
2026 HOMEOWNER REQUEST FOR ASSISTANCE

The Homeowner Rehabilitation Assistance (HRA) Program is a targeted initiative funded through the Community Development Block Grant (CDBG) program to preserve and maintain affordable housing in the City of Lancaster. The program provides financial assistance to income-qualified homeowners for repairs and improvements that address health, safety and code issues.

Funds are available to rehabilitate structures to meet Residential Rehabilitation Standards and to address health and safety concerns of occupants. Typical housing rehabilitation includes projects like roofing, electrical, plumbing, heating/cooling, flooring, handrails/grab bars, correction of other existing hazardous living conditions, etc. Funds are not intended for improvements such as room additions, garages or sheds, swimming pools, recreation rooms, extensive landscaping, decorating, or similar.

Environmental and home assessments are utilized to determine the extent of the housing needs. Assistance received under the HRA program is limited to \$15,000 for approved repairs and is provided via a 5-year declining loan. This type of loan does not have to be repaid as long as the home is not transferred within 5 years of the project completion day.

Successful applicants must have a gross (before deductions) household income at or below 80% of HUD's Area Median Income limit. This includes all household members 18 years and older. Please see full program details for current income limits.

A submission of request does not guarantee assistance. Please call (740) 687-6663 with any questions about this request for assistance form.

Submit your completed request for assistance one of these ways:

- Mail to: City of Lancaster
Community Development Department
104 East Main Street, 1st Floor
Lancaster Ohio, 43130
- Use the drop box located near the Broad Street entrance to City Hall – place request in an envelope clearly marked **Community Development Department**
- Scan and upload to the secure City of Lancaster website:
<https://www.lancasterohio.gov/FormCenter/ITTelecom-13/Online-Secure-File-Upload-353>
- Bring your request to the Community Development Department located on the 1st floor, 104 East Main Street (City Hall building) during building hours Monday-Friday 7:30 am – 4pm



Description of request for assistance:

APPLICANT INFORMATION:

Applicant (Owner)

Legal Last Name _____ First Name/MI _____

Street Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Social Security Number _____

Phone 1 _____ Phone 2 _____

Email Address _____

Married: Yes No # of Adults in home: 18-59 yrs old _____ 60+ yrs old _____

of Children in home: under 6 yrs old _____ 7-17 yrs old _____

Adult dependent full-time students in your household? Yes No

Is this your primary residence? Yes No If no, you do not qualify for the program.

Are you the owner of this property? Yes No If no, you do not qualify for the program.

Is this a single family dwelling? Yes No If no, you do not qualify for the program.

Additional Co-Owner or Contact Person (if applicable)

Legal Last Name _____ First Name/MI _____

Relationship to Primary Applicant _____

Address (if different than primary applicant address) _____

City _____ Zip _____

Date of Birth _____ Age _____ Social Security Number _____

Phone 1 _____ Phone 2 _____

Email Address _____



Household Members: Must list all persons living in the home:

Name	Social Security #	Relationship to Applicant	Sex	Age
		Applicant		

PROPERTY INFORMATION:

Do you have one or more mortgages? Yes No How many mortgages? _____

Are your mortgage payments current? Yes No If no, you do not qualify for the program.

Lender Name: _____

Address & Phone Number: _____

Lender Name: _____

Address & Phone Number: _____

Are your real estate tax payments current? Yes No Check if included in mortgage payment

If no, have you arranged for a tax payment plan with the County Auditor's Office? Yes No

Do you have current homeowner fire & hazard insurance on the property? Yes No

Are your insurance payments current? Yes No Check if included in mortgage payment

Is your property in a floodway or 100-year flood plain? Yes No I don't know

Do you have current homeowner flood insurance, if required, on the property? Yes No

Are your flood insurance payments current? Yes No Check if included in mortgage payment

Company Name/Agent: _____

Address & Phone Number: _____

Was your house constructed before 1978? Yes No I don't know

Has your household ever received assistance from the City of Lancaster through any of its housing programs? Applicants must not have received assistance within the prior 5 years to eligible.

Yes If yes, when? _____ What kind of assistance/program? _____
 No

How did you hear about the City's Community Development programs? _____



COMMUNITY RESOURCE INFORMATION:

Are you or your child a member of CareSource? Yes No

Are you connected with other community resources? Yes No

If yes, please mark (✓ or X) all that apply:

- Fairfield County Job & Family Services Fairfield Metropolitan Housing Authority
- Habitat for Humanity of Southeast Ohio Lancaster-Fairfield Community Action Agency
- Meals on Wheels of Fairfield County New Horizons Mental Health Services
- PASSPORT Medicaid Waiver Program Supplemental Nutrition Assistance Program (SNAP)
- Other _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I authorize the City of Lancaster’s Community Development staff to make inquiries and share information with the community organizations listed above to verify information in my request for assistance.

In addition, I authorize the City of Lancaster’s Community Development staff to consult with other organizations responsible for any aspect of the delivery of services through the City’s Community Development programs. This may include consultation with lenders, property managers, and insurance agents listed in my request for assistance, City-contracted housing counseling agencies, Fairfield County Department of Health, other Fairfield County and City of Lancaster officials and departments, the Ohio Department of Development or other Ohio state agencies, and the U.S. Department of Housing and Urban Development.

I understand that I may revoke my consent to release information at any time except to the extent that action will have been taken or information released prior to the revocation of my consent. Otherwise, this consent is valid for 15 months from the date the release is signed, or as otherwise stated

 (End Date of Consent)

Owner Signature: _____ Date: _____

Co-owner Signature: _____ Date: _____

WHEN REQUESTING ASSISTANCE, APPLICANTS *MUST* PROVIDE THE FOLLOWING VERIFICATION DOCUMENTATION, REQUIRED PRIOR TO THE APPROVAL OF ANY ASSISTANCE:

- HOME OWNERSHIP VERIFICATION/DOCUMENTATION
 - A copy of the property Title or Deed (available online via the County Recorder’s website)
 - A copy of most recent paid property taxes or a copy of the tax payment plan with the county Auditor’s office, if applicable

- EARNED AND UNEARNED INCOME VERIFICATION
 - Provide proof of earned income (e.g., wages, self-employment, military pay). **Must have documentation for ALL household members 18 years of age and older.**
 - Provide proof of unearned income (e.g., Social Security, pension, unemployment, public assistance, income from assets, child support, etc.). **Must have documentation for ALL household members, regardless of age. *Acceptable documentation – employer pay stubs for last 2 months, official letters or statements of income for current year or periodic amounts received, or similar.***
 - For self-employment income from the operation of a business or profession, provide a copy of the most recently filed IRS Tax Return, Form 1040, including any Schedule C, E, or F.
 - For self-employed driver income (e.g., Uber, Door Dash, Amazon, etc.), completion of a self-employed driver questionnaire will be required (provided by the Community Development Department).

- Last **6 months’** statements for **ALL bank and/or credit union accounts** for **EACH person over 18 in the household**. Includes any and all accounts in each person’s name.
- Other asset verification documentation, as applicable (see page 8 for more information)
- Proof of sufficient homeowner property insurance – **payment proof and current declaration page**
- Proof of sufficient flood hazard insurance, if applicable (flood insurance is required for property in a flood hazard zone) – payment proof and policy showing coverage
- Most recent mortgage statement, if applicable
- Copies of state-issued driver’s license or other state-issued identification for **all household members 18 years of age and older**
- Copies of birth certificates or medical cards for **all household members under 18 years of age**
- Additional documentation or forms, as needed to finalize applicant’s request or proceed with the City’s determination. Community Development staff will be in contact with the applicant to ask questions, clarify information provided, and/or obtain additional information needed.

ALL REQUESTS FOR ASSISTANCE WILL BE REVIEWED IN ACCORDANCE WITH PROGRAM AND GRANT POLICIES AND GUIDELINES.



EMPLOYMENT INFORMATION:

Please list current employment for ALL persons in your household who are employed (18 years of age and older), if applicable. If you work more than one job, list them all. *Income includes wages/salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.*

<i>Employer Name (e.g., Target)</i>	<i>Employee Title (e. g. Sales Clerk)</i>	<i>Start Date (MM/YYYY)</i>	<i>Which household member?</i>	<i>Hours Per Week</i>	<i>Gross Income (Before Taxes)</i>
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
					\$ _____ (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

Applicants **must** provide required information for the income and property verification process. Information requested after application submission must be provided **within two weeks** of request or application for assistance may be denied.

Media Release

I give the City of Lancaster permission to photograph or record me and my property (including before/after images) and to use those images for promotional, informational, and educational purposes—such as on the City’s website, social media, printed materials, reports, and press releases—without compensation, understanding that participation is voluntary and that all images become City property.

I agree or I disagree Owner Signature: _____ Date: _____

I agree or I disagree Co-owner Signature: _____ Date: _____



UNEARNED INCOME/BENEFITS INFORMATION:

Does anyone in your household, regardless of age, receive any of the following? Mark (✓ or X) the Yes or No box for each type listed below.

Type	Yes	No	Household member who receives it?	How much?
Net income from the operation of a business or profession				\$ _____ per ____
Interest, dividends, and other net income from real or personal property				\$ _____ per ____
Social Security				\$ _____ per ____
Periodic amounts from annuities or insurance policies				\$ _____ per ____
Retirement, pension, disability or death benefits, or receipt of other periodic amounts				\$ _____ per ____
Unemployment				\$ _____ per ____
Workers' Compensation				\$ _____ per ____
Severance Pay				\$ _____ per ____
Veterans' Benefits				\$ _____ per ____
Disability Compensation				\$ _____ per ____
Public Assistance (TANF/Cash Assistance only, NOT SNAP/food benefits or Medicaid)				\$ _____ per ____
Alimony				\$ _____ per ____
Child Support				\$ _____ per ____
Regular contributions or gifts received from others outside the residence				\$ _____ per ____
Other income: _____				\$ _____ per ____

If employment/unearned income/benefits is **zero**, please briefly explain how your household is maintained (or provide a separate statement) _____

Are you a co-signer on anyone else's loan? Yes No If yes, please explain _____

ASSET INFORMATION:

In general terms, an asset is a cash or non-cash item that can be converted to cash. Examples are:

- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Express debit cards (in lieu of bank or credit union accounts)
- Revocable trusts
- Equity in rental property or other capital investments
- Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts
- Individual retirement, 401K, and Keogh accounts
- Retirement and pension funds
- Cash value of life insurance policies available to the individual before death
- Personal property held as an investment
- Lump-sum receipts or one-time receipts
- A mortgage or deed of trust held by an applicant

Please list any asset held by a household member:

<i>Household Member</i>	<i>Type of Asset</i>	<i>Does anyone else share ownership of this asset?</i>	<i>Cash Value (Market value less reasonable expenses required to convert the asset to cash)</i>
	Checking Acct		
	Checking Acct		
	Savings Acct		\$ <i>Current balance</i>
	Other Cash on Hand (safe deposit box, at home, etc.)		\$
	Specify other Asset:		\$
	Specify other Asset:		\$
	Specify other Asset:		\$

Verification of Assets Disposed:

If an applicant has disposed of an asset for \$1,000 less than the asset's Fair Market Value, the asset must be included as a household asset for 2 years from the date of disposal. *(Note: Assets disposed of for less than Fair Market Value because of foreclosure, bankruptcy, divorce, or separation are not considered disposed assets.)*

If asset(s) were disposed of for less than fair market values, please list them here:

<i>Asset</i>	<i>Date of Disposal</i>	<i>\$ Amount received</i>



CERTIFICATIONS AND UNDERSTANDINGS:

I certify all the information in this request for assistance is true and complete to the best of my knowledge. I understand this information is subject to verification.

I authorize the City of Lancaster or its representatives and designees of the State of Ohio and U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate services provided to me. I understand all information provided in this request for assistance may be used for that purpose.

I understand the personal financial information contained in this request for assistance is necessary for evaluation of my request for assistance. This information will remain confidential and will not be disclosed to the news media or other third parties, except as outlined in the authorization for the release of information.

I understand the City of Lancaster or its representatives may contract and negotiate with third parties, including but not limited to business, contractors, and independent contractors, in order to complete the rehabilitation of my property/structure outlined in approved project specifications. I give the City of Lancaster or its representatives full power and authority to contract, on my behalf, with any and all third parties or entities in which the City deems necessary in order to complete the rehabilitation of my property/structure.

I understand I may refuse the assistance offered, and if the type of assistance offered does not meet my needs, I may so state in writing why the conditions place an undue hardship on me, and I may have my request for assistance rescinded by the City of Lancaster. I understand the City of Lancaster is under no obligation to approve me of any type of assistance whatsoever.

I understand more requests for assistance are likely to be received than can be accommodated under these programs. The City of Lancaster has therefore established guidelines for the type of housing activities that can be done, developed a priority system for selecting among requests received, and determined maximum amounts of funding that can be awarded per household. I understand the City of Lancaster will adhere to all grant-specific guidelines and regulations for housing activities related to this request for assistance.

I agree to indemnify, defend, and hold the City of Lancaster, the State of Ohio and HUD harmless from, against, and in respect of any and all liability, claims, damages, costs, and losses of whatever character (collectively "Claims") arising from personal injury, death, or damage to my property, and any and all Claims of whatever character claimed by third parties, to the extent that such Claims result from the action, negligence, or willful misconduct of the City, its employees, agents, contractors, and/or subcontractors in connection with this application and agreement, to the extent allowable by any and all relevant grant-specific guidelines and regulations.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001 provides: Whomever, 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 statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. Additionally, pursuant to Ohio Revised Code 2921.13, knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made to secure the payment of benefits administered by a governmental agency is a misdemeanor of the first degree, punishable by up to 180 days in jail, a fine of up to \$1,000.00 and up to five years of community control.

The undersigned fully understands that it is a state and federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts pursuant to the statutes listed.

Owner Signature: _____ Date: _____

Co-owner Signature: _____ Date: _____