



Dear Applicant:

We are the Service Provider for The Area Office on Aging of Northwestern Ohio, Inc.'s Minor Home Repair Program. The program is designed to address health and safety issues in the home. **Please be aware that we have a long waiting list for this program.**

The attached application must be filled out completely. All information you provide has to be verified and processed. ****Verification and processing of an application can take up to 15 business days.*

Please send your application form back to me, along with a copy of the following:

1. **Must be 60 years of age or older.**
Make sure date of birth is completed on application. Age is self-declared.
2. **PROOF THAT YOU ARE CURRENT on PROPERTY TAXES**
Attach a copy of your property tax bill marked "paid" or a statement from your county treasurer's office.
 - **You must be the owner of the home**
 - **You must occupy the home**

Copy machines for your use are available at libraries, post offices, and at some grocery stores. If you are unable to make the copies or fill in the application yourself, a relative, friend, or neighbor may be able to help you. **PLEASE CHECK WITH YOUR LOCAL SENIOR CENTER FOR ASSISTANCE.**

Due to the limited amount of program funds available, applications will be processed on a first-come, first-serve basis. Your name will be placed on a waiting list for future funding.

Thank you for your cooperation and patience! Please refer to the attached instruction sheets that explain the program procedure in detail.

Sincerely,

Steve Smith
Home Repair Coordinator

PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION!

AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.

2023 MINOR HOME REPAIR PROGRAM

===== A Program Designed Especially for Older Ohioans =====

The Area Office on Aging of Northwestern Ohio, Inc. Home Repair Program is especially designed to aid **homeowners** living in their own home who are **60 years of age or older** living on fixed incomes in northwestern Ohio. Safety and home preservation needs will be addressed, as well as modifications to help older persons live independently and comfortably in their homes.

Please note this Policy statement “To ensure equitable distribution of funds, clients may participate in the program only every five years.”

WHO IS ELIGIBLE?

Applicants meeting **all** of these qualifications will have the opportunity to participate in the program:

- 1) Applicants who are 60 years of age or older.
- 2) Applicants who own **and** occupy the home.
- 3) Applicants whose property taxes are paid to date.

WHAT IS THE PROCEDURE

- 1) Once the application has been reviewed and eligibility is determined, you will receive a letter from the East Toledo Senior Activities Center that your application has been received and it was accepted. **Your name will be added to the current waiting list for Minor Home Repairs.**

- 2) **Do not expect to be served immediately. Remember there is a waiting list. You will only be called when we have reached your name on their waiting list.** We will set up a time to discuss your home repairs.
- 3) **(Please note!) If the cost of the work to be done exceeds our funding limit guidelines or the unit would remain unsafe or of a major health risk, we will not be able to do the repairs requested.**
- 4) Applicant signs a job agreement so that the repairs being done can be started.
- 5) Applicant signs completion certificate. This form verifies that the project is completed to the applicant's satisfaction and grants permission to the Area Office on Aging of Northwestern Ohio, Inc. to release payment to the service provider. The Service Provider guarantees the project for one year.

**FOR MORE
INFORMATION**

If you need help completing the application or if you have any questions, please contact the Home Repair Coordinator at the East Toledo Senior Activities Center at 419/691-2254.

CONFIDENTIAL

**APPLICATION FOR 2023
MINOR HOME REPAIR PROGRAM**

BASIC INFORMATION

This form seeks information from the applicant(s) to determine basic eligibility for assistance for the AOoA Minor Home Repair Program. If, for any reason, the information provided is not complete and accurate as submitted, the application will not be processed. This application will remain confidential.

Is the property currently owner-occupied? Yes ☐ No ☐

PRIMARY APPLICANT INFORMATION Please fill out entirely!

Applicant's Name: _____

Date of Birth: _____ Applicant Disabled? Yes ☐ No ☐

Address: _____ City: _____ Zip: _____

County: _____ Telephone No. (____) _____

FOR "EQUAL OPPORTUNITY OR ACCESS" INFORMATION PURPOSES:

RACE: Black _____ White _____ Asian/Pacific Islander _____ Hispanic _____ Native American _____
Other: _____

Spouse or
Co-Applicant's Name: _____ Date of Birth _____

Co-Applicant Disabled? Yes ☐ No ☐

Number of persons living in house at above address: _____

Is title to property in your name? Yes___ No___ Land Contract_____

Is anyone in your household on the PASSPORT Program? Yes ☐ No ☐

Do you know the name of the case manager? _____

Are you a My Care Ohio person? Buckeye or Aetna? Please circle correct one

What are the minor modifications or repairs in your home that you feel will qualify for this program?

* Who may we call if unable to reach you?

Emergency Contact: Name: _____

Telephone: _____

GROSS AMOUNT of Income before deductions must be included for your household on your application in order to qualify for the Home Repair/ Modification programs. Please submit proof such as SSI or Social Security Statement, pension statement, employment payment stubs for six months. Bank statements will not do as proof.

Household Yearly Income: List the name, source of income, amount received Per month, number of months received, and **total income for every person** who lives in the household. If a household member had more than one source of income use a separate line for each source. **Income includes:** all current household income (i.e., employment, social security, pensions, SSI, and rental property income)

Name of Household Member	Monthly Income And source	# of Months Received this income in the last 12 month period	Total Amount of Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Household Income: _____

PLEASE READ THE FOLLOWING STATEMENT THEN SIGN AND DATE THIS FORM.

I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. This application shall remain the property of the East Toledo Family Center and The Area Office on Aging of Northwestern Ohio, Inc.

I understand that the East Toledo Family Center will be involved with the selection of the service provider, acceptance of material used, and work performed and will comply with the most current edition of the Ohio Department on Aging's Home Maintenance Standards. The Area Office on Aging of Northwestern Ohio, Inc. does not guarantee the material used or workmanship performed. That is the responsibility of the service provider. I further agree that the Area Office on Aging of Northwestern Ohio, Inc. will not be responsible for problems resulting from requested improvements while this application is pending, during improvements, and after improvements are completed.

I understand that Home Repair Funds may not be used to make repairs to a dwelling of such poor condition that when the repairs are completed the dwelling will continue to be a major hazard to the safety and health of the occupant.

I hereby consent to and authorize the East Toledo Family Center or The Area Office on Aging of Northwestern Ohio, Inc., after reasonable notice, to enter the property to be improved for the purpose of recommending and verifying requested improvements to the property. I also consent to and authorize the East Toledo Family Center, The Area Office on Aging of Northwestern Ohio, Inc., and any local inspection officials to enter the improved property for the purpose of determining that the improvements specified have been completed.

I hereby consent to allow the East Toledo Family Center and The Area Office on Aging of Northwestern Ohio, Inc. to investigate any information provided on this application and to provide requested verification.

I understand that filling out this application does not guarantee that my household will receive assistance through this program. I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin or political belief.

By my signature below, I affirm that I have read the above statement or they have been read to me, and I understand them.

Applicant's Signature: _____ Date: _____

Please mark application package "**CONFIDENTIAL**" and mail or return to:

Steve Smith
Home Repair Coordinator
East Toledo Senior Activities Center
1001 White Street
Toledo, Ohio 43605