home repair grant recipient to reside in their home for 3-years after the completion of their Healthy Homes home repair. Please contact our office for more details or questions.

4. What is the Healthy Homes impact area?

Please refer to the enclosed map.

5. How long does it take for an assessment to be scheduled if I’m financially approved for a project?

Assessment scheduling is determined by staff capacity and program funding. Unfortunately, we are not an emergency repair program and so projects will not be completed immediately following an approved application. For a more accurate estimate of project time, please call our office.
6. How will I know if my application is approved?

You will receive a phone call or letter from our staff updating you on the status of your application within 30 days after applying, though you will typically know your status much sooner than that.

7. Could you do cosmetic work on my home, like putting in new cabinets or countertops?

Our program is specifically designed for exterior home repairs that address safety, health, accessibility and code enforcement violations. Interior remodels or upgrades, fence installation or garage improvements or any exterior improvements that are not done directly to the home are not eligible.

8. What if I need immediate repair work on my home?

As stated above, our program is not an emergency repair program so immediate assistance is not possible at this time. If you have a severe home repair need, we will try our best to work with you in referring you to another agency that may better fit your immediate needs.

9. Does your program require that I live in a certain area to receive service?

Currently, we are only servicing homes in the Healthy Homes impact areas. Please refer to the enclosed map.

10. Can you service duplexes?

If the owner of the property resides in one side of the duplex, we will service the whole duplex and any rental income from the other side will be included as income.

Linden Impact Area (2020 – 2021)