



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

DIVISION OF COMMUNITY DEVELOPMENT
Department of Planning & Development
www.onelakewood.com

Dear Lakewood Homeowner:

Thank you for your interest in the City of Lakewood's Home Improvement Rebate Program.

We have enclosed an application packet that you must review and return with all attachments upon completion of your renovation projects. We suggest that you refer to the **Home Improvement Rebate Program Procedure** form to assist you through this process.

When returning your application, please make sure to include the following documentation: your prior year Federal Income Tax Return, two months of recent income statements (paystubs, interest and dividend statements, alimony, pensions, etc...), invoices/receipts for work completed and cancelled checks.

The success of the City's housing ongoing rehabilitation effort is contingent upon the participation and cooperation of you, your neighbors and City of Lakewood employees. The Division of Community Development staff is looking forward to working with you to accomplish your home improvements and enhance your home investment.

If you have any questions regarding your specific home improvement project, please feel free to call the Division of Community Development at 529-4663.

Very truly yours,

Mary Leigh
Programs Manager

HOUSEHOLD DEMOGRAPHIC INFORMATION - OWNER
HOME IMPROVEMENT REBATE APPLICATION

Applicant: _____

Birth Date: _____

Address: _____

Home Phone: _____

Lakewood, OH 44107

Work Phone: _____

Sex: Female Male

I have received a copy of the booklet entitled: ***“Protect Your Family from Lead In Your Home”***

Co-Applicant: _____

Birth Date: _____

Sex: Female Male

Work Phone: _____

Type of Structure: Single Family 2-Family** 3-Family**

Household Size: _____ **Female Head of Household:** Yes No

Marital Status: Single Married Widowed Divorced

Exterior property inspection: Applicant by signing this application agrees to allow City of Lakewood Residential Building Official or his designee to conduct an exterior code compliance inspection. Violations, if found, will be cited and homeowner understands that he/she will be responsible for correcting any citations resulting from this inspection.

Household Annual Income, Ethnicity & Race: COMPLETE DEMOGRAPHIC INFORMATION ON PAGE 2 OF APPLICATION

Attachments: Current statements of income (i.e. pay stubs, interest/dividend statements, year to date profit and loss statement if self-employed etc...) and previous year's Income Tax Form including W-2's and all attachments. Additional info required includes proof of payment for materials and contractor, tenant questionnaire, clearance testing consent, authorization & release, exterior inspection, W-9, IRS Form 4506 and eligible repair checklist.

****Completed tenant questionnaires must be turned in for each rental unit.**

Applicant/Date

Co-Applicant/Date

I DO HEREBY ATTEST AND AFFIRM THAT THE ACCURACY OF INFORMATION PROVIDED IN THE HOME IMPROVEMENT REBATE APPLICATION IS CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND DO HEREBY REQUEST THAT THE DIVISION OF COMMUNITY DEVELOPMENT REQUEST AN EXTERIOR CODE INSPECTION ON MY BEHALF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY

HOUSEHOLD DEMOGRAPHIC INFORMATION - OWNER

2017 HUD Income Limits Cleveland-Elyria-Mentor, OH MSA				
Family Size	Category 1 (80%+)	Category 2 (80%)	Category 3 (50%)	Category 4 (30%)
1 person	\$43,301 and above	\$25,801 - \$41,300	\$15,501 - \$25,800	\$0 - \$15,500
2 persons	\$47,201 and above	\$29,501 - \$47,501	\$17,701 - \$29,501	\$0 - \$17,700
3 persons	\$53,101 and above	\$33,201 - \$53,101	\$21,331 - \$33,201	\$0 - \$21,330
4 persons	\$58,951 and above	\$36,851 - \$58,951	\$25,751 - \$36,851	\$0 - \$25,750
5 persons	\$63,701 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	\$73,101 and above	\$45,701 - \$73,101	\$39,011 - \$45,701	\$0 - \$39,010
8 persons	\$77,851 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

<input checked="" type="checkbox"/>	Single Race
	White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa
	Black/African American: A person having origins in any of the black racial groups of Africa
	Asian: 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 Vietnam
	American Indian/Alaskan Native: 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
	Native Hawaiiin/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
<input checked="" type="checkbox"/>	Or Multi-Racial
	American Indian/Alaskan Native & White
	Asian & White
	Black/African American & White
	American Indian/Alaskan Native & Black/African American
	Asian & Pacific Islander
	Other Multi-Racial
<input checked="" type="checkbox"/>	Ethnicity
	Not Hispanic
	Hispanic

APPLICANT/Date

CO-APPLICANT/Date

Income Questionnaire	<i>Please list all taxable income received by any household members eighteen (18) years of age or older. Make sure to include interest from checking and/or savings accounts. Attach copies of statements for all sources claimed.</i>	
Employment Income (Taxable)	\$	
Pension	\$	
Dividends/Interest (Checking, Savings, Investments)	\$	
Social Security	\$	
Disability	\$	
Veterans Assistance	\$	
Alimony	\$	
Child Support	\$	
Unemployment	\$	
Business income (less expenses)	\$	
Other (list sources)	\$	
	\$	
	\$	
TOTAL	\$	
	Applicant	Co-Applicant
Applicant/Co-Applicant Signature(s)		
Print Name(s)		
Date Signed		

HOME IMPROVEMENT REBATE PROGRAM

ELIGIBLE REPAIRS

OPTION A: EXAMPLES OF WORK THAT DISTURBS PAINTED SURFACES – CLEARANCE TESTING REQUIRED		OPTION B: EXAMPLES OF WORK THAT DOES NOT DISTURB PAINT – NO CLEARANCE TESTING	
EXTERIOR RENOVATIONS	INTERIOR RENOVATIONS	EXTERIOR RENOVATIONS	INTERIOR RENOVATIONS
Carpentry Repairs	Bath	Chimney Repairs	Carpet
Wall Insulation	Carpet	Driveway	Hot Water Tank
Driveway	Carpentry	Fence	Furnace
Fence	Ceiling Insulation	Garage Replacement	Insulation - Attic
Porch Repairs	Electrical	Landscape	Electrical (non-invasive)
		Roof	
Garage Repairs	Floors	Sewer line connection repair/replace	Plumbing (non-invasive)
Gutters/Downspouts	Furnace	Waterproofing	Chimney
Landscape	Hot Water Tank	NO LEAD PAINT CLEARANCE OF WORK SITE REQUIRED OPTION B ONLY	
Lattice	Insulation		
Porch Repairs	Kitchen	INELIGIBLE REPAIRS	
Steps	Painting	Prohibited Repairs Include, but are not limited to: Aluminum or Vinyl Siding, Vinyl Replacement Windows, Glass Block Windows, and Asphalt Shingles for Tile Roofs.	
Storm Doors/ Windows	Plaster Repairs		
Sewer lines and connections	Plumbing - invasive		
Any other repairs that disturb more than “de-minimus” levels as defined by HUD.		OTHER	
LEAD PAINT CLEARANCE OF WORK SITE REQUIRED: OPTIONS A & C		Rebates for improvements which alter the exterior of the home must receive written approval from the DCD AND be submitted by the homeowner to the City’s Architectural Board of Review prior to construction. These improvements include, but are not limited to Room Additions, Dormers, and Porch Enclosures.	
CONTRACTORS MUST BE REGISTERED WITH THE CITY AND ALL NECESSARY PERMITS MUST HAVE BEEN PULLED PRIOR TO WORK IN ORDER TO RECEIVE A REBATE. INFORMATION IS AVAILABLE BY PHONE AT 216-529-6270 OR ON THE CITY’S WEBSITE AT: http://onelakewood.com/PublicSafety/Housing_Building.			

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.

REQUEST FOR EXTERIOR PROPERTY INSPECTION

**DIVISION OF COMMUNITY DEVELOPMENT
HOME IMPROVEMENT GRANT (HIG)
GRANT/REBATE PROGRAM PARTICIPANT**

Date: _____

To: City of Lakewood, Division of Community Development

Re: Request for Exterior Property Inspection

I am requesting that the Lakewood Building Department conduct an exterior inspection of my property.

As the owner of record, I give the Division of Community Development authorization to request an exterior inspection on my behalf and in conjunction with my application for assistance through the Home Improvement Rebate Program.

I am aware that I will be responsible to correct any citations issued by the Building Department as a result of this property inspection.

Homeowner Name: _____
(please print)

Property Address: _____

Phone #: _____

Homeowner Signature(s): _____

Mail or deliver to: Department of Planning and Development
City of Lakewood
12650 Detroit Avenue
Lakewood, OH 44107

CLEARANCE TESTING CONSENT FORM

Homeowners seeking assistance through the Home Improvement Program and who are submitting receipts for completed work that disturbs a painted surface must obtain clearance of the property and/or work site. Exterior clearance will be visual only and conducted by Lakewood Alive. The County Health Department or other City agent will conduct interior clearance for project likely to have disturbed more than 2 square feet per room on the interior. If necessary they will conduct a dust wipe test to determine if lead dust levels are below Federal or State mandated levels.

If the homeowner has not properly cleaned the work site and surrounding areas following work and prior to testing and fails clearance, the property will have to be re-cleaned and re-tested. The City of Lakewood will pay for the initial test. The cost of subsequent tests if needed will be deducted from the homeowner's rebate. Should the homeowner's property fail clearance, he/she may be required to disclose the test results at such time as the property is sold.

I hereby request that the City of Lakewood or their agent conduct the necessary clearance testing as required by the State and Federal Lead Paint Regulations.

Property Address: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Homeowner Signature

Homeowner Signature

Home Improvement Grant Program

Homeowner statement of completed repairs

EXTERIOR RENOVATIONS				INTERIOR RENOVATIONS					
(Permits may be required; Contractors must be registered.)				(Permits may be required; Contractors must be registered.)					
HOME IMPROVEMENT	MATERIAL INVOICE/CONTRACT Cost Submitted for Reimbursement		DCD		HOME IMPROVEMENT	MATERIAL INVOICE/CONTRACT Cost Submitted for Reimbursement		DCD	
			Invoice	Payment				Invoice	Payment
Carpentry Repairs					Bath				
Chimney Repairs					Carpet				
Driveway					Carpentry				
Exterior Painting					Ceiling Insulation				
Fence					Electrical				
Porch Repairs					Floors				
Garage Repairs					Furnace				
Gutters/Downspouts					Hot Water Tank				
Landscape					Insulation				
Lattice					Kitchen				
Porch Repairs					Painting				
Steps					Plaster Repairs				
Storm Doors					Plumbing				
Storm Windows					Wall Insulation				
Waterproof Basement:					Other				
Other									
TOTAL SUBMITTED:						TOTAL SUBMITTED:			
TOTAL APPROVED:						TOTAL APPROVED:			

ATTACH ITEMIZED & DATED RECEIPTS, CONTRACTS, PERMITS, CANCELED CHECKS.

NAME:	PHONE #:
ADDRESS:	DATE:

Office use only:	TOTAL PROJECT COST	\$ _____	TOTAL GRANT AMOUNT	\$ _____
-------------------------	--------------------	----------	--------------------	----------

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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.**

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 and click on "Get a Tax Transcript..." or call 1-800-908-9946.

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

8 Fee. There is a \$50 fee for each return requested. 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.	
a Cost for each return	\$ 50.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 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

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