

Dear Homeowner:

Thank you for your interest in the Healthy Homes Home Repair Program, where we are dedicated to providing safe and healthy homes. We are excited to inform you that we are now accepting applications for **home repair projects in 2026.**

This program offers exterior home repairs to owner-occupied homes at ***no cost***. Potential projects include exterior painting, windows, siding, doors, gutters and downspouts, roofs, steps and walkways, and porch repair.

Please note, meeting the eligibility requirements does not guarantee assistance.

ELIGIBILITY REQUIREMENTS:

- An **owner-occupied** single-family or duplex home.
- Must have owned and lived in home for more than one year.
- Live in the Healthy Homes Linden impact area (see below).
- Mortgage and property taxes must be current.
- No liens on the property (excluding mortgages).
- Total household income may not exceed 80% of the Area Median Income (AMI) as determined annually by HUD. See page 3 for current guidelines.
- You may not have an undischarged bankruptcy.
- Must possess homeowner's insurance at the time of application and throughout the duration of the grant.
- Sign a restrictive covenant stating that the grant recipient will reside in their home for 3-years after completion of work.

LINDEN HEALTHY HOMES HOME REPAIR APPLICATION

Income Limits

Eligible applicants must earn at or below 80% of the Area Median Income (AMI), as determined annually by HUD, adjusted for family size. The total household income, including income from salaries and/or wages, Social Security, child support, SSI, disability, retirement, unemployment, Workers Comp, adoption subsidy, rental income, other, is used when calculating gross income. The following chart outlines program income limits for 2025/26.

FY 2025/26 Income Limit Area

Columbus, OH HUD Metro FMR Area

Household Size	1	2	3	4	5	6
80% AMI Max Gross Income	\$61,050	\$69,800	\$78,500	\$87,200	\$94,200	\$101,200

Document Checklist

Refer to the below checklist to determine the required documents you must submit to process your application. Please read through your application carefully to ensure that you have completed each section correctly.

Applications will not be processed without the following documents.

Required Application Documents	Attached	N/A
❖ Completed Application - all sections filled out and signed (pages 1-5)	<input type="checkbox"/>	<input type="checkbox"/>
❖ Copy of valid, State of Ohio issued Driver's License or State ID	<input type="checkbox"/>	<input type="checkbox"/>
❖ Four (4) most recent pay stubs for all jobs for each adult 18 years or older **Adults without income must request a <u>Zero Income Affidavit Form</u> from Healthy Homes	<input type="checkbox"/>	<input type="checkbox"/>
❖ 2025/26 issued Award Letter: Social Security, Disability, Retirement Pension, Public Assistance, VA, Unemployment, Workers Comp, Child Support, etc. for each adult in household 18 and older	<input type="checkbox"/>	<input type="checkbox"/>
❖ If Self-Employed – provide Federal Income Tax form Schedule Cs for 2025, 2024, 2023	<input type="checkbox"/>	<input type="checkbox"/>
❖ If applicant owns more than one property: **Provide most current copy of all lease agreements	<input type="checkbox"/>	<input type="checkbox"/>
❖ Bankruptcy Decree/ Settlement Agreement, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
❖ Current 2025/26 issued copy of homeowner's insurance policy, including declarations page	<input type="checkbox"/>	<input type="checkbox"/>
❖ Copy of most recent mortgage statement	<input type="checkbox"/>	<input type="checkbox"/>
❖ Documentation of city code violations, if applicable	<input type="checkbox"/>	<input type="checkbox"/>

Healthy Homes



*Healthy Homes is the affordable housing arm of Nationwide Children's Hospital's
Healthy Neighborhoods Healthy Families initiative.*

READ BEFORE YOU START THE APPLICATION

****ALL SECTIONS OF THE APPLICATION NEED TO BE FILLED OUT AND COMPLETE WITH ALL REQUIRED DOCUMENTATION**

****IF THE APPLICATION IS INCOMPLETE OR MISSING REQUIRED DOCUMENTS IT WILL BE DENIED**

APPLICATION SUBMITTAL PROCESS

Completed applications and required documents can be returned either by mail or email:

Mail: Healthy Homes
Attn: Shalonda Sims
P.O. Box 77499
Columbus, OH 43207

Email: Shalonda.Sims@nationwidechildrens.org

Completing and returning the application is the first step in the process, but it **DOES NOT** guarantee acceptance into the home repair program.

If you have any questions or if you need **assistance completing the application**, please do not hesitate to call **(614) 355-8788** or Shalonda.Sims@nationwidechildrens.org.

For assistance in Spanish contact (614)-355-3639.

Linden Healthy Homes Home Repair Application

PLEASE PRINT CLEARLY

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email: _____

Emergency Contact: _____
Emergency Name Emergency Phone Number

Have you filed for bankruptcy in the past 7 years? Yes No *(If yes, provide the bankruptcy decree/settlement agreement)*

Have you received prior home repair assistance?* Yes No *((ex. Home weatherization assistance program (HWAP))*

If yes, program name & year? _____

How did you hear about this program? _____

Are you interested in receiving information about other NCH Healthy Neighborhoods Healthy Families programs? (check all that apply):

- Job Readiness Training & Coaching
- Youth & Young Adult Employment Program
- Free Tax Assistance Clinic
- Other: _____

*Gross household income must not exceed the 65% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.

Property & Occupant Information

Type of Dwelling:

Single Family

Duplex

Approximate Year Built: _____

Do you own and live in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how long have you lived in the home?		
How many people live in the home?		

Do you have a mortgage on the home? <i>(primary, secondary, or home equity loan)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, are you current on your mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you current on the property taxes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, is there a tax lien on the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any liens on the property? <i>(Excluding mortgage)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a reverse mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have any active code violations? <i>(If yes, please provide documentation of violations)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any lead or asbestos present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you own any other real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please list addresses below:		

If we learn of other home repair programs available through other agencies, do we have your consent to share the contents of this application to make a referral on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Applicant Demographics

Applicant		
Ethnicity:	Race:	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other:
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian	<input type="checkbox"/> Prefer not to answer

Household Members

PLEASE LIST ALL OCCUPANTS OF THE HOME STARTING WITH THE HOMEOWNER(S)

Full Name: _____ Relationship: **SELF**
 DOB: _____ Disabled? Yes No Gender: M F Other
 Do you collect income: Yes No Occupation: _____
 Place of employment: _____

Full Name: _____ Relationship: _____
 DOB: _____ Disabled? Yes No Gender: M F Other
 Do they collect income: Yes No Occupation: _____
 Place of Employment: _____

Full Name: _____ Relationship: _____
 DOB: _____ Disabled? Yes No Gender: M F Other
 Do they collect income: Yes No Occupation: _____
 Place of employment: _____

Full Name: _____ Relationship: _____
 DOB: _____ Disabled? Yes No Gender: M F Other
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 DOB: _____ Disabled? Yes No Gender: M F Other
 Do they collect income: Yes No Occupation: _____
 Place of employment: _____

If you need space for additional household members, please attach a separate sheet.

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Household MONTHLY Pre-tax Income (for all household members 18 years and older)*

Income Source	Name: _____	Income Source	Name: _____
Employment Wages	\$	Employment Wages	\$
Retirement/Pension	\$	Retirement/Pension	\$
SSI/Social Security	\$	SSI/Social Security	\$
Alimony/Child Support	\$	Alimony/Child Support	\$
Gross Business Income	\$	Gross Business Income	\$
Disability	\$	Disability	\$
Rental Income	\$	Rental Income	\$
Unemployment	\$	Unemployment	\$
Cash/Financial Assistance	\$	Cash/Financial Assistance	\$
Other	\$	Other	\$
Total	\$	Total	\$

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Retirement/Pension	\$	Retirement/Pension	\$
SSI/Social Security	\$	SSI/Social Security	\$
Alimony/Child Support	\$	Alimony/Child Support	\$
Gross Business Income	\$	Gross Business Income	\$
Disability	\$	Disability	\$
Rental Income	\$	Rental Income	\$
Unemployment	\$	Unemployment	\$
Cash/Financial Assistance	\$	Cash/Financial Assistance	\$
Other	\$	Other	\$
Total	\$	Total	\$

Total Gross Household <u>MONTHLY</u> Income	\$
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If you need space for additional household members, please attach a separate sheet. Refer to checklist for required documentation.

Any householder members **over 18 claiming no income** will be **required to submit a signed and notarized zero-income affidavit**. Please contact Healthy Homes for zero-income affidavit.

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Exterior Home Repair Requests

What repairs are you interested in? Please briefly describe the need for each repair.

Example

Siding Siding is chipped and falling off house.

(All requests may not be accommodated; repairs must meet Healthy Homes Home Repair Program eligibility requirements & are prioritized by health, safety, code violations & availability of resources)

- Exterior Painting _____
- Window Repair/Replacement _____
- Siding Repair/Replacement _____
- Door Repair/Replacement _____
- Gutter Repair/Replacement _____
- Roof Repair or Roof Replacement _____
- Steps and walkways _____
- Porch Repair/Replacement _____
- Other Items (i.e. exterior handicap modifications) _____

I understand that by signing this application, I grant HNHF Realty Collaborative (Healthy Homes) or its agents access to my employment, utility company or other records needed for verification and evaluation of my eligibility. By signing this application, I give HNHF Realty Collaborative or its agents the right to inspect my home and any work performed on my home.

I understand that filing this application does not guarantee that my household will receive assistance. I understand that HNHF may rescind approval if information is acquired which determines that my household is not eligible for services according to the rules of the program, or that I provided false information to the Collaborative.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. **I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. I understand that all facts are open to investigation and that upon investigation, anything contained in this application that is found to be false or misleading may lead to me not being considered for the program or I may be required to return all monies granted to me through the program.**

HNHF does not discriminate based upon race, color, religion, sex, disability, familial status, or national origin.

All information I provide will be kept confidential as provided by HNHF Realty Collaborative. By signing this form, I consent to the collection of data that will be shared with funders, and partners for purposes of application determination, research and evaluation.

Applicant Signature:	X	Date:	
Co-Applicant/Spouse Signature:	X	Date:	

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