



## 2021 Home Repair Program Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The above address is owner occupied OR rental unit (please circle one)

Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Number of persons over the age of 18 in household: \_\_\_\_\_

**NOTE: Each person over the age of 18 must complete a self-declaration of income form, found on pages 3 & 4. Additional forms available upon request if needed.**

Please use this space to describe the repairs needed:



**SELF-DECLARATION OF INCOME**

**Please complete the following form for EACH household member over the age of 18**

This is to certify the income status for the applying household. Income includes but is not limited to:

- Employment
- Self-Employment
- Social Security/Social Security Disability Income/Supplemental Security Income
- Pension
- Veteran’s Administration Benefits
- Rental Property Income
- Unemployment Benefits
- TANF/AFDC (public assistance)
- Worker’s Compensation
- Regular or Semi-Regular Cash Assistance from Someone Not Listed on Application
- No Source of Income

\*Please note the Home Repair Program is only available to households at or under 80% Average Median Income. See the 2021 Income Limits Summary below.

| 2021 Income Limit Category   | Persons in Family |        |        |        |        |        |        |        |
|------------------------------|-------------------|--------|--------|--------|--------|--------|--------|--------|
|                              | 1                 | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
| Low (80%) Income Limits (\$) | 44,050            | 50,350 | 56,650 | 62,900 | 67,950 | 73,000 | 78,000 | 83,050 |

**SELF-DECLARATION OF INCOME:**

To be completed by every household member 18 or older.

Applicant Name: \_\_\_\_\_

**Check only one box and complete only that section**

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I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SELF-DECLARATION OF INCOME:**

To be completed by every household member 18 or older.

Household Member #2 Name: \_\_\_\_\_

**Check only one box and complete only that section**

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I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SELF-DECLARATION OF INCOME:**

To be completed by every household member 18 or older.

Household Member #3 Name: \_\_\_\_\_

**Check only one box and complete only that section**

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I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SELF-DECLARATION OF INCOME:**

To be completed by every household member 18 or older.

Household Member #4 Name: \_\_\_\_\_

**Check only one box and complete only that section**

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I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Participants may return this application to:

**In person or by mail:** Tremont West Development Corporation  
2406 Professor Ave, Cleveland, OH 44113  
**Scan and email to:** [juliedahlhausen@tremontwest.org](mailto:juliedahlhausen@tremontwest.org)

Please contact Julie Dahlhausen at 216-280-8411 or [juliedahlhausen@tremontwest.org](mailto:juliedahlhausen@tremontwest.org) if you have any questions or need assistance in completing the application. Once the application is received, homeowners will be contacted by Tremont West Development Corporation staff.