



**COUNTY OF SUMMIT**  
**MINOR HOME REPAIR FORGIVABLE LOAN PROGRAM**

**REQUIRED DOCUMENTATION**

**The County of Summit Minor Home Repair Forgivable Loan (MHR) Program is not an emergency program.** Homes must be outside the cities of Akron, Barberton, and Cuyahoga Falls. The following documents will be needed for all adults in the household at the time of your application review **as they pertain to your household:**

- ☐ Proof of identity (current Photo or State ID, birth certificate, and social security card) for all household members
- ☐ 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 federal 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
- ☐ A copy of your current homeowner's insurance listing the address of the property
- ☐ A copy of your most recent mortgage statement

***NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that apply to you. If you are married, the above information will be required for all individuals applying. Additional information may be requested as your application is in the review process.***

INCOME LIMITS* - Community and Economic Development								
% AMI	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
80%	\$53,450	\$61,050	\$68,700	\$76,300	\$82,450	\$88,550	\$94,650	\$100,750

\*Income Limits Subject to Change

\*Revised effective 4/3/2024



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

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

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

**MINOR HOME REPAIR  
FORGIVABLE LOAN  
PROGRAM APPLICATION**

**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)

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Gender Identity:** ☐ Male ☐ Female ☐ Prefer not to say

**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                          |

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			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.	

**PART 2 – CO-APPLICANT INFORMATION**

☐ Check here if there is no Co-Applicant

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Gender Identity:** ☐ Female ☐ Male ☐ Prefer not to say

**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                          |

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This section is intentionally left blank.

## PART 7 – CONDITIONS

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

The Applicant(s) acknowledge that 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 MHR Program. 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.

## PART 8 – CERTIFICATIONS

The Applicant(s) certify that they are the legal owner of the property listed in this application and that the rehabilitation loan will be used only for work and materials necessary to meet the rehabilitation 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.

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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



## **PART 9 – ACKNOWLEDGMENT OF 5-YEAR FORGIVABLE LOAN**

The applicant(s) acknowledge that by qualifying for and receiving rehabilitation through this program, the assistance will be provided through a five (5) year forgivable loan; and that the County of Summit will need to be added to the applicant's homeowner's insurance as an additional insured for the term of the loan.

The loan is secured by the execution of a mortgage through the County of Summit. The amount of the loan will be based on the amount invested in your home to complete the housing rehabilitation process.

There will be no interest and no payments required of the applicant(s) as part of this loan. The loan will forgive itself automatically over the period of five (5) years in equal portions on the anniversary date the mortgage was executed. If there is a primary mortgage, the County lien will be placed in second position. If at any time during the term of the loan, a subordination is requested, the owner must request the current subordination packet. No cash out may be taken during a re-finance. After the fifth loan installment is forgiven, the County of Summit will record a Release of Mortgage and provide a copy to the applicant(s).

If the home is sold, rented, otherwise no longer the applicant's primary residence, or the applicant passes away, at any point during the five (5) year period, the amount of the loan that has not been forgiven itself will be due to the County of Summit.

You may be eligible to apply for assistance from the program every 10 years.

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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.

## **PART 10 – WALK AWAY POLICY/APPLICATION CLOSURE**

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.

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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

## PART 11 – 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](https://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: \_\_\_\_\_

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