CITY OF CLEVELAND
Mayor Justin M. Bibb

Age-Friendly Home Investment Program 2026-2027

AGE-FRIENDLY CLEVELAND

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 3 of application for examples). It can also connect you to other home repair programs for more help.

Important Notes

- Complete applications are reviewed in the order received.
- Each ward has limited funds. We can help about 10 to 12 households in each ward.
- This is not an emergency program. Repairs will likely be done in 2027.

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 (refer to the income chart on the next page).
- Are current on property taxes, or on a payment plan.
- Are not in foreclosure or bankruptcy.
- Have not received help from this program before.

What You Need to Apply

Submit copies of these items with your application:
1. Proof of income for the current year for everyone in the home (refer to proof of income examples section on the 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 on pages 3 and 4

See next page

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Income Limits (2026-2027):

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

Family Size	Maximum Income
1 person	$39,900
2 people	$54,100
3 people	$68,300
4 people	$82,500

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).

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

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Age-Friendly Home Investment Program Application

Date: _____

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

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 working smoke detectors in your home? *Yes / 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 property address(s): _____

Utilities

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

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List all household members and their monthly gross income*:

**Gross income* is 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)	[redacted]	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, on-line bank, credit union or other money accounts (like checking, savings, Chime 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

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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

☐Accessibility modifications
☐Broken window repair
☐Cement pathway repair
☐Driveway patching/repair
☐Detached garage structural repair
☐Electrical work
☐Exterior painting/Siding
☐Floor Repair
☐Furnace repair and/or replacement
☐Installation of ramps or lifts
☐Plumbing Repairs
☐Porch repairs or replacement
☐Roof/gutter replacement or repair
☐Other _____

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 together decide which repair is most important.

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.

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 _____

See next page

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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 entities, noted below, when necessary for the purpose of assisting me to obtain the service(s) I request.

CHN Housing Partners
City of Cleveland
Community Housing Solutions
Cuyahoga County
Cuyahoga County Veterans Service Commission
Greater Cleveland Habitat for Humanity
Other Home Repair agencies
Hebrew Free Loan Association
Heritage Home Program
Home Repair Resource Center
Lead Safe Resource Center
Local Initiatives Support Corporation (LISC)
Rebuilding Together NEO

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