



**City of Canton  
Department of Community Development**

**Home Repair Program  
Application Instructions**

1. Complete the application. Incomplete applications will not be reviewed until all required information is provided.
2. Sign and date the *Protect Your Family from Lead in Your Home* document, certifying that you have received required information regarding lead-based paint. The enclosed *Protect Your Family from Lead in Your Home* brochure is for you to keep as required by HUD.
3. Read, sign and date the Verification Authorization, Privacy & Release form, the *Walk Away Policy* and the *Affidavit*.
4. Submit all required documentation as provide by the enclosed list. The application will not be processed until all documentation has been submitted. The Loan Grant Processor will ensure original documents get returned to you.

Submit all of the above information to:

City of Canton  
Department of Community Development  
218 Cleveland Ave SW, Fifth Floor  
Canton, OH 44702

You may also, visit [cantonohio.gov/housingprograms](http://cantonohio.gov/housingprograms) to fill out application and submit electronically, or email your completed application and required documentation to: [communitydevelopment@cantonohio.gov](mailto:communitydevelopment@cantonohio.gov)





**CITY OF CANTON**  
**Mayor Thomas M. Bernabei**

**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**HOUSING REHAB PROGRAMS**  
**FOR**  
**HOMEOWNERS**

**Guidelines & Application**

**City of Canton**  
**Department of Community Development**  
**Housing Rehab Division**  
**218 Cleveland Ave SW, 5<sup>th</sup> Floor**  
**Canton, Ohio 44702**  
**330-489-3040**

**Sherice Freeman, Director**  
**Karla Heinzer, Housing Program Manager**  
**Kim Fox, Loan Grant Processor**  
**Edd Ash, Construction Coordinator**





## **City of Canton Department of Development**

### **HOUSING REHABILITATION PROGRAMS**

The City of Canton has been designated by the United States Department of Housing and Urban Development (HUD) as a participating jurisdiction for the receipt and use of funds as provided by Title 1 of the Housing and Community Development Act of 1974, as amended. The city of Canton receives an allocation of funds from HUD for the Community Development Block Grant Program (CDBG). The following housing rehab programs have been made possible by HUD's CDBG Program:

#### **Minor Home Repair Program**

This program is intended to correct one code compliance issue within the home, which if neglected, could adversely affect the health, safety and welfare of the occupant.

Eligible Repairs: Electrical, Plumbing, HVAC, & Building components as determined by the City of Canton Construction Coordinator. Assistance with ADA compliant ramps.

Repairs will be based on the priority of health, safety and code violations, as determined by the Department of Community Development. All homes will receive carbon monoxide detectors and smoke detectors, installed to manufacturer's specifications and HUD regulations, as needed.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct one health and safety compliance issues within the home will be awarded.

Maximum CDBG Grant/Loan: \$5,000

Financing: Deferred Loan; 5-year lien declining 20% per year

## **Roof Replacement Program**

This program assists low income homeowners with the correction of roofing, gutter and fascia issues, as determined by the City of Canton Construction Coordinator. Only the minimum dollar amount required to correct the roofing needs of the single-family structure shall be awarded. Detached structures do not qualify for this program.

Eligible Repairs: Roof replacement which may include: sheathing, rafters, flashings, vents, structural members, soffits, fascia, gutters, and downspouts.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Maximum CDBG Grant/Loan: \$12,500

Financing: Deferred Loan; 10-year lien declining 10% per year

## **Emergency Repair Program**

This program assists low-income homeowners with emergency rehabilitation that is an immediate threat to health and safety of human life, as determined by the City of Canton Construction Coordinator.

Eligible Repairs: Immediate threat to health & safety arising from natural gas leaks, carbon monoxide emissions, sewage back-up, broken water lines, inoperable water heaters and heating systems\*, Electrical and Plumbing hazards.

\*HVAC systems will only be addressed when the temperatures are below 60 degrees Fahrenheit.

Note: If a wall or ceiling must be opened to make repair, the Department of Community Development is not obligated to repair that building component.

The Emergency Repair program does not consist of any whole house multiple repair rehabilitation, any non-emergency related rehabilitation, nor any rehabilitation that invokes the requirements of the Federal Residential Lead-Based Paint Hazard Reduction Act of 1992.

An individual or family may only receive assistance through the Emergency Repair Program once every five years. Previous assistance through another housing rehabilitation program does not disqualify you from this assistance.

Maximum CDBG Grant: \$6,500

## **Silver Safety Home Improvement Program**

This program is intended to assist with immediate health, safety and accessibility home repairs on the interior or exterior of a Senior Citizen's home.

Eligible Repairs: Porches, steps, doors, ramp, handrails, grab bars and smoke/carbon monoxide detectors.

Repairs will be based on the priority of health, safety and code violations, as determined by the Department of Community Development. All homes will receive carbon monoxide detectors and smoke detectors, installed to manufacturer's specifications and HUD regulations, as needed.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct the health and safety compliance issues within the home will be awarded.

Maximum CDBG Grant/Loan: \$5,000

Financing: Deferred Loan; 3-year lien declining 30% per year

## **Veteran's Home Improvement Program**

This program is intended to accommodate limitations due to disabilities; while addressing health, safety and accessibility home repairs on the interior or exterior of the home to enable Veteran's to remain safely in their homes.

Eligible Repairs: Porches, steps, doors, ramp, handrails, grab bars and smoke/carbon monoxide detectors.

Repairs will be based on the priority of health, safety and code violations, as determined by the Department of Community Development. All homes will receive carbon monoxide detectors and smoke detectors, installed to manufacturer's specifications and HUD regulations, as needed.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct the health and safety compliance issues within the home will be awarded.

Maximum CDBG Grant/Loan: \$8,000.00

Financing: Deferred Loan; 3-year lien declining 30% per year

## **Fire Prevention Program**

This program is intended to assist with maintenance and repairs that enhance Fire safety within the home.

Eligible Repairs: Electrical hazards, natural gas leaks, corrective dryer vents, property identification, smoke/carbon monoxide detectors and functioning means of egress.

Repairs will be based on the priority of health, safety and code violations, as determined by the Department of Community Development. All homes will receive carbon monoxide detectors and smoke detectors, installed to manufacturer's specifications and HUD regulations, as needed.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct the health and safety compliance issues within the home will be awarded.

Maximum CDBG Grant/Loan: \$5,000

Financing: Deferred Loan; 3-year lien declining 30% per year

## **Code Violation Program**

This program is intended to assist with some exterior repairs that are issued exclusively by the City of Canton Code Enforcement Department.

Eligible Repairs: Porches, steps, handrails, guardrails, siding, fascia, soffit, gutters and downspouts.

Repairs will be based on the priority of health, safety and code violations, as determined by the Department of Community Development.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct the health and safety compliance issues within the home will be awarded.

Maximum CDBG Grant/Loan: \$15,000

Financing: Deferred Loan; 5-year lien declining 20% per year

**ALL PROGRAMS ARE SUBJECT TO FUNDING AVAILABILITY.**



## REHAB PROGRAM SUMMARY

**Purpose:** To assist qualified low-to-moderate income owner-occupied households, who need emergency, minor home repair and roof replacement so that the occupants may reside in a healthy safe and sanitary environment.

**Assistance:** A homeowner may only receive assistance through one home repair program once in a lifetime. Previous assistance through the Emergency Repair program will not disqualify you from these programs.

### Eligibility Guidelines:

- The applicant must not have received previous assistance through a housing rehabilitation program or have a current mortgage lien with the City of Canton. Previous emergency assistance is acceptable.
- Must be a homeowner within the city of Canton corporation limit.
- Applicant must reside in and have owned the home for at least one year.
- Recorded Land Contracts are not eligible.
- Applicant must be current with home mortgage (We cannot approve assistance that is undergoing a mortgage modification).
- Applicant must have homeowners' insurance .
- Applicant must be current in the payment of Income Tax, Real Estate Tax, Utilities, and Federal, State or Municipal funded loan programs.
- A title search is required
- An applicant cannot have more than \$7,500 in short term assets such as, cash, savings, and checking.

**Income Eligibility:** Household income cannot exceed 80% of area median income. The total household income is based on the number of people living in the home. The City of Canton follows the HUD Part 5 Definition of Income.

FAMILY SIZE	1	2	3	4	5	6	7	8
ANNUAL INCOME	\$43,050	49,200	55,350	61,500	66,450	71,350	76,300	81,200

FY 2022 Income Limits

**Non-Eligible Applicant:** No applicant is eligible to receive assistance through these programs if they are in the process of bankruptcy, foreclosure, mortgage modification and/or an unsettled divorce.

**Access:** Applicants must allow access to their residence for the purpose of inspecting any health and safety deficiencies that need to be addressed.

**Substandard and Unsanitary Conditions:** There must be no accumulation of trash, animal feces, garbage, or excess amounts of debris accumulated within the unit at the time of the inspection. The homeowner must correct existing conditions within one month from the date of initial inspection, or they will no longer be eligible to participate in the program.

**Contracting:** The City of Canton Department of Community Development (CD) shall provide the homeowner with a list of Contractors that are registered to do the work in the City of Canton. These

will be the contractors that will be permitted to bid on the Scope of Work provided by the department. CD will prepare the bid packets and submit them to the contractors for bid. At least two bids must be received, and the lowest and best bidder will be awarded the work.

**Disputes:** In the event there should be a dispute between the owner and the contractor concerning the completion of the rehabilitation work, CD shall make the final determination as to whether the rehabilitation contract has been violated and will work with both parties to find a satisfactory and timely solution.

**CDBG Repair Program Procedure:** This is a general outline of the functions to be performed by the City of Canton Department of Community Development.

1. Receive application and enter into database, determine applicant eligibility - Phase I.
2. Schedule interview or notify applicant of waiting list.
3. Interview to verify income, property ownership, assets, city verifications, etc. determine eligibility- Phase 2.
4. Schedule inspection.
5. Prepare a scope of work and cost estimate of the work.
6. Consult with applicant and obtain signature that the *Scope of Work* was reviewed.
7. Contractors selection by homeowner, walk-thru and bid opening dates scheduled.
8. Historic and environmental review.
9. Bid packet prepared and walk-thru scheduled with the selected contractors.
10. Bid opening.
11. Purchase order requested.
12. Mortgage recorded.
13. Issue *Order to Proceed*.
14. Order Lead clearance, if required.
15. Perform progress inspections and process request for payment.
16. Obtain owner's signature on completion of work.
17. Make final inspection.
18. Verify that all permits have received final approval.
19. Release final payment to Contractor.







**HOUSEHOLD SIZE INFORMATION:**

Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	FULL TIME STUDENT?	SOCIAL SECURITY No.
		Owner		
		Co-Owner		

**HOUSEHOLD INCOME:**

Provide information on all household income sources. Income includes the following for all persons of the household that are age 18 or over: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security and other income. Food benefits are NOT considered income.

<b>OWNER'S ANNUAL INCOME:</b>	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
Alimony	\$
Child Support	\$
<b>CO-APPLICANT ANNUAL INCOME:</b>	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
<b>ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:</b>	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
<b>ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:</b>	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$

If additional household members are employed, please attach another sheet and provide employment information.

**HOUSEHOLD ASSETS (CHECKING/SAVINGS/ETC):**

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Do you own any other real estate?  Yes  No

If yes, please list the address or parcel#: \_\_\_\_\_

If yes, please list the equity in the real property \_\_\_\_\_

*(Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs that would be incurred in selling the asset (e.g., broker fees).*

Do you own life insurance that allows you to borrow cash before death?  Yes  No

Name and Address of Financial Institution:	Type of Policy:
	Policy Number:
	Telephone Number:
	Name of Representative:

**LIENS ON PROPERTY:**

Are there presently any liens on your property or any outstanding municipal assessments:  Yes

No

\_\_\_\_\_  
If yes, please explain:

**PROPERTY OWNERSHIP INFORMATION:**

Name of owner as it appears on the property's title: \_\_\_\_\_

Is there a mortgage on the property?  Yes  No

Are you current on your mortgage?  Yes  No

Is your primary residence currently in foreclosure?  Yes  No

**FIRST MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Balance Owed Now

**SECOND MORTGAGE:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Balance Owed Now

**HOMEOWNER'S INSURANCE:**

\_\_\_\_\_  
Insurance Company Homeowners Policy is through

\_\_\_\_\_  
Expiration Date of Insurance

**PROPERTY TAXES:**

Are you current on your property taxes:  Yes  No

If no, please explain: \_\_\_\_\_

**If there is a payment arrangement, please attach a copy of the arrangement.**

**ADDITIONAL PROPERTY INFORMATION:**

QUESTION	YES	NO
Is your property in a flood zone?		
Is your property listed as a Historical Property?		
Has your property been cited for code violations within the last 12 months? If yes, please include the letter.		
Has your insurance company asked you to make property improvements? If yes, please include their letter.		

**PREVIOUS ASSISTANCE:**

Have you received previous assistance from the City of Canton?  Yes  No

If yes, what type and when: \_\_\_\_\_

**PROPERTY REPAIR REQUEST:**

Electrical \_\_\_\_ Plumbing \_\_\_\_ HVAC \_\_\_\_  
Roof \_\_\_\_ Building components \_\_\_\_

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which program do you wish to apply for (Check One):**

- Minor Home Repair**                      **Roof Replacement**                      **Silver Safety**  
**Code Violations**                      **Veteran's Home Improvement**  
**Fire Prevention**

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton's Housing Rehabilitation Loan Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. **PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."**

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-OWNER SIGNATURE

\_\_\_\_\_  
DATE

*Mail the completed application, along with required documents to:*

**City of Canton  
Department of Development  
Attn: Loan Grant Processor  
218 Cleveland Ave SW, Fifth Floor  
Canton, OH 44702**



## REQUIRED DOCUMENTS:

- Last 6 checking account statements and current savings statement** for *all adult occupants*

*Please write source of income for all unidentified bank deposits.*

- Photo ID** - Copy of Photo ID of the Head of Household.
- Federal Tax Return with W-2** - a copy of the most current tax return with all Schedules which must be signed and dated for all adults 18 years and older. Self-employed individuals must turn in three most current returns.
- Last 6 pay stubs (3 months)** for all adults 18 years and older who are employed.
- Social Security Benefits Statement** (Form SSA-1099) or award letter and/or **Pension Doc** with yearly amount.
- Full-Time Student Status** - If you have a working 18-year-old or older who is a dependent and he/she is a student, please submit a copy of their school registration or grades showing student status. Only \$480 of earned income will be counted toward total income per HUD guidelines.
- Alimony or Child Support** - proof of amounts received such as a court order or 12-month child support printout.
- Determination of Unemployment Compensation Benefits** document with date first paid out.
- Unemployed Certificate** signed and dated for every person living in the home over age 18 years with no income if applicable (Attached).
- Mortgage Statement** - most recent statement reflecting balance and payment owed.
- Declaration of Insurance** showing property address and policy period.
- Quarterly Statement regarding Money Market funds, Certificates of Deposits, Mutual Funds, Individual Retirement Account (IRA, 401(K) plans, or any interest-bearing account.
- Divorce documents**/decree/separation agreement if spouse is on deed but not occupying the property.
- Property Tax** - must be current, if delinquent must be on payment arrangement with proof of 3 current payments.
- Utility Bill** - most recent water, electric, phone or gas bill.

The above information will be required for all adults living in the home. Please provide only the documents that are applicable to you. Additional documents may be requested as your application is reviewed. If you cannot make copies of documents, we can make copies for you.

## PLEASE SUBMIT THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO THE FOLLOWING ADDRESS:

City of Canton  
Department of Community Development  
218 Cleveland Ave SW, Fifth Floor  
Canton, OH 44702

You may also, visit [cantonohio.gov/housingprograms](http://cantonohio.gov/housingprograms) to fill out application and submit electronically, or email your completed application and required documentation to: [communitydevelopment@cantonohio.gov](mailto:communitydevelopment@cantonohio.gov)



# UNEMPLOYMENT CERTIFICATION

\_\_\_\_\_ - Name of household member over 18 Years old claiming zero income

I, \_\_\_\_\_ certify that as of \_\_\_\_\_ (date last income source stopped; I have no source of income. I understand that I must report to the City of Canton all sources of income. I do hereby swear and attest that all of the information reported herein is true and correct. I also understand that any and all income for myself and any additional household members must be reported to the City of Canton within ten (10) calendar days of the change.

\_\_\_\_\_  
Signature of Household Member                      Date                      Signature of City Representative      Date

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S.

Because you have reported to City of Canton that you have zero (0) household income, you are required to report to the City of Canton what resources are available to meet your family's needs. This includes: money from wages, self-employment, child support, cash contributions, non-cash contributions, Social Security benefits, disability payments (SSI), Worker's Compensation, retirement benefits, AFDC OWF, Veteran's benefits, rental property income, stock dividends, income from any bank accounts, alimony, and any other sources of assistance.

- Do you own a car?    \_\_\_yes \_\_\_no                      Do you make car payments?    \_\_\_yes \_\_\_no  
What is your monthly payment amount? \_\_\_\_\_  
How do you pay for gasoline? \_\_\_\_\_ Estimated amount you pay \$ \_\_\_\_\_  
How do you pay for insurance? \_\_\_\_\_ Estimated amount of bill \$ \_\_\_\_\_
- Do you pay a portion of the house payment?    \_\_\_yes \_\_\_no                      How much do you pay? \_\_\_\_\_
- Are you paying for utilities?    \_\_\_yes \_\_\_no                      How much do you pay? \_\_\_\_\_  
How do you pay for it? \_\_\_\_\_
- Do you have a phone?    \_\_\_yes \_\_\_no                      Is it a home or cell phone?    \_\_\_home \_\_\_cell  
How do you pay for it? \_\_\_\_\_ Estimate amount of your service \$ \_\_\_\_\_
- Do you have cable, digital or satellite services?    \_\_\_yes \_\_\_no                      How do you pay for it? \_\_\_\_\_  
Estimate amount of your service \$ \_\_\_\_\_
- How do you purchase personal necessities (such as soaps, toilet papers, cleaning supplies, etc.)?  
\_\_\_\_\_ Estimate value of items \$ \_\_\_\_\_
- Do you have any credit card bills?    \_\_\_yes \_\_\_no  
How do you make your monthly payments? \_\_\_\_\_

**IF AND WHEN ANY APPLICANT BEGINS TO RECEIVE INCOME  
IT MUST BE REPORTED TO THE CITY IN WRITING.**





# INCOME VERIFICATION, PRIVACY ACT & PHOTO RELEASE AUTHORIZATION



**Applicant(s):** \_\_\_\_\_ **Address** \_\_\_\_\_

**PURPOSE:** Your signature on this eligibility Release Form and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Canton Community Development Department to obtain information regarding my income, such as, proof of employment, bank accounts, outstanding debts (including mortgage) and to order a consumer credit report and to acquire other information relative to eligibility and continued participation in any of Community Development assistance programs.

**PRIVACY ACT NOTICE STATEMENT:** The City of Canton Department of Development and the Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant’s eligibility in a Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit in the Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. Your name, address and the amount of assistance funds that you receive are considered public data. Other information provided regarding you and your household are considered private data which will only be used when it is required for administration and management of the program. We cannot release private data or use the private data in any other way unless you give us permission by completing a consent form that is provided by Community Development. Public information may be released to appropriate Federal, State, prosecutors and local agencies when relevant to civil, criminal or regulatory investigation; as well as, all staff/persons involved in program administration, local loan committee member (s) who approve applications, the Auditor(s) who perform required audits of this program, member(s) of the Appeals Committee for the purpose of address/resolving applicant complaint(s) as addressed in the Project Policy and Procedural Manual, and Law Enforcement personnel and other enforcement authorities, as required. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**INFORMATION COVERED:** Inquiries may be made in regards to all sources of Income, Assets, and Deductions received from any person or Dependent in the household (i.e. Full-Time Student, Handicap/Disability of Family Member or Minor children, etc.), as well as other information required to determine eligibility.

**INSPECTION AND PHOTO RELEASE:** I/We hereby authorize the Department of Community Development staff to enter my home for the purposed of taking photographs and inspecting to identify rehabilitation work that is necessary to bring the house up to Residential Rehabilitation Standards.

**AUTHORIZATION:** I authorize the City of Canton Department of Community Development and HUD to obtain information about me and my household this is pertinent to eligibility for participation in the Program.

**I acknowledge that:**

- A photocopy of this form is as valid as the original form
- I have the right to review my file and the information received using this form - accompanied by a person of my choosing.
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate
- All adult household members will sign this form and cooperate with the owner and the Department of Community Development in this process.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date







## CITY OF CANTON Walk Away Policy

The mission of the Department of Community Development is to restore neighborhoods by providing quality housing rehabilitation services to Canton homeowners. Regardless of eligibility, an applicant may not receive assistance through the City of Canton Housing Rehabilitation programs when the homeowner is responsible for conditions that obstruct that mission. Such conditions include, but are not limited to:

1. When an owner knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
2. When, following the initial inspection of the home, a determination is made that the home is not structurally sound or cannot be rehabilitated economically.
3. When the applicant/homeowner fails to demonstrate normal and responsible care of the property. Such failure would include willingly allowing:
  - a. **Abuse by animals:** evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
  - b. **Illegal or improper use of the property:** use of the property for purposes other than as a residence that are in violation of building and zoning ordinances and/or criminal statutes.
  - c. **Deliberate abuse:** excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
  - d. **Poor housekeeping and maintenance:** extreme unsanitary conditions and excessive clutter in or around the house when such conditions:
    - 1) constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
    - 2) will severely hamper or increase the cost of rehabilitation work; and/or
    - 3) adversely impact the community standards set forth by the City of Canton’s health and safety guidelines.
4. The homeowner misuses and/or deals in drugs and weapons.
5. The homeowner, resident or applicant’s agent becomes verbally or physically abusive and/or threatens City of Canton staff members, contractors or employees of the contractors.
6. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs City of Canton staff, the contractors or the employees of the contractor as they attempt to discharge their required responsibilities in good faith under the written terms of the Department of Community Development programs.
7. The homeowner refuses to confine animals if requested by the City of Canton Staff, the contractors, or the employees of the contractors.

Under any of these circumstances’, assistance may be withheld and/or terminated at the discretion of the City of Canton Department of Community Development.

I acknowledge that I have received a copy of this policy.

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Homeowner	Date	Homeowner	Date
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## INSTRUCTIONS TO COMPLETE THE AFFIDAVIT

To complete this form:

- Fill in applicant's name
- Fill in address of property
- Complete the following for each applicant even if you *do not* have a relative working for the City of Canton:
  - D.O.B./Age
  - Social Security Number
  - Employment
  - Source of Income
  - Property Status
- Each applicant must sign Affidavit before a notary

Under complete only if relationship exists:

- Complete section 1 & 2 *only* if you have a relative working for the City of Canton

Please return to the City of Canton, Department of Development.

**NOTE: The Affidavit must be signed before a Notary**

**AFFIDAVIT**

PROGRAM NAME: **MINOR HOME REPAIR OR ROOF REPLACEMENT**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

STATE OF OHIO:  
COUNTY OF STARK:

TO WHOM IT MAY CONCERN:

The undersigned certifies that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members (are/are not) delinquent in the payment of any indebtedness to the City of Canton, including City Income Tax, real estate taxes, personal property taxes, water and sewer charges or other City assessments for any properties owned within the City of Canton.

The undersigned hereby authorizes the City of Canton Department of Community Development, to be given information concerning income tax filing status, real estate taxes, personal property taxes, water and sewer charges or other city assessments, and the existence of any delinquencies.

Further, the undersigned states that (he/she) or that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members is (related/not related), personally and/or through business, to the following City of Canton employee (s) or elected official (s):

**COMPLETE ONLY IF RELATIONSHIP EXISTS:**

\_\_\_\_\_  
RELATIVE'S NAME                                      RELATIVE'S TITLE/DEPT.

\_\_\_\_\_  
RELATIVE'S NAME                                      RELATIVE'S TITLE/DEPT.

**COMPLETE ONLY IF APPLICABLE:**

The applicant/co-applicant \_\_\_\_\_ is an employee of the City of Canton and assigned to the Department.

D.O.B./AGE \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

SOURCE OF INCOME \_\_\_\_\_

OWNER OCCUPIED:    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME  
PAMPHLET**

**SUMMARY:**

The City of Canton uses federal U.S. Department of Housing and Urban Development (HUD) funding to finance the housing rehabilitation programs, such as, the Minor Home Repair, the Emergency Repair, Roof Replacement, and Lead Programs. When using government money, all structures built prior to 1978 is presumed to have lead-based paint hazards; some exemptions may apply. The City of Canton will ensure that lead safe work practices are implemented and will utilize contractors that are EPA Lead Safe Renovator certified.

I hereby certify that I have received the publication titled *Protect Your Family from Lead in Your Home (EPA 747-K-94-001)* and that I have read and understood the information.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS MUST BE TURNED IN WITH YOUR APPLICATION**

