



## 2009-2010 Cleveland Gutter Assistance Program for Seniors (CGAPS)

This is a new short term program to help seniors with limited incomes with gutter cleaning.

### TO QUALIFY, APPLICANTS:

- Must circle the size of their family on the chart to the right
- Must be a low income Cleveland senior homeowner or an adult 18-59 with a disability
- Must reside in and own a single or two family home

FAMILY SIZE (circle one)	Low income threshold
1	\$15,900
2	\$18,100
3	\$20,400
4	\$22,700
5	\$24,500
6	\$26,300

### IF YOU QUALIFY, HERE'S WHAT TO DO:

1. COMPLETE THE APPLICATION on the reverse side.
2. PROVIDE PROOF OF OWNERSHIP (Copy of water bill or deed)
3. VERIFY **ALL** HOUSEHOLD INCOME (below)  
 This program is funded with HUD funds which target low income families based on **total household** income. Therefore, participants must verify **current yearly** household income.
  - Social Security Statement- 1-800-772-1213 to request proof
  - If currently employed, two (2) current paycheck stubs
  - If unemployed, copy of unemployment benefits
4. Submit application with supporting documentation to Famico's Foundation at 1325 Ansel Road, Cleveland OH 44106. Please call us at 664-2045 if you need assistance in completing the application
5. A Home visit will be scheduled to assess the gutters.

# Application for Assistance for Gutter Cleaning

Date \_\_\_\_\_ Ward \_\_\_\_\_ Owner Occupied \_\_\_\_\_ Single Family \_\_\_\_\_ Two Family \_\_\_\_\_

Applicant's name \_\_\_\_\_ Applicant's birth date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Home or Mobile) \_\_\_\_\_ Number of persons living in household \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security Number of applicant \_\_\_\_\_

Do you own other property? Yes or No

## Applicant demographics

Do you have any foreclosures/judgments pending?  
Yes or No

Race: Asian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_  
Native American \_\_\_\_\_ Other \_\_\_\_\_

Do you have home owner insurance? Yes or No

Ethnic Group: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_

## Monthly income of Primary applicant

Employed \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Income from Employment \_\_\_\_\_

Social Security: \_\_\_\_\_ SSI: \_\_\_\_\_

Pension: \_\_\_\_\_

VA benefit: \_\_\_\_\_

Other: \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

## Secondary applicant (Spouse or person noted on deed)

Name \_\_\_\_\_ Employed \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Income from Employment \_\_\_\_\_

Relationship to owner : \_\_\_\_\_

Birth date: \_\_\_\_\_

Source of income: Soc Sec \_\_\_\_\_, SSI \_\_\_\_\_

Pension \_\_\_\_\_, VA \_\_\_\_\_ Other \_\_\_\_\_

Total Monthly amount: \_\_\_\_\_

## Additional Applicants - Yes or No; If yes, list below (Please attach a new sheet if additional space is needed.)

### Monthly income of Additional applicant

Name: \_\_\_\_\_ Employed \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Income from Employment: \_\_\_\_\_

Relationship to owner : \_\_\_\_\_

Birth date: \_\_\_\_\_

Source of income: Soc Sec \_\_\_\_\_, SSI \_\_\_\_\_

Pension \_\_\_\_\_, VA \_\_\_\_\_ Other \_\_\_\_\_

Total Monthly amount: \_\_\_\_\_

### Monthly income of Additional applicant

Name: \_\_\_\_\_ Employed \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Income from Employment: \_\_\_\_\_

Relationship to owner : \_\_\_\_\_

Birth date: \_\_\_\_\_

Source of income: Soc Sec \_\_\_\_\_, SSI \_\_\_\_\_

Pension \_\_\_\_\_, VA \_\_\_\_\_ Other \_\_\_\_\_

Total Monthly amount: \_\_\_\_\_

**Total Yearly Household Income \$** \_\_\_\_\_

I have answered all questions honestly and to the best of my knowledge. I hereby authorize verification of necessary financial information and employment as identified on this form. I understand that by signing this application I authorize the City or its representatives and designees' access to bank, employment, public assistance, or any other record that may be required to verify and all statements made in this application. I authorize the City and its representatives and designees, to inspect and evaluate actual services provided to me. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and state laws for any knowingly false or fraudulent statements.

Applicant's signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Co- Applicant's signature \_\_\_\_\_ Date Signed \_\_\_\_\_