



SHAP

SENIOR HOMEOWNER ASSISTANCE PROGRAM

A program of the Departments of Community Development and Aging

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 critical, health, safety and maintenance repairs. Typical repairs include roof repair or replacement, major electrical work, major plumbing work, repair or replacing the front and/or back steps, porch repairs, and the installation of ramps. Only one critical repair item can be addressed.

INCOME GUIDELINES

NUMBER IN HOUSEHOLD	GROSS MAXIMUM HOUSEHOLD INCOME
1 Person	\$16,300
2 Persons	\$18,650
3 Persons	\$21,000
4 Persons	\$23,300
5 Persons	\$25,150
6 Persons	\$27,050

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

All persons under 18 years of age who are identified as part of the household applying for assistance must provide documentation of all unearned income (defined as all non-employment income) and assets (regardless of value) that are partially or fully held in their name.

Because SHAP is a grant using Federal dollars, specific documentation is required by the U.S. Department of Housing and Urban Development (HUD), and the City of Cleveland. HUD requires the City of Cleveland to calculate all gross annual income, and to determine the overall value of assets, to determine eligibility. The calculation of gross annual income, and income from assets, is what is used to determine if you are income eligible for the program.

Income Sources Include

Employment	Self Employment	Social Security
Supplemental Social Security	Pension	Veteran's Administration Benefits
TANF/AFDC (public assistance)	Unemployment Benefits	Worker's Compensation
Rental Property Income	Regular or Semi-Regular Cash Assistance from Someone Not Listed on Application	Regular or Semi-Regular Cash In-Kind Assistance from Someone Not Listed on Application
Child Support	Alimony	Reverse Mortgage

Asset Sources Include

Checking	Savings	Holiday Account	Money Markets	Insurance Settlements
Certificates of Deposit	Stocks	Annuities	Keogh account	Whole or Universal Life Insurance Policies
Treasury Bills	Bonds	IRA	Other pension accounts	Trust
Rental Property	House	401(K)	Lottery Winnings	Inheritance
Business	Capital Gains			

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.

Call 216.664.2833 for an application

Department of Aging SHAP Program, 75 Erievue Plaza, 2nd Floor, Cleveland, Ohio 44114

Phone: 216.664.2833

Fax: 216.664.2218

SPECIFIC INFORMATION REGARDING THE SHAP APPLICATION PROCESS

Important:

- Personal assets and liabilities will be taken into consideration
- You must live in the property in question and be able to show clear title



Begin the application process by completing one of these steps:

Mail/Deliver Completed Application to: City of Cleveland Department of Aging SHAP Program 75 Erieview Plaza, 2 nd floor Cleveland OH 44114	Fax Completed Application to: 216.664.2218
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After the application is received:

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 follow-up in writing from the Department of Aging of next steps.
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. If you make a mistake on the application or other documents, please **DO NOT** use whiteout. Cross off the incorrect information, provide correct information and initial the correction.
5. The Department of Community Development will review the application and documents submitted. Additional information may be required.
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.

Only black or blue pen may be used. Please NO pencil or colored pens or markers.

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 in ANY/ALL blank boxes on application.



CITY OF CLEVELAND
Mayor Frank G. Jackson



SHAP

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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 include roof repair or replacement, major electrical work, major plumbing work, repair or replacing the front and/or back steps, porch repairs, and the installation of ramps. Only one repair item can be addressed.

Mail completed application to: The Cleveland Department of Aging SHAP Program,
75 Erievue Plaza, 2nd Floor, Cleveland, Ohio 44114

Phone: 216.664.2833 •

• Fax: 216.664.2218

Application for SHAP Services

BASIC INFORMATION

Is the property currently owner-occupied? YES NO Property is (check one) SINGLE FAMILY TWO FAMILY
If a two family, the unit you reside in is UP DOWN

PRIMARY APPLICANT INFORMATION

NAME		BIRTH DATE	APPLICANT DISABLED? <input type="checkbox"/> NO <input type="checkbox"/> YES		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Are you related to an employee of the Cleveland Departments of Aging or Community Development? <input type="checkbox"/> YES <input type="checkbox"/> NO						
ADDRESS		ZIP CODE	WARD	PHONE	MARITAL STATUS	
# PERSONS IN HOME	CHECK ALL APPROPRIATE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER:				HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECONDARY APPLICANT INFORMATION (Secondary applicant is spouse/other on title, living in the home)

NAME		BIRTH DATE	APPLICANT DISABLED? <input type="checkbox"/> NO <input type="checkbox"/> YES		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Are you related to an employee of the Cleveland Departments of Aging or Community Development? <input type="checkbox"/> YES <input type="checkbox"/> NO						
CHECK ALL APPROPRIATE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER:					HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	

INCOME AND ASSETS

Homeowners Gross Monthly Income		
INCOME SOURCE	PRIMARY APPLICANT	SECONDARY APPLICANT
Employment	\$	\$
Social Security	\$	\$
SSI	\$	\$
Pension	\$	\$
VA Benefits	\$	\$
Other	\$	\$
Total Monthly Income	\$	\$

Names, date of birth, and income for all additional persons residing in the home					
NAMES ►					
Relationship					
Date of Birth					
Income Source					
Gross Monthly Income	\$	\$	\$	\$	\$

Do you have a smoke alarm? YES NO

	Checking	Savings	Investments	Real Estate	Other Asset
Acct. #1	\$	\$	\$	\$	\$
Acct. #2	\$	\$	\$	\$	\$
Acct. #3	\$	\$	\$	\$	\$
Acct. #4	\$	\$	\$	\$	\$

CURRENT MONTHLY HOUSING EXPENSES

Mortgage	\$
Home Owners Insurance	\$
Property Taxes	\$
Utilities: Gas \$ _____	Electricity \$ _____
Water \$ _____	Sewage \$ _____
Trash collection \$ _____	
Maintenance	\$
Total Monthly Expenses	\$

REPAIR TO BE MADE:

Please check only one (1) box

Roof/gutter repair or replacement Major electrical work Major plumbing work
 Porch repairs or replacement Installation of ramp/lift



Follow submission instructions on the instruction page. Do not sign below.

This section is to be filled in at the time of the home visit by the 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.

.PRIMARY APPLICANT'S SIGNATURE X	DATE SIGNED X
SECONDARY APPLICANT'S SIGNATURE X	DATE SIGNED X

Client Declaration of Income and Asset Statement

All household members aged 18 years of age or above must complete a separate Statement.

All questions must be answered yes or no.

If yes is answered, both questions to the right of the response MUST be completed.

Only black or blue pen may be used. Please NO pencil or colored pens or markers.

Make a mistake? Please DO NOT use whiteout. Please cross off the incorrect information, provide correct information and initial the correction.

Name: _____ Social Security # (last 4): _____ Date: ____/____/____

INCOME SOURCE	RESPONSE (Circle One)	GROSS MONTHLY AMOUNT RECEIVED	FULL NAME OF AGENCY THAT PROVIDES THE INCOME
Job #1	Yes No	\$	
Job #2	Yes No	\$	
Self-Employment	Yes No	\$	
Social Security	Yes No	\$	
Supplemental Social Security	Yes No	\$	
Pension #1	Yes No	\$	
Pension #2	Yes No	\$	
Veteran's Administration	Yes No	\$	
TANF/AFDC (Cash only, not food stamps)	Yes No	\$	
Unemployment Compensation	Yes No	\$	
Worker's Compensation	Yes No	\$	
Rental Income	Yes No	\$	
Order For Child Support	Yes No	\$	
Order 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	-----	\$	-----

ASSET SOURCE	RESPONSE (Circle One)		CURRENT VALUE	FULL NAME OF FINANCIAL INSTITUTION
Checking #1	Yes	No	\$	
Checking #2	Yes	No	\$	
Savings #1	Yes	No	\$	
Savings #2	Yes	No	\$	
Holiday Account	Yes	No	\$	
Certificate of Deposit #1	Yes	No	\$	
Certificate of Deposit #2	Yes	No	\$	
Stocks	Yes	No	\$	
Bonds	Yes	No	\$	
US Savings Bonds	Yes	No	\$	
Annuities	Yes	No	\$	
Mutual Funds	Yes	No	\$	
Money Markets	Yes	No	\$	
IRA (Roth <i>or</i> Traditional)	Yes	No	\$	
401(K) <i>or</i> 403 (B) <i>or</i> equivalent	Yes	No	\$	
Other Pension Asset Accounts	Yes	No	\$	
Keogh Accounts	Yes	No	\$	
Treasury Bills	Yes	No	\$	
Real estate (vacant or occupied home, apartment building, vacant land, etc.) other than the house you currently reside in	Yes	No	\$	
Personal Property As Investment *	Yes	No	\$	
Business	Yes	No	\$	
Inheritance in past 24 months	Yes	No	\$	
Capital Gains	Yes	No	\$	
Lottery Winnings in past 24 months	Yes	No	\$	
Insurance Settlements in past 12 months	Yes	No	\$	
Life Insurance Policy #1	Yes	No	\$	
Life Insurance Policy #2	Yes	No	\$	
Life Insurance Policy #3	Yes	No	\$	
Life Insurance Policy #4	Yes	No	\$	
Trust	Yes	No	\$	
Asset Disposed Of For Less Than Fair Market Value in past 24 months	Yes	No	\$	
Does Any Minor Listed On The Application Own Any Assets?	Yes	No	\$	
Other: _____	Yes	No	\$	
Other: _____	Yes	No	\$	
Total Of All Asset Sources Listed Above	-----		\$	-----

* Personal property held as an investment may include, but is not limited to: gem collections, coin 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 the termination of the application and legal action being taken to the full extent of the law.



Follow submission instructions on the instruction page. Do not sign below.

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Signature of Applicant

Date



Cleveland Department of Aging Release of Information

I, _____ acknowledge that

(Your name here- please print)

the City of Cleveland, Department 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 the purpose of helping me receive the services I may need.

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

(Your/ Client Signature)

(Date)

(Your/ Client Address)

INCOME, ASSET AND DOCUMENT REQUIRED GUIDELINES

INCOME GUIDELINES

NUMBER IN HOUSEHOLD	GROSS MAXIMUM HOUSEHOLD INCOME
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2 Persons	\$18,650
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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:

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	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).
Savings	Most recent statement (all pages for each statement).
Holiday Account	Most recent statement (all pages for each statement).
Certificates of Deposit	Set-up document or most recent statement (all pages for each statement).
Stocks	Most recent statement or copy of each certificate (all pages for each statement).
Bonds	Most recent statement or copy of each certificate held (all pages for each statement).
US Savings Bonds (EE, E, H, HH, I, etc.)	Copy of each bond (all pages).
Annuities	Set-up document or most recent statement (all pages for each statement).
Money Markets.	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).
Personal Property as an Investment	Complete address of property plus most recent tax return (all pages).
House	Complete address of property; if mortgage exists, either set-up document or most recent statement (all pages for each statement).
Rental Property	Most recent tax return (all pages).
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).
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).

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.