



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 Area Office on Aging of NW Ohio, 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,

Housing Department  
Area Office on Aging of NW Ohio

# **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.

**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?

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\* Who may we call if unable to reach you?

Emergency Contact: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**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 The Area Office on Aging of Northwestern Ohio, Inc.*

*I understand that the NW Ohio Community Action Commission 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 NW Ohio Community Action Commission 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 NW Ohio Community Action Commission, 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 NW Ohio Community Action Commission 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:

Kelly Feeney  
Housing & Energy Services Director  
Northwestern Ohio Community Action Commission  
1933 E. Second Street  
Defiance, Ohio 43512