



12650 Detroit Avenue • 44107 • 216/529-4663 • FAX 216/529-5907

**DIVISION OF COMMUNITY DEVELOPMENT**  
Department of Planning & Development

[www.onelakewood.com](http://www.onelakewood.com)

Dear Applicant –

Thank you for your interest in the City of Lakewood's Housing Rehabilitation Program. Make sure to review the program requirements on the City's website prior to submitting an application to ensure that you are eligible to participate. Properties receiving assistance may not have more than three units.

Program information is located on the City's website at <http://www.onelakewood.com/community-vision/housing/housing-financial-assistance-programs/>.

Your completed application forms and the below listed documents must be forwarded to the City of Lakewood, Division of Community Development for review. Documents may be mailed to the above address or scanned and emailed to [dcd@lakewoodoh.net](mailto:dcd@lakewoodoh.net).

- Most recent Federal tax return (1040, W-9(s), 1099(s), schedules and attachments) for any household member 18 years of age or older
- Self-employed applicants must submit their last three years tax returns including Schedule C
- 4 – 6 paystubs each for all working household members over the age of 18 (2 months minimum)
- Other taxable income statements including interest, dividends, social security or disability , retirement, unemployment and other as applicable
- Completed landlord packet for rental units (if applicable)

If at any time you need assistance completing the application or have questions please contact our staff at 216-529-4663. We look forward to working with you.

Sincerely,

Mary E. Leigh  
Programs Manager

City of Lakewood Rehab Program Application

<b>APPLICANT INFORMATION</b>	
Applicant Name	
Address	
City, State, Zip	
Work Phone	
Cell Phone	
Home Phone	
Email Address	
Birth Date	
Age	
Gender	
Number of Dependents and Age(s)	
Social Security Number	
Housing Type (Single, 2-family, 3-family)	
Previous Address (Number & Street)	
Previous Address, City, State & Zip	
Property Address	
Nearest Relative, Guardian, Attorney, other	
Relationship	
Address, number & street	
City, State, Zip	
Telephone	
Applicants Marital Status (Single, Married, Divorced, Widowed)	
Name of Applicant's Employer	

City of Lakewood Rehab Program Application

How Long (employed by company)	
Position	
Employer's Address	
Employer City, State, Zip	
Human Resources Phone & Fax	
Previous Employer's Address	
Name of Previous Employer	
How Long (Employed by company)	
<b>CO-APPLICANT INFORMATION</b>	
Co-Applicant Full Name	
Co-Applicant Relationship to Applicant	
Co-Applicant Birth Date	
Co-Applicant Age	
Co-Applicant Gender	
Co-Applicant Social Security Number	
Co Applicant - Name of Employer	
How Long (employed with company)	
Position	
Employer's Address	
Employer Telephone	
<b>LOAN DATA AND HOME IMPROVEMENTS</b>	
Cited by Building Department (Y or N)	
Improvements (List in right column - Examples include roof, exterior or interior painting, plumbing, electrical, etc....)	

City of Lakewood Rehab Program Application

Are you currently in foreclosure (Yes or No)	
Have you ever declared bankruptcy (Yes or No)	
Are there pending lawsuits against you (Yes or No)	
Are you liable as a co-maker or endorser (co-signed a loan)	
Any liens pending (tax typically)	
Where do you bank?	
Property Title in Name of?	
Purchase Price	
Date Purchased	
Homestead Exemption?	
<b>INCOME INFORMATION</b>	
Applicant Employment Income (Gross less pre-tax deductions)	
Applicant Pension	
Applicant Dividends or Interest	
Applicant Social Security Income	
Applicant Disability	
Applicant Veteran Assistance	
Applicant Child Support	
Applicant Unemployment Income	
Applicant Business Income (profit or loss)	
Applicant Other Income (i.e. rental)	
<b>CO-APPLICANT INCOME INFORMATION</b>	
Co-Applicant Employment Income	
Co-Applicant Pension Income	

City of Lakewood Rehab Program Application

Co-Applicant Dividend Income	
Co-Applicant Social Security Income	
Co-Applicant Veteran Income	
Co-Applicant Alimony	
Co-Applicant Child Support	
Co-Applicant Unemployment Income	
Co-Applicant Business Income	
Co-Applicant Other Income (i.e. Rent)	
<b>HOUSEHOLD INCOME INFORMATION</b>	
Total Income for Household Members (18 yrs. +)	
Total Assets (home equity, savings, retirement, life insurance, etc... for household)	
<b>DEMOGRAPHIC INFORMATION</b>	
Household Size (total occupants of house both related and unrelated)	
Race	
Ethnicity (Hispanic or Not Hispanic)	
Elderly Head of Household (Yes or No)	
Female Head of Household (Yes or No)	
Small Household (1-4 persons) or Large Household (5+ household members)	

**IMPORTANT - - APPLICANTS READ BEFORE SIGNING**

The Ohio law against discrimination requires that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **WARNING - -** Whoever knowingly makes any false statement, including over-valuation of any asset or omission of any liability on this or any other document in connection with any transaction with this lender, will be subject to fine and/or imprisonment under provisions of the US Criminal code.

The undersigned certify that the above statements are true, accurate and complete to the best of the undersigned's knowledge and belief and are given for the purpose of obtaining credit. You or your assigns or any agency employed by either of you, shall be privileged to make any investigations concerning undersigned and concerning the above inquiries and to disclose to each other and to other interested parties the results of such investigations or your experience with the undersigned account. This application shall remain the property of the lender whether the credit is granted or not.

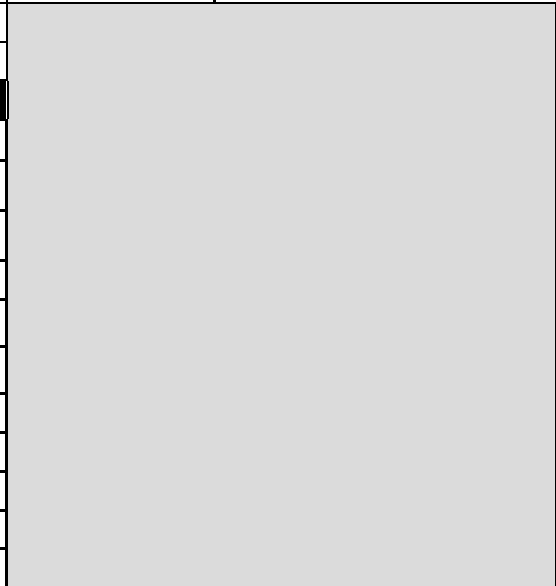
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

<b>REAL ESTATE ASSETS</b>	<b>Property Tax Value</b>	<b>Mortgages</b>	<b>Equity</b>
Principal residence	\$	\$	\$
Rental Property	\$	\$	\$
Rental Property	\$	\$	\$
Other	\$	\$	\$
	\$	\$	\$
<b>Total</b>	\$	\$	\$

<b>FINANCIAL ASSETS</b>	<b>Cash Value</b>	<b>Annual Income/Interest</b>	<b>6 month average</b>
Money Market	\$	\$	Checking \$
401K	\$	\$	Checking \$
IRA	\$	\$	Savings \$
KEOUGH	\$	\$	Savings \$
Retirement or Pension	\$	\$	Other
Life Insurance	\$	\$	\$
Other			\$
	\$	\$	<b>Total</b> \$
	\$	\$	

<b>OTHER ASSETS</b>	<b>Cash Value</b>
Personal Investment Property	
	\$
	\$
Lump Sum Payments	
	\$
	\$
Business Assets	\$
Other	\$
	\$
	\$
<b>Total</b>	\$



<b>Applicant - Signature</b>	<b>Co-Applicant - Signature</b>

**HOUSEHOLD DEMOGRAPHIC INFORMATION - OWNER**

2019 HUD Income Limits								
Cleveland-Elyria-Mentor, OH MSA								
Household Size	check	Category 1 (80%+)	check	Category 2 (80%)	check	Category 3 (50%)	check	Category 4 (30%)
1 person		\$43,301 and above		\$25,801 - \$41,301		\$15,501 - \$25,800		\$0 - \$15,500
2 persons		\$47,401 and above		\$29,501 - \$47,501		\$17,701 - \$29,501		\$0 - \$17,700
3 persons		\$73,101 and above		\$33,201 - \$53,101		\$21,331 - \$33,201		\$0 - \$21,330
4 persons		\$58,971 and above		\$36,851 - \$58,951		\$25,751 - \$36,851		\$0 - \$25,750
5 persons		\$83,721 and above		\$39,801 - \$63,701		\$30,171 - \$39,801		\$0 - \$30,170
6 persons		\$68,401 and above		\$42,751 - \$68,401		\$34,591 - \$42,751		\$0 - \$34,590
7 persons		\$93,301 and above		\$45,701 - \$73,101		\$39,011 - \$45,701		\$0 - \$39,010
8 persons		\$77,871 and above		\$48,651 - \$77,851		\$43,431 - \$48,651		\$0 - \$43,430
Based on above household size my household income falls within the above checked limit.								

**RACE AND ETHNICITY**

<b>Single Race</b>
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa
<b>Black/African American:</b> A person having origins in any of the black racial groups of Africa
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and
<b>American Indian/Alaskan Native:</b> A person having origins in any of the original peoples of North and South America (including Central America) and who maintain a tribal affiliation or community attachment
<b>Native Hawaiiin/Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
<b>Or Multi-Racial</b>
<b>American Indian/Alaskan Native &amp; White</b>
<b>Asian &amp; White</b>
<b>Black/African American &amp; White</b>
<b>American Indian/Alaskan Native &amp; Black/African American</b>
<b>Asian &amp; Pacific Islander</b>
<b>Other Multi-Racial</b>
<b>Ethnicity</b>
<b>Not Hispanic</b>
<b>Hispanic</b>

NAME/Date

NAME/Date



DIVISION OF COMMUNITY DEVELOPMENT  
MARY LEIGH  
PROGRAMS MANAGER

12650 Detroit Avenue • 44107 • (216) 529-6630 • FAX (216) 529-5907  
www.onelakewood.com/development

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**TO BE COMPLETED BY EMPLOYEE**

Employer/Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Human Resource Fax or Email: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Probability of Continued Employment: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ (Hourly) \_\_\_\_\_ (Annual) \_\_\_\_\_ (Overtime)

Regular hours worked per week: \_\_\_\_\_

Average overtime hours per week: \_\_\_\_\_

Pre-Tax Deductions (Per Pay): \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

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

**RETURN COMPLETED FORM TO THE CITY OF LAKEWOOD, DIVISION OF COMMUNITY DEVELOPMENT**





DIVISION OF COMMUNITY DEVELOPMENT  
MARY LEIGH  
PROGRAMS MANAGER

12650 Detroit Avenue • 44107 • (216) 529-6630 • FAX (216) 529-5907  
www.onelakewood.com/development

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**TO BE COMPLETED BY EMPLOYEE**

Employer/Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Human Resource Fax or Email: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Probability of Continued Employment: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ (Hourly) \_\_\_\_\_ (Annual) \_\_\_\_\_ (Overtime)

Regular hours worked per week: \_\_\_\_\_

Average overtime hours per week: \_\_\_\_\_

Pre-Tax Deductions (Per Pay): \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

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

**RETURN COMPLETED FORM TO THE CITY OF LAKEWOOD, DIVISION OF COMMUNITY DEVELOPMENT**

**AUTHORIZATION AND RELEASE OF CONFIDENTIAL INFORMATION**  
**Re: APPLICATION for LOAN through CITY OF LAKEWOOD**

I/We, \_\_\_\_\_ / \_\_\_\_\_ (applicant/co-applicant), in making application for a loan or other financial assistance through the City of Lakewood, hereby authorize and release the City of Lakewood, Division of Community Development, its agents and/or employees to obtain and access information relevant to the loan application and evaluation process.

This release and authorization specifically includes, but is not limited to, a complete credit report, municipal income tax information and records, municipal water bill records, other city obligations and the ability to repay any obligations arising out of the loan or other financial assistance for which I am applying.

I/We understand that this information will be maintained in a confidential matter pursuant to applicable federal, state and local privacy laws.

**I further understand that I must be current with City of Lakewood at the time of application and must remain current throughout the process. Failure to come current and remain current shall result in this application being void.**

**DATE:**

\_\_\_\_\_  
**Applicant**

**PROPERTY:**

\_\_\_\_\_  
**Co-Applicant**

**The City of Lakewood verifies payment of the following items:**

- Municipal Income Tax (216-529-6620)
- Municipal Water (216-529-6820)
- County Property Tax (Cuyahoga County)
- Parking Tickets \*
- Jail Reimbursement\*
- Emergency Medical Service\* (EMS)
- High Grass and Weeds Invoice\*
- Criminal Nuisance Invoice \*
- Refuse Invoice\*
- Sidewalk Violation/Invoice\*
- Attorney General's Office Collections\*
- Property Liens

\* - Please call Irene Drazen at 216-529-6097 if you believe you maybe delinquent.

**OWNER OCCUPANCY STATEMENT**  
**Re: APPLICATION for LOAN through CITY OF LAKEWOOD**

I hereby certify that I am the owner of \_\_\_\_\_ (*property address*) and utilize it as my principal residence.

I further state that I will continue to reside at \_\_\_\_\_ (*property address*) throughout the time period of financial assistance/loan repayment.

I understand the failure to do so shall result in the loan acceleration with remaining loan balance becoming immediately due.

**DATE:**

\_\_\_\_\_  
**Applicant**

**PROPERTY:**

\_\_\_\_\_  
**Co-Applicant**

**RECEIPT OF LEAD PAINT BOOKLET**

After carefully reading the booklet "Protect your Family from Lead in your Home," **sign and detach this Receipt and return it to the City of Lakewood, Division of Community Development Office, 12650 Detroit Avenue, Lakewood, Ohio 44107**

I have received a copy of the booklet entitled:  
Protect your Family from Lead in your Home

---

**APPLICANT**

---

**SIGNATURE**

---

**ADDRESS**

---

**DATE**



# Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_

\_\_\_\_\_

<b>8 Fee.</b> There is a \$50 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.</b>	
<b>a</b> Cost for each return . . . . .	\$ 50.00
<b>b</b> Number of returns requested on line 7 . . . . .	
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$
<b>9</b> If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>	

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	