



Age-Friendly Home Investment Program 2026

The Cleveland Department of Aging has a home repair program to help seniors 60 and older, and adults 18–59 receiving disability. The program can fix one major home repair (see page 4 of application for examples). It can also connect you to other home repair programs for more help.

Each ward has limited funds. We can help about 10 to 12 households in each ward.

Who Can Apply

You may qualify if you:

- Own and live in a home in Cleveland (single-family or two-family) for at least one year.
- Are age 60+ OR are 18–59 receiving disability.
- Are low or moderate income (see income chart below).
- Are current on property taxes, or on a payment plan.
- Are not in foreclosure or bankruptcy.
- Have not received help from this program before.

Income Limits (2026)

Your total household income must be at or below these amounts:

Family Size	Maximum Income
1 person	\$39,125
2 people	\$52,875
3 people	\$66,625
4 people	\$80,375

What You Need to Apply

Submit these items:

1. Proof of income for 2025 for everyone in the home (examples next page).
2. Utility bills – recent copies for water, sewer, gas, and electric.
3. Bank statements – the last two bank statements, for all accounts and all household members (include all pages, front and back).
4. Completed application form – signed.


How to Submit Your Application


In person or by mail:

Age Friendly Home Investment Program
Cleveland Department of Aging
75 Erieview Plaza, Room 201
Cleveland, OH 44114

Fax: (216) 420-8076 (Attn: AFHIP)

Email: aging@clevelandohio.gov

 Need help? Call (216) 664-3757

 En español: (216) 420-7616

Important Notes

- Complete applications are reviewed in the order received.
- Staff will contact you if more documents are needed.
- This is not an emergency program. Repairs will likely be done in 2026.

Proof of Income Examples

Income Type	Documents Needed
Job	3 most recent pay stubs
Self-Employment	Most recent tax return
Social Security / SSDI / SSI	Current award letter
Pension	Current award letter
Veterans Benefits	Current award letter
Rental Income	Rent receipts (past 3 months)
Public Assistance (TANF/AFDC)	Benefit printout from this year
Unemployment	Award letter
Worker's Comp	Award letter
Help from Family/Friends	Notarized affidavit with name, amount, and how often
No Income	Notarized affidavit saying no income

→ Remember: Provide the full document (example: if a bank statement has 4 pages, send all 4. This includes the front and back of all pages).

An affidavit is a statement you sign in front of a notary.

Application for the Age-Friendly Home Investment Program 2026

Date: _____

Is home lived in by the owner?	Yes or No		
Home type (circle one):	Single Family Home	Two Family House	Other

Applicant Name: _____ **Birth Date:** _____

Address: _____ **Zip Code:** _____

Phone number(s): (_____) _____ (_____) _____

Email: _____

Race/Ethnicity (circle all that apply): American Indian | Asian | Black/African American | Hispanic/Latino | Pacific Islander | White | Other/Multiracial

Household size: _____ **Marital Status:** _____ **Gender:** _____

Last Four Digits of Social Security Number: _____

If we cannot reach you, please give us someone we can call.

Contact name: _____ **Relationship:** _____

Phone number(s): (_____) _____ (_____) _____

Email: _____

Please circle Yes or No

Do you have homeowner's insurance? Yes / No

Do you have a mortgage on your home? Yes / No If yes, what is your monthly payment? _____

Do you have any foreclosures or judgements on your home? Yes / No

Are you current on your property taxes? Yes / No

If not, are you on a payment plan? Yes / No

Do you own other property? Yes / No

If yes, give address(s) property: _____

Utilities

Who is your electric provider?	
Who is your gas provider?	
Are you current on your utility bills?	
Are any of your utilities turned off or not working? Explain:	

List all household members and their monthly gross income:

Gross income money earned before any deductions or taxes are taken out.

Income Source	Self	Spouse	Additional Household Member	Additional Household Member
Name				
Relationship	Self			
Date of Birth (DOB)	██████████	DOB:	DOB:	DOB:
Employment	\$	\$	\$	\$
Social Security/SSDI/SSI	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Other (IRA, Annuity, etc.)	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

Total Yearly Household Gross Income \$ _____

Banking information:

Please write down how many bank, credit union, or other money accounts (like checking, savings, or Direct Express) for each household member over 18.

List each household member one by one

Account Holder(s) Name	Name of Bank, Credit Union	Number of Accounts	Types of Accounts
Example: John Smith	My Bank USA	2	1 Checking, 1 Savings

If more space is needed for additional household members, attach additional paper

Veteran Status

Are you a U.S. Veteran?	Yes / No
Is your spouse (or former spouse) a U.S. Veteran?	Yes / No

Types of Repair Needed?

- | | |
|--|--|
| <input type="checkbox"/> Roof replacement or repair | <input type="checkbox"/> Plumbing repairs |
| <input type="checkbox"/> Exterior painting/Siding | <input type="checkbox"/> Broken window repair |
| <input type="checkbox"/> Porch repairs or replacement | <input type="checkbox"/> Cement pathway repair |
| <input type="checkbox"/> Installation of ramps or lifts | <input type="checkbox"/> Floor repair |
| <input type="checkbox"/> Electrical work | <input type="checkbox"/> Furnace repair and/or replacement |
| <input type="checkbox"/> Detached garage structural repair | <input type="checkbox"/> Driveway patching/repair |
| <input type="checkbox"/> Gutter replacement or repair | <input type="checkbox"/> Accessibility modifications |
| | <input type="checkbox"/> Other _____ |

Repairs

Please explain what repair is most important to you (only one repair will be completed):

Note:

If you are chosen, a contractor will visit your home to check what repairs are needed.
The contractor will look inside and outside your home and decide which repair is most important.

I have answered all questions honestly and to the best of my knowledge. I hereby authorize the City of Cleveland Department of Aging to obtain verification of necessary financial information and employment as identified on this form.

Applicant's signature _____ **Date** _____

Co-Applicant's signature _____ Date _____

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Age-Friendly Home Investment Program

This is a program in which City of Cleveland residents, 60 years and older or adults 18 years and older receiving disability, can receive assistance to help improve the condition of their homes. Repairs may include: roof replacement or repair, exterior painting, porch repairs or replacements, installation of ramps or lifts, electrical work, accessibility modification, detached garage structural repair, gutter replacement or repair, plumbing repair, broken window repair, cement pathway repair, floor repair, furnace repair and/or replacement and driveway patching/repair.

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant in the Age-Friendly Home Investment Program I authorize the Department of Aging to release and share my application and supporting documentation with the participating agencies, noted below, when necessary for the purpose of assisting me to obtain the service(s) I request.

Hebrew Free Loan Association Interest Free Loans
Heritage Home Program
Community Housing Solutions
CHN Housing Partners
Rebuilding Together NEO
Cuyahoga County Housing Enhancement Loan Program
Home Repair Resource Center

Senior Homeowner Assistance Program
Repair-A-Home
Lead Hazard Control Program
Cleveland Tree Assistance Program for Seniors
Cleveland 50/50 Sidewalk Residential Replacement Program
Cuyahoga County Foreclosure Prevention Program
Cuyahoga County Veterans Service Commission
Habitat for Humanity

I acknowledge that the City of Cleveland Department of Aging may find it necessary to share information that I provide such as my name, address, income sources, services I receive and general health status with other service providers. I give my permission for the Department of Aging to share this information for the purpose of helping me receive the service(s) I may need.

I also understand that the demographic information collected will be entered into a confidential client database(s) as required by one or more of the following agencies: Cleveland Department of Aging, Western Reserve Area Agency on Aging and the Ohio Department of Aging.

Print Name: _____

Signature: _____

Date: _____

Please submit completed 4 page signed application and supporting documents:

By mail or in person:

Age Friendly Home Investment Program
Cleveland Department of Aging
75 Erieview Plaza, Room 201
Cleveland OH 44114

Fax: (216) 420-8076 Attn: AFHIP

Scan and email to: aging@clevelandohio.gov