



**COUNTY OF SUMMIT
OLDER ADULT HOME MODIFICATION PROGRAM**

The County of Summit Older Adult Home Modification program (OAHMP) is not an emergency program. Upon approval of your application, an initial inspection will be scheduled and will take approximately 2-4 hours. A licensed Occupational Therapist and qualified inspector will need to have access to all rooms of your home, including your attic and basement. It may take up to 6 months for an initial inspection to be scheduled. ***If you have any questions regarding the application or process, please call 330-643-6519.***

To best serve you, please note the following items regarding these programs:

- This program does not provide emergency services. Each application is processed in the order in which it was received and approved.
- The definition of a household is anyone living in the home at the time of application submittal.
- This program focuses on low-cost, high-impact home modifications, such as potential installation of grab bars, railings, and lever-handled doorknobs as well as the installation of adaptive equipment.
- A licensed Occupational Therapist will provide an assessment ensuring that the home modifications address the client's specific goals/needs and promote full participation in daily life activities.
- All rooms must be accessible to the inspectors and contractors involved in providing any OAHMP assistance in your home.
- All pets must be secured during each step of the modification process. This includes inside and outside animals.

INCOME LIMITS* - Community and Economic Development								
% AMI	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
80%	\$56,200	\$64,200	\$72,250	\$80,250	\$86,700	\$93,100	\$99,550	\$105,950

*Income Limits Subject to Change

*Revised effective 4/1/2025



Required Documentation

The following applicable documents will be needed for all adults in the household at the time of your application review: (Information collected will determine eligibility for other programs)

Proof of Citizenship/Legal Resident Status for all household members

- ☐ See page 3 for what document(s) need to be provided.

Proof of Total Household Income- All household members 18 years of age or older:

- ☐ A copy of your (6) most recent pay stubs
- ☐ A copy of your Social Security Benefits Statements (Form SSA-1099) 2024 and 2025 SSI & SSDI award letter(s)
- ☐ A copy of your current monthly pension statement
- ☐ A copy of your 2024 W-2 Statement of Earnings or 1099 Statement
- ☐ A copy of your 2024 Federal 1040 Tax Return or if you do not file taxes a notarized statement indicating why taxes are not filed
- ☐ A copy of your complete divorce documents/decreed
- ☐ A copy of bankruptcy discharge (only if occurring before the five-year limit)
- ☐ Copies of your last 3 months' bank statements for any checking/savings accounts
- ☐ If any adult in the household is a full-time student, the class schedule must be provided with the student's and school's names visible

Utility Verification

- ☐ A copy of your most recent gas and electric bills for usage verification

Additional Information

- ☐ A copy of your homeowner's/renter's insurance listing the address of the property. The inability to provide homeowner's insurance will not disqualify you from this program, but it may prevent you from receiving assistance from other programs offered by the County of Summit Department of Development.
- ☐ A copy of your most recent mortgage statement
- ☐ Landlord/Tenant Agreement – Landlord contribution may be required
- ☐ Copy of mobile home title (mobile homes only)
- ☐ Complete the attached Unite Us consent form

NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that apply to you. If you are married or applying for a joint grant, the above information will be required for all persons applying during the application. Other documentation may be requested as your application is in the review process. Additional information may be requested. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

CITIZENSHIP DOCUMENTS:

For each household member claiming U.S. Citizenship or Legal Resident Status, proof of this status is required. The following items may be submitted as proof of residency status. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

Proof of U.S. Citizenship:

- ☐ Current Photo or State ID
- ☐ US Passport
- ☐ Birth Certificate/Hospital Birth Records
- ☐ Verified Citizenship for Ohio Work First Program (OWF)
- ☐ Social Security Cards (*that do not include notes regarding work authorization*)
- ☐ Voter Registration Card
- ☐ Baptismal Record (Place of birth must be shown)
- ☐ Indian Census Record
- ☐ Military Service Record

Proof of Legal Resident/Qualified Alien:

- ☐ Naturalization papers/Certifications of Citizenship
- ☐ Permanent Visa
- ☐ INS ID Card
- ☐ INS Form G-164
- ☐ INS Form I-151 or I-551 (Form I-151 not valid after 8/1/1993)
- ☐ INS Form I-94 if annotated with either: Sections 203(a)(7), 207, 208, 212(d)(5), 243(h) of the Immigration and Nationality Act or Refugee, Parolee, or Asylee
- ☐ Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 224(a)(3) of the Immigration and Nationality Act
- ☐ Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) of the Immigration and Nationality Act

Privacy Act Notice: Disclosure: The disclosure of Social Security numbers is mandatory to receive Home Energy Assistance (HEAP) benefits. Authority: 45 CFR 96.84(c); 42 U.S.C (C)(2)(c)(i)
Use: The state will use Social Security numbers in the administration of the Home Energy Assistance Program (HEAP) to verify the information supplied on the application to prevent, detect, and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.



**OLDER ADULT HOME
MODIFICATION PROGRAM
APPLICATION**

Mail documents to: **County of Summit
OAHMP
175 S Main St, Room 207
Akron, Ohio 44308**

E-mail documents to: ematthies@summitoh.net
(Must be PDF format)

Any questions call: **(330-643-6519)**

**All sections of the Application must be completed. Indicate "N/A" if it does not apply to you.
Incomplete applications will be rejected.**

PART 1 – APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Phone #: _____ Cell Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____

Are you the owner of record for this property? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Are you a veteran? ☐ Yes ☐ No

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Are you (Please check only one of the following): Required for Federal Funding Purposes

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American/White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native/Black/African Am. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

☐ Check here if you are unemployed

Employer(s)			Amount of Paycheck (Monthly Gross, Before Taxes)	
Current				
2024				
Other Sources of Income			Total Amount Per Month	
	Yes	No	Current	2024
Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		
Pension	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>		
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please write a page listing the income and return it with the Application.	

☐ Check here if there is no Co-Applicant

Email: _____

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

☐ White
 ☐ Black/African American/White

☐ Black/African American
 ☐ Asian/White

☐ American Indian/Alaskan Native
 ☐ American Indian/Alaskan Native/White

☐ Asian
 ☐ Am. Indian/Alaskan Native/Black/African Am.

☐ Native Hawaiian/Other Pacific Islander
 ☐ Other Multi-Racial

List your employer(s) and income:

☐ Check here if you are unemployed

Employer(s)			Amount of Paycheck (Monthly Gross, Before Taxes)	
Current				
2024				
Other Sources of Income	Yes	No	Total Amount Per Month	
			Current	2024
Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		
Pension	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>		
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please write a page listing the income and return it with the Application.	

PART 3 – EMERGENCY CONTACT (AT LEAST ONE MUST BE PROVIDED)

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship: _____	Relationship: _____

PART 4 – HOUSEHOLD COMPOSITION

Please read the instructions carefully. Enter the information completely. Including yourself, list the names, dates of birth, relationships, and Social Security Number(s) of everyone living in your home. **Attach proof of income for any residents over 18.** Failure to provide the required income documents will delay the processing of your application. Individuals 18 or older claiming zero income must provide a notarized explanation on a separate sheet. All household members must be listed. Use an additional sheet if necessary. **Do not send original documents.**

Name	Date of Birth	Relationship	Social Security Number

All Household Income Source(s)—check all that apply. **Documentation must be provided.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Utility Allowance |
| <input type="checkbox"/> DA (Disability Assistance) | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Disability |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> TANF/ADC | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |

PART 5 – ASSETS

List all current bank accounts and the type of account, except IRA Accounts.

☐ Check here if you have no bank accounts

Name of Bank or Credit Union	Type of Account (Checking/Savings)	Current Balance
		\$
		\$
		\$

Stocks, Bonds, Certificates of Deposit, Securities, IRA's, Etc.

List all current accounts. **Any funds drawn from the account will be counted as income.**

☐ Check here if you have none of these accounts

Description (Name of stock, money market account, government bond, etc.)	Approximate Value
	\$
	\$
	\$

Other Real Estate Owned or Co-Owned

(List all current real estate owned other than primary residence. Rent payments are considered income)

☐ Check here if you have no other owned or co-owned real estate

Description (Rental property, vacation home, etc.)	Address	Monthly Rent
		\$
		\$
		\$

PART 6 – MORTGAGE INFORMATION

You must answer all the questions. If something does not apply to you, answer N/A.

Is your home paid in full? ☐ Yes ☐ No

Do you have a reverse mortgage? ☐ Yes ☐ No

List all mortgages on the property:

Bank /Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan**

****For the type of loan, please indicate whether it is: FHA, VA, Conventional, or Land Contract**

Do you reside in the home all 12 months of the year? ☐ Yes ☐ No

Do you use your property for business purposes? ☐ Yes ☐ No

If yes, please describe the business: _____

PART 7 – ADDITIONAL INFORMATION ABOUT YOUR HOME

Do you rent or own your home? ☐ Rent* ☐ Own

*If your home is a rental, landlord information must be completed and additional information will be required.

Landlord's Information

Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____

PART 8 – UTILITY ACCOUNT INFORMATION

This information will be used to determine eligibility for other programs

Gas Company Release

I hereby authorize _____ (*Gas company name*) to release information on my gas bills, past, present, and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand this information will only be used to provide data to the above-named agency and its designees.

Applicant Signature _____ Date _____

Account Number _____

Electric Company Release

I hereby authorize _____ (*Electric company name*) to release information on my electric bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand this information will only be used to provide data to the above-named agency and its designees.

Applicant Signature _____ Date _____

Account Number _____

Please read the following statement: If you do not understand any part of the statement or the application, please call 330-643-6519 for assistance.

I certify that the information that I have provided in this application is, to the best of my knowledge, a true, accurate, and complete disclosure of the requested information. I authorize this agency and its representatives and designees to verify the information by contacting my employer, public assistance provider, landlord, utility fuel supplier, or other representatives and designees, as well as a representative from the Ohio Department Services Agency, the U.S. Department of Energy and the U.S. Department of Health and Human Services to inspect and evaluate services provided to me.

I understand that all information provided in this application may be used for this purpose. I understand that filling out this application does not guarantee that my household will receive assistance even though the application may be approved. By signing this statement, I understand that I may be held civilly and/or criminally liable under federal and state law for knowingly false or fraudulent statements.

Applicant Name (Please Print) Applicant Signature Date

Co-Applicant Name (Please Print) Co-Applicant Signature Date

PART 9 – CONDITIONS

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the OAHMP and affirm that their housing unit is free of:

- Infestation by rats, mice, or other vermin;
- Infestation by fleas, lice, or other insects;
- No animal waste inside the home;
- Cluttered debris or stored materials suitable for rodent or insect habitat; and
- Visible mold or mildew.

I/we affirm that my/our housing unit is free of the above-listed hazards and further affirm that I/we understand that the presence of any of the above-listed hazards may disqualify and exclude my/our housing unit from eligibility for participation in the OAHMP.

The Applicant(s) acknowledge that the County of Summit Department of Community and Economic Development staff reserve the right to determine if the dollar amount needed to rehabilitate my/our housing unit exceeds the maximum amount allowed per project and that this may disqualify and exclude my/our housing unit from eligibility for participation in the OAHMP. The Applicant(s) also acknowledges that repairs through this program will only address health and safety concerns, not aesthetics.

Signature of Applicant

Date

Signature of Co-Applicant

Date

This section is intentionally left blank.

PART 10 – CERTIFICATIONS

The Applicant(s) certify that they are the legal owner of the property listed in this application and that the program will be used only for work and materials necessary to meet the program or building code standards, as applicable, and which are recommended for the property in this application. If the County of Summit Department of Community and Economic Development (SCDOD) review panel determines the cost of rehabilitation exceeds the maximum amount per program guidelines, no state or federal funds will be invested in the property and the application will be closed. The Applicant(s) acknowledge(s) and agree(s) that they have no interest, right, or claim with respect to said funds and that the County of Summit will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- They understand that submittal of an application is not a guarantee of funding, and that income eligibility, the condition of the property, and the work scope determined necessary by the SCDOD review panel will all be used to determine eligibility.
- They will use the property in a lawful manner with regard to occupancy, zoning ordinances, and property maintenance codes.
- They understand that the main objective of the program is to correct safety and health issues and/or code violations within the home and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of the SCDOD staff, contractors, or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant's expense.

The Applicant(s) covenants and agrees that they will comply with all local, state, and federal laws, including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant

Date

Signature of Co-Applicant

Date

PART 11 – WALK AWAY POLICY

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the County of Summit Department of Community and Economic Development. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens staff members.
- During the course of the work the owner and/or occupants continually fail to cooperate with staff or contractors
- The applicant knowingly misrepresents information relevant to their eligibility for assistance.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- The work scope is larger than what the program can address
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but are not limited to:
 - Abuse of animals: evidence of unsanitary conditions
 - Illegal or improper use of the property
 - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house
- Failure to return phone calls to County staff or contractors in a timely manner.
- Failure to have an adult in the home while County staff and/or contractors are present.
- Failure to allow final inspections from County staff and/or contractors.

Under any of the circumstances, assistance may be withheld and/or terminated at the discretion of the County of Summit Department of Community and Economic Development. Any work that may have been completed prior to a violation of any of the above items will be invoiced to the client and due immediately.

I/we acknowledge that we have read and do thoroughly understand and by my/our signatures below do affirm the above.

Signature of Applicant

Date

Signature of Co-Applicant

Date

PART 12 – CONSENT TO PARTICIPATE IN THE UNITE US NETWORK



By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services.

This consent covers all information shared by you or by anyone who has the right to share information on your behalf and is relevant to the recipient's involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Consent

Client Name: _____ Birthdate: _____

Signature: _____ Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____ Relationship to Client: _____

Signature: _____ Date: _____

Contact Preferences (You may select more than one)

Email: _____

Text: _____

Phone: _____

Only complete if Federal taxes are not filed

AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in **2024** because I was
(Print name)

Check one:

- ☐ No longer required to file
☐ A full-time student
☐ Unemployed

Print name: _____

Signature: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

STATE OF OHIO
COUNTY OF SUMMIT

The foregoing instrument was acknowledged before me on _____
(Date)

by _____
(Name of person acknowledged)

Notary Public Print Name

Notary Public Signature

My commission expires (date)

Affix Notary Seal