

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 2027.**

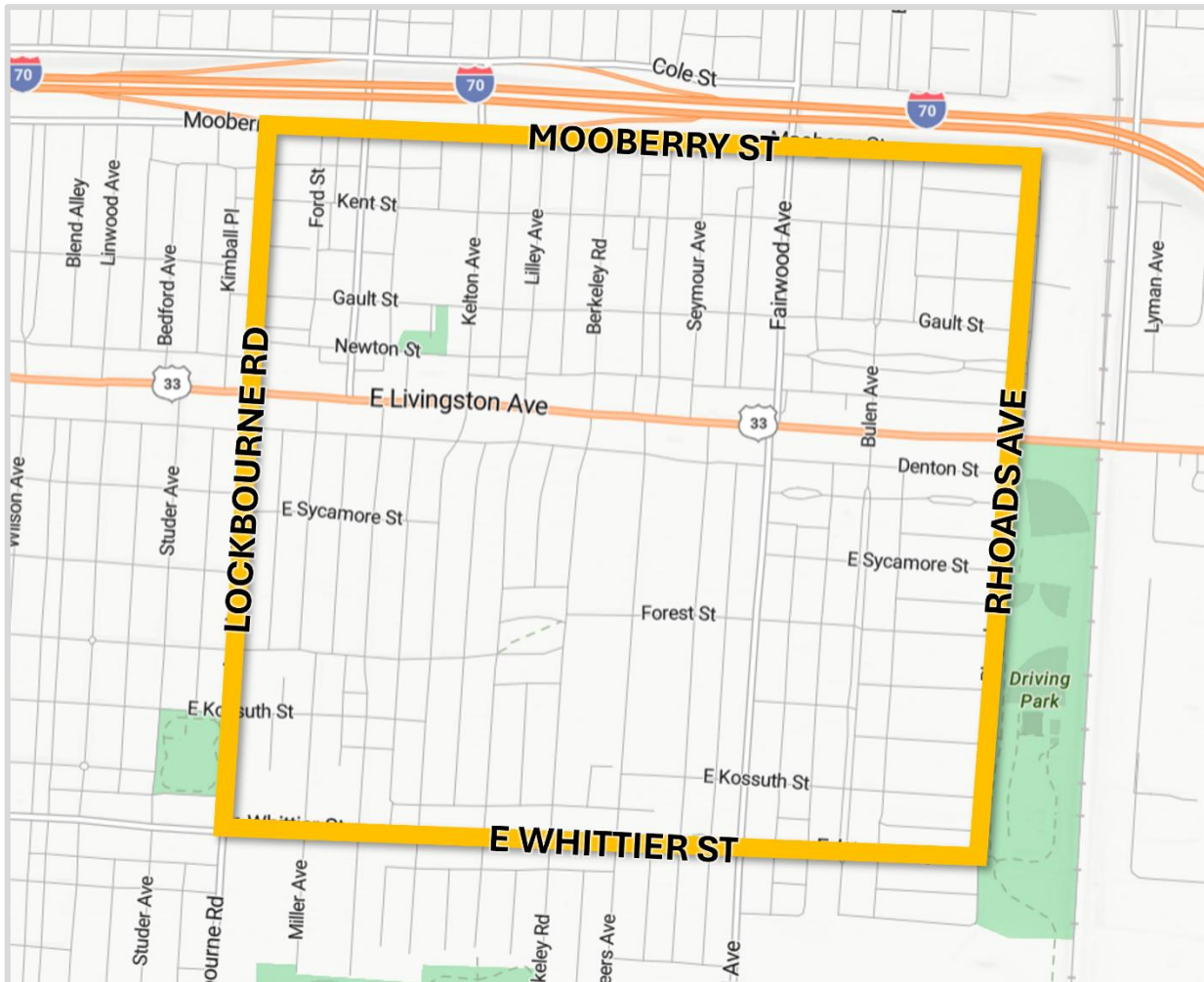
This program offers exterior home repairs to owner-occupied homes at ***no cost***. Potential projects include exterior painting, windows, siding, doors, gutters and downspouts, roofs, steps and walkways, and porch repair.

Please note, meeting the eligibility requirements does not guarantee assistance. Home repair assistance is prioritized based on need.

ELIGIBILITY REQUIREMENTS:

- ❖ You must have owned and occupied the single-family home or duplex for a minimum of one year prior to applying.
 - You may not own more than two residential units in total, including the home you occupy.
- ❖ You must live in the Healthy Homes 2027 impact area (see below).
- ❖ Your mortgage and property taxes must be current.
- ❖ You must not have any liens on the property, excluding traditional mortgage liens such as primary mortgage, secondary mortgage, home equity line of credit, home equity loan, and refinances.
- ❖ Your total household income may not exceed 80% of the Area Median Income (AMI) as determined annually by HUD. See page 2 for current guidelines.
- ❖ You may not have an undischarged bankruptcy.
- ❖ You must possess homeowner's insurance at the time of application and throughout the duration of the grant.
- ❖ You must sign a restrictive covenant stating that the grant recipient will reside in their home for 3-years after the completion of work.

South Side Impact Area 2027



**Please note that past Healthy Homes Home Repair Program recipients and Healthy Homes homeowners are not eligible for Home Repair Program grants.*

SOUTH SIDE 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 2026.

FY 2026 Income Limits

Household Size	1	2	3	4	5	6
80% AMI Max Gross Income	\$62,450	\$71,400	\$80,300	\$89,200	\$96,350	\$103,500

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. Please gather documents for all occupants 18 and older before you start the application.

All submitted documents must be legible.

Required Application Documents	Attached	N/A
❖ Completed Application - all sections filled out and signed (pages 1-7)	☐	☐
❖ Copy of applicant's valid, State of Ohio issued Driver's License or State ID	☐	☐
❖ Four (4) <u>most recent</u> pay stubs for <u>all</u> jobs for <u>each adult 18 years or older</u> **Adults <u>without income</u> must request a <u>Zero Income Affidavit Form</u> from Healthy Homes.	☐	☐
❖ <u>Most recent issued Award Letter</u> : Social Security, Disability, Retirement Pension, Public Assistance, VA, Unemployment, Workers Comp, Child Support, etc. for <u>each adult in household 18 and older</u>	☐	☐
❖ <u>If Self-Employed</u> – provide Federal Income Tax form <u>Schedule Cs</u> for 2025, 2024, 2023	☐	☐
❖ If applicant owns more than one property: **Provide most current copy of all <u>lease agreements</u> . Failure to disclose information regarding other properties will result in automatic denial.	☐	☐
❖ Bankruptcy Decree/ Settlement Agreement, if applicable	☐	☐
❖ Current 2026 issued copy of homeowner's insurance policy, including declarations page	☐	☐
❖ Copy of most recent mortgage statement	☐	☐
❖ Documentation of city code violations, if applicable	☐	☐



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.



South Side Healthy Homes Home Repair Application

PLEASE PRINT CLEARLY

Applicant Name: _____ Date: _____
Last First Middle

Applicant Address: _____
Street Address

City State ZIP Code

Applicant Phone: _____ Email: _____

Emergency Contact: _____
Emergency Name Emergency Phone Number

If we are unable to reach you at the phone number provided or through your emergency contact, **your application will not be processed.**

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?

☐ Social media

☐ Flyer or promotional materials

☐ Word of mouth

☐ Referral from a different program

☐ Community event

Other, please specify: _____

*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.

HNHF Participation

Are you, or is someone in your household, currently participating in another NCH Healthy Neighborhoods Healthy Families program? (Check all that apply):

☐ My Bridge 2 Success/Match Savings Program

☐ BOOST: Work Readiness Training & Coaching

☐ Free Tax Assistance Clinic

☐ Financial Literacy Counseling

☐ Youth & Young Adult Employment Program

☐ High School Career Academy

☐ Mentoring Program

☐ TRIO Upward Bound Math & Science

☐ Kindergarten Readiness (SPARK)

Other: _____

☐ No one in my household is participating in another HNHF program at this time

Which Healthy Neighborhoods Healthy Families program(s) would you like to hear about?

☐ My Bridge 2 Success/Match Savings Program

☐ BOOST: Work Readiness Training & Coaching

☐ Free Tax Assistance Clinic

☐ Financial Literacy Counseling

☐ Youth & Young Adult Employment Program

☐ High School Career Academy

☐ Mentoring Program

☐ TRIO Upward Bound Math & Science

☐ Kindergarten Readiness (SPARK)

Other: _____

⁺Gross household income must not exceed the 80% 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 ☐	No ☐
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 ☐	No ☐
If YES, are you current on your mortgage?	Yes ☐	No ☐

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

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

Do you own any other real estate and/or have any other properties listed in your name? <i>(Failure to disclose information regarding other properties will result in automatic denial.)</i>	Yes ☐	No ☐
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, including income and contact information, to make a referral on your behalf?	Yes ☐	No ☐
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Applicant Demographics

Applicant		
Ethnicity:	Race:	
☐ Hispanic/Latino	☐ Caucasian/White	☐ Asian
☐ Not Hispanic/Latino	☐ Black/African American	☐ Other:
☐ Prefer not to answer	☐ American Indian	☐ 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 ☐
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: _____

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

*Gross household income must not exceed the 80% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.

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	\$

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	\$

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.*

*Gross household income must not exceed the 80% of the Columbus MSA Area Median Income (AMI) as defined annually by HUD. Please visit HUDuser.gov for more information about current income limits.

Exterior Home Repair Requests

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

Example

☒ Siding Siding is chipped and falling off house.

(All requests will 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)

Please use the section below to provide any additional information regarding the repairs needed that may assist with evaluating your request.

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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 understand that HNHF reserves the right to deny my application if, at any point during the review or inspection process, it is determined that the structure is unsafe, structurally unsound, or requires repairs that exceed the capacity of the program.

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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