



**ILENE  
SHAPIRO**  
COUNTY EXECUTIVE

**COUNTY OF SUMMIT  
MINOR HOME REPAIR SERVICES APPLICATION**

The County of Summit Department of Community and Economic Development administers programs to provide **non-emergency** minor home repair assistance to eligible residents of Summit County. Should your application be approved, an initial inspection will be scheduled to determine your eligibility and repair needs. It may take up to 6 months to schedule an initial inspection. ***If you have any questions regarding the application or process, please call (330) 643-2537.***

To best serve you, please note the following items:

1. These programs do not provide emergency services. Applications are processed in the order they are received.
2. The definition of a household is anyone living in the home at the time of application submittal.
3. All rooms must be accessible to the inspectors and contractors involved in providing any assistance to your home, including your attic and basement.
4. All pets must be secured during each step of the assistance process. This includes inside and outside animals.
5. Applicants must have owned/rented and resided in the home for at least 6 months from the date of application.

Potential Programs include, as funding is available:

- Aging in Place Minor Home Modification Program (AIP)
- Home Weatherization Assistance Program (HWAP)
- Housing Rehabilitation Program (MHR)
- Older Adult Home Modification Program (OAHMP)

Applications and documentation can be submitted via:

Mail: **County of Summit Home Repair  
175 S. Main Street, Room 207  
Akron, Ohio 44308**      E-mail: **[DODapplications@summitoh.net](mailto:DODapplications@summitoh.net)**  
(Must be PDF format)

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**

Supporting documentation will be needed for all household members at the time of your application. Not all documents below will apply to your situation. Submit copies of the following documents as they pertain to you:

- ***Proof of ID/Citizenship/Legal Resident Status for all household members***
  - Current Photo or State ID
  - Birth Certificate
  - Social Security Card
  - Call 330-643-2537 for additional accepted documents
- ***Proof of Total Household Income*** - Required for all household members 18+ years of age
  - 2025 Federal 1040 Tax Return
  - If you do not file taxes, a notarized statement indicating why taxes are not filed
  - 2025 W2 Statement of Earnings or 1099 year-end Statement
  - Six (6) most recent pay stubs
  - 2025 and 2026 Social Security Benefits Statements
  - Current monthly pension statement
  - Most recent three (3) months' bank statements for all checking/savings accounts
- ***Utility Verification***
  - Most recent gas and electric bills for usage verification
- ***Additional Information***
  - Current homeowner's/renter's insurance listing the address of the property
  - Most recent mortgage statement
  - Complete divorce documents/decree
  - Bankruptcy discharge (only if occurring before the five-year limit)
  - Landlord/Tenant Agreement – Landlord contribution may be required (rental units only)
  - Mobile home title and lot rent verification (mobile homes only)

**NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that apply to you. The above information will be required for all household members. Other documentation may be requested as your application is in the review process. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.**

Privacy Act Notice: Disclosure: The disclosure of Social Security numbers is required 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.

**COUNTY OF SUMMIT  
APPLICATION FOR ASSISTANCE  
MINOR HOME REPAIR SERVICES**



**ILENE  
SHAPIRO**  
COUNTY EXECUTIVE

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

**1. APPLICANT INFORMATION**

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check the box that most closely describes the type of building in which you live (check only one):

<input type="checkbox"/> Single-Family	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Multi-Family (3 stories or less)	<input type="checkbox"/> Multi-Family (4 stories or more)

**2. CO-APPLICANT INFORMATION**

**Check here if there is no Co-Applicant.**

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. EMERGENCY CONTACT (AT LEAST ONE MUST BE PROVIDED)**

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

**4. HOUSEHOLD INCOME**

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

<input type="checkbox"/> Active Military Pay	<input type="checkbox"/> TANF/ADC
<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Unearned Income (Interest, Inheritance, etc.)
<input type="checkbox"/> Disability Income (DA, Employment Disability Workers' Compensation)	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Pension	<input type="checkbox"/> Utility Allowance
<input type="checkbox"/> Self-Employment/Business Income	<input type="checkbox"/> VA Benefits (Disability, Pension)
<input type="checkbox"/> Social Security (SSA, SSI, SSDI)	<input type="checkbox"/> Wages/Salary
	<input type="checkbox"/> Other: _____

## 5. HOUSEHOLD COMPOSITION

Including yourself and the co-applicant, complete the following information for 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. Do not send original documents.

Name		Income Source(s)	
Relationship to you	self	Current Month	\$
DOB		Last 12 Months	\$
SSN		<b>Race</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Am. Indian/Alaskan Native/Black <input type="checkbox"/> Am. Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> White
Primary Language			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> No Status		
Level of Education			
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident		

Name		Income Source(s)	
Relationship to you		Current Month	\$
DOB		Last 12 Months	\$
SSN		<b>Race</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Am. Indian/Alaskan Native/Black <input type="checkbox"/> Am. Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> White
Primary Language			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> No Status		
Level of Education			
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident		

## HOUSEHOLD COMPOSITION (CONTINUED)

Everyone living in the home must be listed. Use an additional sheet if necessary.

Name		Income Source(s)		
Relationship to you		Current Month	\$	
DOB		Last 12 Months	\$	
SSN		<b>Race</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Am. Indian/Alaskan Native/Black <input type="checkbox"/> Am. Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> White	
Primary Language				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> No Status			
Level of Education			Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
			Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident

Name		Income Source(s)		
Relationship to you		Current Month	\$	
DOB		Last 12 Months	\$	
SSN		<b>Race</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Am. Indian/Alaskan Native/Black <input type="checkbox"/> Am. Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/> White	
Primary Language				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> No Status			
Level of Education			Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
			Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident

### FOR OFFICE USE ONLY

OCEAN # \_\_\_\_\_

Total household income in the last 12 months \_\_\_\_\_

## 6. 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)	Last 4 Digits of Account Number

### **Stocks, Bonds, Certificates of Deposit, Securities, IRAs, 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 real estate owned other than the 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
		\$
		\$

## 7. 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: \_\_\_\_\_

## 8. 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

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 9. UTILITY ACCOUNT INFORMATION

Fill out this section completely, answering every question. Utility information must include the name of your utility company and your utility account number. The utility must be in the primary applicant's name. Include a copy of your most recent utility bill.

### ***Utility Company Information Release Authorization\****

Please fill out the release for each metered utility that applies to your household. For example, if you pay for gas and electricity, complete a section for each company.

The Home Weatherization Assistance Program (HWAP) needs the signed release form(s) to obtain consumption data from your utility company. The information is used to evaluate the Weatherization services provided statewide.

**Gas Company Release** \_\_\_\_\_ Account Number \_\_\_\_\_

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.

**Electric Company Release** \_\_\_\_\_ Account Number \_\_\_\_\_

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.

**Please read the following statement:** If you do not understand any part of the statement or the application, please call 330-643-2537 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.

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Applicant Name (Please Print)

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Applicant Signature

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Date

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Co-Applicant Name (Please Print)

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Co-Applicant Signature

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Date

#### **10. CONDITIONS**

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the home repair programs 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
- 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 home repair programs.

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 home repair programs. The Applicant(s) also acknowledges that repairs through this program will only address health and safety concerns, not aesthetics.

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Signature of Applicant

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Date

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Signature of Co-Applicant

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Date

This section is intentionally left blank.

## **11. 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 that 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 on 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.

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Signature of Applicant

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Date

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Signature of Co-Applicant

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Date

## **12. 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, applicant, or any household member 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.

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Signature of Applicant

Date

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Signature of Co-Applicant

Date

This section is intentionally left blank.

### 13. 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](http://uniteus.com/privacy).

If you no longer want your information shared on the Network, you can email [consent@uniteus.com](mailto: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: \_\_\_\_\_





### **Applicant Appeal Procedure:**

You have the right to appeal if:

1. Your application for service is denied; or
2. We do not approve or deny your application within 60 calendar days of the date of the application unless the delay results in a lack of cooperation or ability to provide the necessary information or documentation.

You have up to 60 calendar days following the notification that your application has been denied to file an appeal. You have up to 90 calendar days following the date of application to file an appeal if the application has not been approved or denied within 60 calendar days from the date of application. The appeal must be in writing and contain the following information:

1. Your name and address.
2. The reason for the appeal (whether you were denied for assistance, or your application was not approved or denied within 60 calendar days); and
3. Why you feel the decision is unfair.

### **The Appeal must be sent to:**

**The County of Summit**  
**175 S. Main Street, Room 207**  
**Akron, Ohio 44308**

Within 21 calendar days of the date your appeal was received, you will be notified in writing of the appeal's decision. If you wish to resubmit a re-appeal of the decision, you will be allowed up to 10 calendar days to request a formal conference. A conference will be scheduled within 21 calendar days of the notification of a request for a formal conference.

### **The request for a formal conference must be in writing and include the following information:**

1. Your name and address.
2. The reason for the appeal (whether you were denied assistance, or your application had not been approved within 60 days from the date of the application).
3. Why you feel the decision is unfair, and
4. The date you filed a written appeal and the date you received the decision from the Department of Community and Economic Development.

This request should be sent to the address above. You will be notified in writing of the decision within 10 calendar days of the date of the conference. All decisions at this level are final.

Only complete if Federal taxes are not filed

**AFFIDAVIT FOR NOT FILING FEDERAL TAXES**

I, \_\_\_\_\_, did not file federal taxes in **2025** 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

