

Required Documents for Homeowner Service Programs

Applicant Name (s):

Your application cannot be processed without each of the following items below:

	Enclosed	N/A
Current 2024 issued, copy of your mortgage and/or home equity line of credit statement(s).	<input type="checkbox"/>	<input type="checkbox"/>
Current 2024 issued, copy of your Homeowner's Insurance Policy, Declaration Page(s) .	<input type="checkbox"/>	<input type="checkbox"/>
Copy of your valid, State of Ohio issued Drivers' License [or] State ID's for all homeowner(s).	<input type="checkbox"/>	<input type="checkbox"/>
Completed <u>Residential Occupant Profile</u> (page 4).	<input type="checkbox"/>	<input type="checkbox"/>
Copies of prior three (3) months <u>full</u> checking, savings, MMA and CD account statements.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Each Page/Each Account for every adult household member.	<input type="checkbox"/>	<input type="checkbox"/>
➤ <u>Statements must show institution letterhead including your name and address.</u>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Provide explanation for all deposits of \$500 or more.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Provide statements for all digital, cyber accounts (i.e. CashApp; PayPal; Venmo; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
➤ If you have a debit card but NO credit union account or local bank account , use the phone number on the back of the card to contact the issuer and request monthly statements for the <u>prior three months</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Copies of current year 2024 full Stock(s); Bond(s); Treasury Bill(s) quarterly/annual reports. Copies of Prior two (2) years IRS federal income tax returns for 2022 and 2023 .	<input type="checkbox"/>	<input type="checkbox"/>
➤ If you do not file taxes [or] cannot locate them complete the enclosed IRS 4506-T.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed original IRS form 4506-T	<input type="checkbox"/>	<input type="checkbox"/>
➤ If self-employed , include Schedules C and 1.	<input type="checkbox"/>	<input type="checkbox"/>
➤ If additional properties are owned , include Schedule E.	<input type="checkbox"/>	<input type="checkbox"/>
**Copy of current 2024 issued income award letter for each applicable household member:	<input type="checkbox"/>	<input type="checkbox"/>
➤ Social Security; Disability; Retirement Pension; Public Assistance; VA; Unemployment; Workers Comp; Child Support; Adoption Subsidy; IRA; Keogh etc.	<input type="checkbox"/>	<input type="checkbox"/>
**Copies of three (3) most recent, consecutive pay stubs (each adult 18 years and older):	<input type="checkbox"/>	<input type="checkbox"/>
➤ Adults without income complete the enclosed <u>Certification of Zero Income</u> (page 7)	<input type="checkbox"/>	<input type="checkbox"/>
(We cannot accept IRS Form W-2 or 1099 as proof of current year income)		
Applicants for Accessibility Modifications (disabled homeowners and/or occupants)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Physician must complete the enclosed Eligibility Form (page 11).	<input type="checkbox"/>	<input type="checkbox"/>
➤ Physician must provide Non-Rx Certification for Prescription/Letterhead statement.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Columbus City Code Violation Notice, If applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Chapter 13 Bankruptcy semi-annual report and creditors, If applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Military Form DD214, If applicable.	<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT OWNERS ONLY (unit is not the primary residence of the owner)

Current 2024 issued, copy of your mortgage and/or home equity line of credit statement(s)	<input type="checkbox"/>	<input type="checkbox"/>
Current 2024 issued, copy of your Property Insurance Policy, Declaration Page(s) .	<input type="checkbox"/>	<input type="checkbox"/>
Copy of your Photo ID.	<input type="checkbox"/>	<input type="checkbox"/>
Completed <u>Residential Occupant Profile</u> (page 4) or <u>Vacant Unit Occupant Status</u> (page 8).	<input type="checkbox"/>	<input type="checkbox"/>
Proof of rental income/lease agreement	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Prior two (2) years IRS federal income tax returns for 2022 and 2023 .	<input type="checkbox"/>	<input type="checkbox"/>
➤ Include Schedules 1, C and E as applicable [or] Complete IRS form 4506-T.	<input type="checkbox"/>	<input type="checkbox"/>
Applicants for Accessibility Modifications (units with disabled occupants)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Physician must complete the enclosed Eligibility Form (page 11).	<input type="checkbox"/>	<input type="checkbox"/>
➤ Physician must provide Non-Rx Certification for Prescription/Letterhead statement.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Columbus City Code Violation Notice, If applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Chapter 13 Bankruptcy semi-annual report and creditors, If applicable.	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR TECHNICAL ASSISTANCE

I, _____ the applicant of the property/properties located at,
_____ request technical assistance from the City of Columbus

Technical Assistance May Include:

- 1) Lead Based Paint Inspection and Risk Assessment
- 2) Healthy Home Assessment
- 3) Work Specifications
- 4) Other Technical Assistance as Needed
- 5) A Historic Preservation Review to Determine Historic Eligibility
- 6) An Environmental Review to Determine Flood Plain Location
- 7) Review for Relocation Obligations
- 8) Radon Testing
- 9) A City of Columbus Code Inspection

APPLICATION FOR HOMEOWNER SERVICES CENTER PROGRAMS

City of Columbus,
Mayor Andrew J. Ginther



Housing Division
Rita Parise, Administrator

Homeowner Services Center
111 North Front Street, 3rd Floor
Columbus, Ohio 43215

DEPARTMENT OF
DEVELOPMENT

Department of Development
Michael H. Stevens, Director

Applicant (Name) Married Separated Male Female
Unmarried Veteran Other: _____

Co-Applicant (Name) Married Separated Male Female
Unmarried Veteran Other: _____

Property Address: _____
(Street) (Zip Code)

Email Address: _____

Primary Phone: _____ **Alternate Phone** _____

If the size of your household will change within the next 12 months, please explain below:

Are you or someone in your home pregnant? YES or NO

Is anyone in the home a military veteran? YES or NO

*If yes, please provide a military form DD 214.

Do you have an active primary or secondary mortgage, and/or home equity loan? YES or NO

*Provide a current statement for each primary or secondary mortgage, and/or home equity loan.

Do you have an active homeowner insurance policy? YES or NO

*If yes, please provide the policy declaration page(s).
*If your coverage was cancelled due to needed repairs, please provide documentation.

Is the homeowner insurance coverage paid through your primary mortgage? YES or NO

Does the primary mortgage include your property taxes? YES or NO

Occupied by Owner(s)? YES or NO

Occupied by Tenant(s)? YES or NO

Are you receiving housing assistance? YES or NO **If so, please specify the type below:**

RESIDENTIAL OCCUPANT PROFILE: Occupant(s) must complete the boxes below.

(If more space is needed, please copy this blank page and attach it behind page 4).

Race Code: Use the number in front of the appropriate category to complete the chart below.

Definition of “Children Visiting”: This includes children under the age of 6 years old that visit the dwelling regularly (for at least 2 days/week and 3 hours/day, for at least 60 hours per year).

Per the Fair Housing Act, the definition of disabled is as follows:

- An individual with mental or physical impairments that substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, speaking, or working. The Fair Housing Act also protects persons who have a record of such an impairment, or are regarded as having such an impairment.
- Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders are not considered disabled under the Fair Housing Act, by virtue of that status.

First & Last Names starting with Head of Household, then list oldest to youngest	Date of Birth	Sex	Relation to Head of Household	Hispanic or Latino Y or N	Race Code See Below for Numbers	Disability See Definition Above Y or N	Current Blood LEAD level of children (optional)	Children visiting See Definition Above Y or N

Race Codes: Single Race

- 1) White
- 2) Black or African American
- 3) American Indian or Alaskan Native
- 4) Asian
- 5) Native Hawaiian

Race Codes: Multi-Race

- 6) American Indian or Alaskan Native **and** White
- 7) Asian **and** White
- 8) Black or African American **and** White
- 9) American Indian or Alaskan Native **and** Black or African American
- 10) Other Multi-Race:

Primary Occupant Signature

Date

Landlord Signature (If applicable)

Date

INCOME & ASSETS CHECKLISTS FOR OWNER-OCCUPANTS AND TENANTS ONLY

This section must be filled out by the owner(s) or tenant(s) that are occupying the property. Please check the appropriate boxes for any occupants over the age of 18 that receive any of the following income. Income documentation must be attached for all owner occupant(s).

Income Source(s)	Name of the Person(s) receiving income (Provide Information)	Gross Monthly Amounts Received (Provide Information)	Documents Included (Check Box)
Employment Wages			<input type="checkbox"/>
Self Employed Payroll			<input type="checkbox"/>
Unemployment			<input type="checkbox"/>
Disability Compensation			<input type="checkbox"/>
Workers Compensation			<input type="checkbox"/>
Child Support			<input type="checkbox"/>
Alimony			<input type="checkbox"/>
Cash/Financial Assistance			<input type="checkbox"/>
Social Security, SSI			<input type="checkbox"/>
Pension, Annuity, 401k			<input type="checkbox"/>
Other Income Source:			<input type="checkbox"/>
Household Asset Type(s)	Person(s) the Asset(s) belong to:	Current Value	Documents
Bonds			<input type="checkbox"/>
Capital Investments			<input type="checkbox"/>
Cash Out Surrender Value on Life Ins Policies			<input type="checkbox"/>
Certificate of Deposit [CD]			<input type="checkbox"/>
Individual Retirement IRA			<input type="checkbox"/>
Keogh			<input type="checkbox"/>
Mutual Funds, Money Market (MMA) Accounts			<input type="checkbox"/>
Personal Property held as investment			<input type="checkbox"/>
Rental Property			<input type="checkbox"/>
Stocks			<input type="checkbox"/>
Treasury Bills			<input type="checkbox"/>
Trusts			<input type="checkbox"/>
Other Asset Type:			<input type="checkbox"/>
Provide Type, Recipient information and Current Cash Value below for current year <u>Lump Sum</u> or <u>Single Receipts</u> from an <u>inheritance</u> , <u>capital gains</u> , <u>lottery winnings</u> , <u>insurance settlements</u> or <u>victim's restitution</u> .			
Source			<input type="checkbox"/>

The APPLICANT(s) certifies that all information in this application, and all information furnished in support of this application are true and complete to the best of the APPLICANT's knowledge and belief. The APPLICANT(s) have provided all known amounts and sources of income for each adult household member. This application authorizes an evaluation of the home for the purpose of home repair. The APPLICANT(s) understand that any willful misstatement of material fact; and/or failure to supply and document application content, may be grounds for disqualification from the current program, regardless to authorization of the repairs. Furthermore, any material falsification of any kind will result in the APPLICANT(s) repaying the full amount of funds paid by the City of Columbus for repairs to the address on this application. Verification may be obtained from any source named herein [or] from a credit report.

APPLICANT:

_____ **SIGNATURE of APPLICANT:** _____ **Date** _____ **Social Security Number**

CO-APPLICANT:

_____ **SIGNATURE of Co-APPLICANT:** _____ **Date** _____ **Social Security Number**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. Sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Housing Staff Use Only:	
Program(s): _____	Priority Level: _____
Office Staff Review: _____	Technician Review: _____

Certification of Zero Income

(To be completed by adult household members only when applicable. Make blank copies if necessary).

Name of person certifying zero income (please print) _____

Date of Birth: _____ Social Security Number: _____

_____ I certify that I do NOT individually receive income or have NOT received income from any of the following sources for the period _____ through _____. (If Yes, provide termination letter)

Initial

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Mary Kay, Amway, Thirty-One, Etc.);
- i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- j. Veteran's Benefits;
- k. Supplemental Security Income;
- l. Any other source not named above.

_____ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Initial

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

Signature of person certifying zero income

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public, State of Ohio

My Commission expires _____

VACANT UNIT OCCUPANT STATUS
(only fill this page out if the property unit is vacant)

I/We, _____ the owners of,
(Owner/s Name/s)

_____ verify that the unit is currently
(Property Address)

vacant. To be in compliance with federal regulations that pertain to the **Healthy Homes** program funds, when reviewing applicants, I/we will give priority consideration to those renting to households that are low to moderate income and to households of the disabled and/or elderly age 62 and older. To be in compliance with federal regulations that pertain to the **Lead Safe Columbus** program funds, when reviewing applicants, I/we will give priority consideration to those renting to households that are low to moderate income and to households of families with children age six (6) or under occupying or visiting the unit more than six hours per week.

Signature _____ Date _____



Michael H. Stevens
Director

Disclosure Statement

Rita Parise
Housing Administrator

The City of Columbus Homeowner Service Programs may be federally funded and subjected to many, various rules and regulations. One such regulation may prohibit persons exercising any function or responsibility with respect to Homeowner Service (Programs), or persons in a position to participate in decision-making or to gain inside information from obtaining a personal or financial interest, or other benefit, from the Programs for themselves or for others with whom they have family or business ties. Because the City must comply with such regulation, persons seeking to participate in the Programs must answer a series of questions to determine if a potential conflict of interest exists. If your answer is **“NO”** to these questions, you are entitled to participation and possibly assistance from the Homeowner Service Programs. If your answer is **“YES”** to any of these questions, your eligibility to participate in the Programs will be determined following a review of the information that you provide.

Disclosure Statements:

- A.** Are you currently employed by the City of Columbus, Department of Development? YES or NO
 Have you been an employee of the City of Columbus during the past 12 Months? YES or NO

- B.** Within the past 12 months, did you have family or business ties with any person who is an employee, consultant, agent, elected official or appointed official of the City of Columbus? Yes No.

If you answered yes, please give name(s) and position(s) and your relationship with the person(s).

Name(s)	Position(s)	Relationship(s)

- C.** Within the past 12 months, have you served as a consultant to the City of Columbus, Homeowner Assistance Program, or any other housing related program administered by the City? Yes No

If you answered yes, please provide the nature of the consultant activity: _____

- D.** I (We), the undersigned, hereby certify that the information provided on this form by me (us) is true and complete to the best of my (our) knowledge and belief:

Property Owner

Co-property Owner

Date

Date

HOME REPAIR SERVICE REQUESTS

Below **mark checkboxes for Yes** [or] **leave Blank for No** on each home repair concern.

<input type="checkbox"/> Inoperable Furnaces	<input type="checkbox"/> Accessible Bathtub/Shower
<input type="checkbox"/> Inoperable Hot Water Tanks	<input type="checkbox"/> Bathtub Grab Bars
<input type="checkbox"/> Minor Electrical Repairs	<input type="checkbox"/> Exterior Chairlift
<input type="checkbox"/> Plumbing Gaslines	<input type="checkbox"/> Staircase Handrails
<input type="checkbox"/> Gutters / Downspouts	<input type="checkbox"/> Stairlift
<input type="checkbox"/> Plumbing Drain and Sewerlines	<input type="checkbox"/> Toilet Assist Railings
<input type="checkbox"/> Porch / Steps	<input type="checkbox"/> Wheelchair Ramp
<input type="checkbox"/> Roof and/or Roof Elements	<input type="checkbox"/> Widening Doorways for Wheelchair Accessibility
<input type="checkbox"/> Siding	<input type="checkbox"/> Carbon Monoxide/Radon
<input type="checkbox"/> Structural / Foundation	<input type="checkbox"/> Indoor Air Quality Issues
<input type="checkbox"/> Windows / Doors	<input type="checkbox"/> Mold/Moisture
<input type="checkbox"/> Lead Inspection (If built before 1978)	<input type="checkbox"/> Pests

Comments: Briefly explain the need for the repairs specified:

To your knowledge, is there an active Columbus City Code Violation written against the property? YES or NO

*If yes, please provide a copy of the notice.

How did you hear about this program?

<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Columbus Public Health
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> City of Columbus Website
<input type="checkbox"/> Other: _____	

If we learn of other home repair programs available through private sector agencies, do we have your consent to share the contents of this application to make a referral on your behalf? 0 YES or NO 0

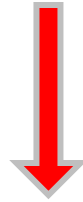
Home Accessibility Modification Eligibility

Department of Development
Michael H. Stevens, Director

Housing Administrator
Rita Parise

Case Number

Service Address



City of Columbus
Housing Division
111 North Front Street, 3rd Floor
Columbus, Ohio 43215
Phone: (614) 645-8526

** This form must be completed by and accompany a Physician/Chiropractor Certification for Prescription **

The Physician/Chiropractor must sign, date And Attach a Certification for Prescription; Office Letterhead [or] apply an Office Stamp

HOME ACCESSIBILITY MODIFICATION ELIGIBILITY

Name <small>(Last, First, M.I.)</small>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Physician/Chiropractor Signature:	Date of last physical exam:	

PERSONAL HEALTH HISTORY

List any diagnosed medical conditions/disabilities:
How long will these medical conditions/disabilities last?

IDENTIFY ONE OR MORE MAJOR LIFE ACTIVITIES THAT ARE SUBSTANTIALLY LIMITED DUE TO THE DISABILITY:
<input type="checkbox"/> Climbing Stairs <input type="checkbox"/> Walking <input type="checkbox"/> General Mobility <input type="checkbox"/> Pulling/Lifting <input type="checkbox"/> Other (Explanation):

OTHER PROBLEMS

*Mark the boxes below to request mobility modifications medically necessary for an accessible living environment [or] of helpful benefit to the client. **Transfer the marked items below to a Non-Rx Prescription; Office Letterhead [or] apply an Office Stamp.***

<u>MOBILITY MODIFICATIONS</u>	<u>MOBILITY MODIFICATIONS</u>
<input type="checkbox"/> Grab Bars	Stair Lifts <input type="checkbox"/>
<input type="checkbox"/> Wheelchair Ramp	Widening Doorways <input type="checkbox"/>
<input type="checkbox"/> Handrails for Steps	Toilet Assist Railings <input type="checkbox"/>
<input type="checkbox"/> Accessible Bath/Shower	Other (Explanation Below) <input type="checkbox"/>
<input type="checkbox"/> Chair Lifts	