

HVAC REPAIR SERVICES PROGRAM

This program provides repair/replacement services for residential HVAC equipment only. Other home repair services cannot be provided through this program.

IMPORTANT: Please complete the application in its entirety. Failure to provide true and complete information will delay the processing of your application. DO NOT leave any spaces blank. Refer to the application submission checklist on page 4 for all required documentation. **Submit your application or questions by e-mail to HCUtility@help4seniors.org or call 513-743-9000.**

This program is limited to individuals residing within participating jurisdictions of Hamilton County, which can be found here: https://www.hamiltoncountyohio.gov/government/departments/community_and_economic_development/for_local_governments.php

This program is funded by a grant from the US Department of Housing and Urban Development. Services are restricted to persons who earn 80% or less than the area median income. Program Income Limits are listed below. If your household income is equal to or greater than the income listed below, you do not qualify for this program.

Number of Persons in Household							
1	2	3	4	5	6	7	8
Total Household Income (\$)							
\$62,650	\$71,600	\$80,550	\$89,450	\$96,650	\$103,800	\$110,950	\$118,100

DESCRIBE THE CRITICAL HVAC REPAIR REQUESTED: *(help us understand the problem)*

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

<u>Head of Household:</u>			
Last Name / First Name / M.I.		Date of Birth / /	Marital Status (circle) Single Married Divorced Widowed
Address (City / State / Zip)		Daytime Phone #	
Are you a U.S. citizen? (YES / NO) If NO, provide documentation of legal residence with application.			

<u>Race</u> <i>(you may circle more than one race):</i> 1. White 2. Black / African-American 3. American Indian / Alaska Native 4. Asian 5. Hawaiian Native / Pacific Islander 6. Other: _____	<u>Ethnicity</u> <i>(circle one):</i> 1. Hispanic or Latino 2. Non-Hispanic or Latino
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Other Household Members - List requested information for all other members of household. Attach separate sheet if necessary.

Last Name / First Name / M.I.	Relationship to Applicant(s)	Date of Birth
		/ /
		/ /
		/ /

		/ /
		/ /

Are any people listed above full-time students over the age of 18? ___ No ___ Yes, list names:

PART B: HOUSEHOLD INCOME AND EMPLOYMENT

DOES ANY HOUSEHOLD MEMBER: (circle YES or NO and fill in applicable information)

1. Work full-time, part-time, seasonally, or on call – including wages, fees, tips, bonuses, money for services? **(YES / NO)** If yes, provide:

Household Member Name	Employer Name & Full Address	Phone #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly
					\$ wkly/bi-wkly/mnthly/yrly
					\$ wkly/bi-wkly/mnthly/yrly
					\$ wkly/bi-wkly/mnthly/yrly

2. Work for someone who pays cash? **(YES / NO)** If yes, provide:

Household Member Name	Employer Name & Full Address	Phone #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly

3. Receive unemployment benefits, workers compensation, or severance pay? **(YES / NO)** If yes, provide:

Household Member Name: _____

Type of Benefit: _____

Amount: _____ How often received? _____

4. Receive alimony AND/OR child support? **(YES / NO)** If yes, provide:

Household Member Name: _____ Amount: _____

How often? _____ Former Spouse Name: _____

5. Receive Social Security or SSI benefits? **(YES / NO)** If yes, provide:

Household Member Name: _____ Taxable Monthly Amount: _____

Household Member Name: _____ Taxable Monthly Amount: _____

6. Own a business or self-employed? **(YES / NO)** If yes, provide:

Household Member Name: _____

Business Name: _____ Business Address: _____

Amount of Income: _____ Amount of Business Expenses: _____

7. Receive any type of military pay/allotment? **(YES / NO)** If yes, provide:

Household Member Name: _____ Amount: _____

Source of Pay/Allotment: _____

8. Receive taxable income from IRA distributions, pensions or annuity payments? **(YES / NO)** If yes, provide:
Household Member Name: _____ Amount: _____
Type of Retirement/Pension/Annuity: _____
Claim #: _____

9. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, and income from stocks or bonds? **(YES / NO)** If yes, provide:
Household Member Name: _____
Type of Asset: _____
Amount of Income/Interests Received: _____

Acct. in Name Of:	Name, Address & Phone # of Financial Institution	Type of Instrument (checking, savings, C.D., stock, etc.)	Balance / Value

10. Receive income from rental real estate, royalties, partnerships, S corporations, trusts, etc.? **(YES / NO)** If yes, provide:
Household Member Name: _____
Source of Income: _____
Amount of Income Received: _____

11. Other income received in household? (e.g. lottery/raffle winnings, prizes, awards, gambling, etc.) **(YES/NO)** If yes, list income: _____

PART C: APPLICANT CERTIFICATION

I/we certify that the information given to Hamilton County Community Development on this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and grounds for denial of housing assistance.

Applicant Signature: _____ Date: _____

APPLICATION SUBMISSION CHECKLIST

Failure to enclose all necessary documentation will cause delays in the processing of your application.

- _____ Signed and dated application
- _____ Copy of government issued identification
- _____ Supporting documentation for ALL income sources
- _____ Copy of submitted Federal Income Tax Return for all household members required to file
(must be less than 12 months old)
- _____ Properly initialed and signed Eligibility Release form

Planning and Development

Eligibility Release Form

Hamilton County, Community Development Division

138 East Court Street, Room 1002

Cincinnati, OH 45202

513-946-8230

PURPOSE: YOUR SIGNATURE ON THIS ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE:

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN A CDBG PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE CDBG PROGRAM; TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT.

	VERIFICATION REQUIRED	INITIALS
INCOME (ALL SOURCES)	X	
INCOME EXCLUSIONS (ALL SOURCES)	X	
ASSETS (ALL SOURCES)	X	

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A CDBG PROGRAM ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED CDBG PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE CDBG PROGRAM.

I ACKNOWLEDGE THAT:

- (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
- (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).
- (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.
- (4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.

HEAD OF HOUSEHOLD-SIGNATURE, PRINTED NAME AND DATE:

HOUSEHOLD MEMBER-HEAD

OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED
NAME AND DATE: **HOUSEHOLD MEMBER #3**

OTHER ADULT MEMBER OF HOUSEHOLD-SIGNATURE, PRINTED
NAME AND DATE: **HOUSEHOLD MEMBER #2**

OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED
NAME AND DATE: **HOUSEHOLD MEMBER #4**