

Senior Homeowner Assistance Program (SHAP)

Application instructions

Submit paper applications to:

Cleveland Department of Aging
SHAP Program
75 Erieview Plaza, 2nd Floor
Cleveland, OH 44114

Aging@clevelandohio.gov

Phone: 216-664-2833

Fax: 216-664-2218

OR

Complete the application on-line and upload supporting documents to:

<https://portal.neighborlysoftware.com/clevelandoh/participant>



For applications submitted to the Department of Aging:

1. A Cleveland Department of Aging representative will call you to review your application, let you know what documents are needed, and if you are likely to be eligible.
2. You will receive in writing a checklist of necessary documents required from the Department of Aging. Call the Department of Aging once all requested documents are photocopied and/or notarized.
3. A home visit will be scheduled with a Geriatric Outreach Worker to pick up the documents and to sign your completed Application and Client Declaration of Income and Asset statement.
4. Once the application is completed with all needed documents, it will be submitted to the Department of Community Development to be reviewed.
5. The Department of Community Development will review your application and documents submitted. If additional information is required by Community Development, please reply promptly and send that information to Community Development. Failure to submit the documents may result in your application being closed.
6. The Department of Community Development will notify you to let you know if you are eligible. If eligible, they will work with you regarding a contractor and timeline for the completion of your repair.

For applications submitted through the on-line website:

The Department of Community Development will contact you once your application is submitted and necessary documents have been received. Additional documentation may be requested. The Department of Community Development will let you know if you are eligible. If, eligible they will work with you regarding a contractor and timeline for the completion of your repair.

Senior Homeowner Assistance Program (SHAP)

Eligibility Requirements

In order to qualify for the service the following qualifications must be met:

- City of Cleveland resident, age 60 or over. Adults 18-59 years may qualify if they receive a disability payment
- Must own and reside in the single or two-family home that is to be repaired
- All owners listed on the title must reside in the home*
- The home must be in applicant's name for at least one year
- Home cannot be in active foreclosure or bankruptcy
- Property taxes must be current⁺. If property taxes are not current, an applicant must be on a payment plan with Cuyahoga County. Three consecutive payments must be made before a person can apply. Homeowner must stay current on their taxes or a payment plan throughout the entire application process.
- Total household income must be within program guidelines. Gross income is counted for all household members. All income sources are counted toward eligibility (refer to page 7).

SHAP income limits

Number in Household	Gross Maximum Household Income 2023-2024
1 person	\$23,050
2 people	\$26,350
3 people	\$29,650
4 people	\$32,900
5 people	\$35,550
6 people	\$38,200

Note: All persons age 18 and over who are identified as part of the household must provide documentation of all gross income (earned and unearned) and assets (regardless of value) that are partially or fully held in their name.

*For information regarding removing someone from your title, contact Cuyahoga County Fiscal Office-Transfer and Recording Department at 216-443-7020

⁺For getting on a tax payment plan for delinquent property taxes, contact Cuyahoga County Treasury –Tax Department at 216-443-7420



CITY OF CLEVELAND
Mayor Justin M. Bibb

SHAP

SENIOR HOMEOWNER ASSISTANCE PROGRAM

A program of the Cleveland Departments of
Community Development and Aging

PROGRAM APPLICATION



SHAP provides a grant to low-income Cleveland residents age 60+ and disabled adults who reside in (and own) SINGLE OR TWO FAMILY homes in need of health, safety, and maintenance repairs. Typical repairs are roof replacement, major electrical work, major plumbing work, porch replacements, and the installations of ramps. Only one repair item can be addressed.

Mail completed application to: Cleveland Department of Aging SHAP Program
75 Erieview Plaza, 2nd Floor, Cleveland, OH 44144
Aging@clevelandohio.gov
Phone: 216-664-2833 Fax: 216-664-2218

- Please use only black or blue pen.
- Make a mistake? Please DO NOT use whiteout. Please cross off the incorrect information, provide the correct information and initial the correction.
- Write N/A (for Not applicable) in ANY/ALL blank boxes on application.

BASIC INFORMATION

Is home occupied by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you lived in the home? _____ Is home: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Two Family Home If a two family, the unit you reside in is: <input type="checkbox"/> Up <input type="checkbox"/> Down	Number of people in home: _____ What is your primary language?
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PRIMARY APPLICANT INFORMATION

First and Last Name	Birth Date	Applicant Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender
Address	Zip Code	Phone	Marital Status
Check all appropriate: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian –Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multiracial			Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address:			

SECONDARY APPLICANT INFORMATION

First and Last Name	Birth Date	Applicant Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender
Check all appropriate: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian –Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multiracial			Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information:

Household Members	Self	Secondary Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Name					
Relationship to applicant	Self				
Date of Birth (DOB)			DOB:	DOB:	DOB:
Last 4 of SSN:					
Marital Status:					

Banking Information: Please indicate how many bank, credit union, or other financial accounts (checking, savings, etc.) belong to all household members over 18 years old. List each household member individually.

Account Holder(s) Name	Name of Bank, Credit Union, or other Financial Institution	Number of Accounts	Types of Accounts
Example: John Smith	My Bank USA	2	1 Checking, 1 Savings

Household Monthly Income:

Income Source	Self	Secondary Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Name					
Employment	\$	\$	\$	\$	\$
Social Security/SSDI/SSI	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$	\$

If more space is needed for additional household members, attach additional paper.

Monthly Expenses:	
Water \$ _____	Mortgage \$ _____
Sewage \$ _____	Homeowners Insurance \$ _____
Electric \$ _____	Property taxes \$ _____
Gas \$ _____	Maintenance \$ _____
Total \$ _____	

Please Check Yes or No

- Do you have working smoke detectors in your home? Yes No
- Is anyone in the household related to an employee of the Cleveland Departments of Aging or Community Development? Yes No
- Do you file taxes? Yes No
- Do you have any foreclosures/judgements on or pending on your home? Yes No
- Are you current on your property taxes or on a payment plan? Yes No
- Do you own other property? Yes No
If yes, address(s) of other owned property: _____
- Are any members of your household in school? Yes No
If yes, list household member(s): _____
- Are any members of your household pregnant? Yes No
If yes, list household member(s): _____

<p>Service requested. Please check only one (1) box</p> <p><input type="checkbox"/> Roof Replacement <input type="checkbox"/> Porch Repairs <input type="checkbox"/> Exterior Ramp or Lifts Installation</p> <p><input type="checkbox"/> Major Plumbing work <input type="checkbox"/> Major Electrical work</p>

This section is to be signed by the applicant at the time of the home visit by the Cleveland Department of Aging



Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false, misleading, or inaccurate information constitutes fraud. False, misleading or inaccurate information may result in the termination of the application and legal action being taken to the full extent of the law.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

**Cleveland Department of Aging
Release of Information**

I, _____, acknowledge that
(Please Print Your Name)

the City of Cleveland, Departments of Aging, may find it necessary to share information that I provide such as my name, address, income sources, general health status and what services I am currently receiving with other service providers. I give my permission for the Department of Aging to share this information for helping me receive the service(s) I may need.

As an applicant in the Senior Homeowner Assistant Program, I authorize the City of Cleveland, Departments of Aging and Community Development to share my application and supporting documentation with City of Cleveland community partners solely for assisting me to obtain the service(s) I may need.

I also understand that the demographic information collected will be entered into a confidential client database(s) as required by one or more of the following agencies: Cleveland Department of Aging, Western Reserve Area Agency on Aging and the Ohio Department of Aging.

(Your/Client Signature)

(Date)

(Your/Client Address)

Client Declaration of Income and Asset Statement

Complete a separate statement for all household members aged 18 years of age or above

- **Circle Yes or No for all questions**
- **If Yes, for an income source**
 - Write in gross monthly amount received
 - Write in where you receive the money from
- **If Yes, for an asset (next page)**
 - Write in the current value
 - Write in the name of the financial institution or organization

Name: _____ Date: _____

Income source	Response (Circle one)	Gross monthly amount received	Full name of agency that provides that income
Job #1	Yes No	\$	
Job #2	Yes No	\$	
Self-Employment	Yes No	\$	
Social Security/SSDI	Yes No	\$	
Supplemental Social Security	Yes No	\$	
Pension #1	Yes No	\$	
Pension #2	Yes No	\$	
Veteran's Administration	Yes No	\$	
AFDC/TANF/SNAP (cash only)	Yes No	\$	
Unemployment Compensation	Yes No	\$	
Worker's Compensation	Yes No	\$	
Rental Income	Yes No	\$	
<i>Order</i> for Child Support	Yes No	\$	
<i>Order</i> for Alimony	Yes No	\$	
Regular/Semi-Regular Cash Assistance from someone not living with you	Yes No	\$	
Regular/Semi-Regular Cash-in-kind Assistance from someone not living with you	Yes No	\$	
Reverse Mortgage Income	Yes No	\$	
Other: _____	Yes No	\$	
Other: _____	Yes No	\$	
Does any minor listed on the application receive income?	Yes No	\$	
Total of all income sources listed above	-----	\$	

Income Source	Response (Circle one)		Current Value	Full Name of Financial Institution or organization
Checking #1	Yes	No	\$	
Checking #2	Yes	No	\$	
Direct Express	Yes	No	\$	
Savings or Holiday Account #1	Yes	No	\$	
Savings or Holiday Account #2	Yes	No	\$	
Money Market	Yes	No	\$	
Certificate of Deposit(s)	Yes	No	\$	
Stocks and/or Bonds	Yes	No	\$	
U.S. Savings Bonds	Yes	No	\$	
Annuities	Yes	No	\$	
Mutual Funds	Yes	No	\$	
IRA (Roth or Traditional)	Yes	No	\$	
401(k) or 403(b) or Equivalent	Yes	No	\$	
Other Pension Asset Accounts	Yes	No	\$	
Keogh Accounts	Yes	No	\$	
Treasury Bills	Yes	No	\$	
Real estate (vacant or occupied land, home, building, etc.) other than the house you live in	Yes	No	\$	
Personal property as an investment*	Yes	No	\$	
Business	Yes	No	\$	
Inheritance in past 24 months	Yes	No	\$	
Capital Gains	Yes	No	\$	
Lottery Winnings past 24 months	Yes	No	\$	
Insurance Settlement past 12 months	Yes	No	\$	
Life Insurance Policy #1	Yes	No	\$	
Life Insurance Policy #2	Yes	No	\$	
Trust	Yes	No	\$	
Asset disposed of for less than the fair market value in past 24 months	Yes	No	\$	
Other: _____	Yes	No	\$	
Other: _____	Yes	No	\$	
Does any minor listed on the application own any assets?	Yes	No	\$	
Total of all asset sources listed	-----		\$	

*Personal property held as an investment may include, but is not limited to: gem collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to household furniture, daily-use vehicle, clothing, assets of an active business, special equipment used by the disabled.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false, misleading, or inaccurate information constitutes fraud. False, misleading, or inaccurate information may result in termination of the application and legal action being taken to the full extent of the law.

This section is to be signed at the time of the home visit by the Cleveland Department of Aging

Signature of Applicant: _____ **Date:** _____



INCOME, ASSET AND DOCUMENT REQUIRED GUIDELINES

Depending on your income and asset source, the Department of Aging will contact you to clarify what documents need to be submitted to complete your application process:

For any declared income or asset source, the entire document must be provided.

For example, if a tax return is being used, all pages, including attachments, forms and schedules, must be provided. If the agency printouts reflect multiple pages in a document, then all pages must be provided.

Primary or secondary applicant cannot complete an affidavit for another applicant or dependent unless the applicant or dependent is under the age of 18.

An affidavit is defined as a notarized statement.

Income Sources Included	Documentation Needed
Employment	Most recent (3,6,7, or 12 depending on payment frequency) consecutive pay stubs to reflect a full 90 days of employment income; if employed less than 90 days, all pay stubs and either affidavit from applicant identifying start date or document from employer stating start date.
Self Employment	Most recent income tax return (all pages).
Social Security	Current award letter; if award letter not available, printout dated within 30 days of application (all pages).
Supplemental Social Security	Current award letter; if award letter not available, printout dated within 30 days of application (all pages).
Pension	Current award letter; if award letter not available, printout dated within 30 days of application (all pages).
Veteran's Administration Benefits	Current award letter; if award letter not available, printout dated within 30 days of application (all pages).
TANF/AFDC (public assistance)	Printout dated within 30 days of application; must include summary sheet showing all benefits as well as each corresponding benefit printout sheet (all pages).
Unemployment Benefits	Award letter (all pages).
Worker's Compensation	Award letter (all pages).
Rental Property Income (including second unit of a two-family home)	Copy of signed current lease and most recent tax return; if rental property income is not included in annual tax return, an affidavit stating how much rent is collected each month (all pages).
Regular or Semi-Regular Cash Assistance from Someone Not Listed on Application	Affidavit indicating name of person providing assistance, frequency of assistance and amount of assistance.
Regular or Semi-Regular Cash In-Kind Assistance from Someone Not Listed on Application	Affidavit indicating name of person providing assistance, frequency of assistance, amount of assistance and what in-kind service is being provided.
Child Support	Printout from Child Support Enforcement Agency dated within 30 days of application showing previous 12 month award/payment history (all pages).
Alimony	Divorce decree (all pages).
Reverse Mortgage	Set-up document or most recent statement (all pages).
No Income	Affidavit stating no income

Asset Sources Included	Documentation Needed
Checking	Most recent 6 consecutive statements (all pages for each statement).
Direct Express	Most recent 6 consecutive statements (all pages for each statement).
Savings	Most recent statement (all pages for each statement).
Holiday Account	Most recent statement (all pages for each statement).
Money Markets	Most recent statement (all pages for each statement).
Certificates of Deposit	Set-up document or most recent statement (all pages for each statement)
Stocks and/or Bonds	Most recent statement or copy of each certificate (all pages for each statement).
Annuities	Set-up document or most recent statement (all pages for each statement)
Mutual Funds	Set-up document or most recent statement (all pages for each statement)
IRA (Roth or Traditional)	Most recent statement (all pages for each statement).
401(K)	Most recent statement (all pages for each statement).
Other Pension Accounts	Most recent statement (all pages for each statement).
Keogh Account	Most recent statement (all pages for each statement).
Treasury Bills	Copy of each bill or most recent statement (all pages for each statement).
Real estate (vacant or occupied land, home building, etc.) other than the house you live in	Complete address of property; if mortgage exists, either set-up document or most recent statement (all pages for each statement).
Personal Property as an Investment	Most recent tax returns (all pages). For real property also provide the complete address of property.
Business	Most recent tax return (all pages).
Inheritance	Affidavit for amount received, date awarded, what was done with money.
Capital Gains	Most recent tax return (all pages).
Lottery Winnings	Award statement from agency plus original affidavit of what was done with money (all pages for each statement).
Insurance Settlements	Award statement from agency plus original affidavit of what was done with money (all pages for each statement).
Whole or Universal Life Insurance Policies	Set-up document (all pages). Must show cash value of policy.
Trust	Set-up document (all pages).
Asset disposed of for less than Fair Market Value within 2 years from date of application	Affidavit for type of asset disposed of, date of disposition, how much the item was disposed for and what the market value was at the time of disposition (all pages).