



Hamilton County Renter Accessibility Program: Policies & Procedures

138 E. Court Street, Room 1002, Cincinnati, OH 45202

Office: 513-946-8230

Fax: 513-946-8240

Program Description

Hamilton County’s Renter Accessibility Program provides assistance to disabled, income-qualified renters to make accessibility modifications to their residence. Modifications up to \$7,500 may be made on the interior or exterior of the residence and can include improvements such as wheelchair ramps, widening of doorways and walkways, removal of barriers, etc.

Qualifications and Procedures

2016 Income Limits and Grant Amounts

Program participation is limited to households with adjusted gross income that is 80% or less than the area median income. Consult the table below to determine if you meet this requirement. Grants of up to \$7,500 may be awarded per residence.

----- Household Size -----

	1	2	3	4	5	6	7	8
80% AMI	\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600	\$70,150	\$74,650

Qualifying Jurisdiction

Income qualified residents from the following County jurisdictions are eligible to receive assistance to be used for modifications.

- Addyston
- Anderson Township
- Arlington Heights
- Cheviot
- Cleves
- Colerain Township
- Columbia Township
- Crosby Township
- Delhi Township
- Deer Park
- Elmwood Place
- Fairfax
- Forest Park
- Golf Manor
- Green Township
- Greenhills
- Harrison
- Harrison Township
- Lincoln Heights
- Lockland
- Loveland
- Miami Township
- Montgomery
- Mt. Healthy
- North Bend
- North College Hill
- Norwood
- Reading
- St. Bernard
- Sharonville
- Silverton
- Springdale
- Springfield Township
- Sycamore Township
- Whitewater Township
- Woodlawn
- Wyoming

Procedures

If you need assistance (or your tenant/client needs assistance) with modifications to your residence, please follow the procedures below and make sure to call us at 513-946-8230 if you have any questions:

1. Complete the Tenant Renter Accessibility Application and have the Property Owner complete the Owner Renter Accessibility Application. Submit both applications to the Planning and Development office for review. Tenant must be sure to include supporting documentation for all income and asset sources. Note: Tenant and Owner applications do not have to be submitted at the same time.
2. Once the applications are approved, County staff will inspect the property and prepare a scope of work.
3. The property owner will then solicit a minimum of three quotes from licensed contractors to perform the improvements outlined in the scope of work. The lowest and best quote from the three contractors will be selected.
4. After the work is complete, County staff will inspect the property to ensure the work was completed satisfactorily. The County will also provide annual inspections of external ramps for up to five years.
5. The property owner may then submit the contractor invoice for payment. The property owner may pay the contractor directly and then request reimbursement from the County. For reimbursement requests, proof of payment to the contractor is required.



Hamilton County Renter Accessibility Program Tenant Application

138 E. Court Street, Room 1002, Cincinnati, OH 45202

Office: 513-946-8230

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PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Applicant:		
Last Name / First Name / M.I.	Date of Birth / /	Marital Status (circle) Single Married Divorced
Address (City / State / Zip)	Daytime Phone #	Social Security #

Race (you may circle more than one race):

1. White 2. Black / African-American 3. American Indian / Alaska Native 4. Asian 5. Hawaiian Native / Pacific Islander
6. Other: _____

Ethnicity (circle one):

1. Hispanic or Latino 2. Non-Hispanic or Latino

Other Household Members - List requested information for all other members of household. Attach separate sheet if necessary.

Last Name / First Name / M.I.	Relationship to Applicant(s)	Date of Birth / /	Social Security #
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

PART B: HOUSEHOLD INCOME

DOES ANY HOUSEHOLD MEMBER: (circle YES or NO and fill in applicable information)

1. Work full-time, part-time, seasonally, or on call – including wages, fees, tips, bonuses, money for services? (YES / NO) If yes, provide:

Household Member Name	Employer Name & Full Address	Fax #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly

2. Work for someone who pays cash? (YES / NO) If yes, provide:

Household Member Name	Employer Name & Full Address	Fax #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly

3. Receive unemployment benefits, workers compensation, or severance pay? **(YES / NO)** If yes, provide:
 Household Member Name: _____
 Type of Benefit: _____
 Amount: _____ How often received? _____
4. Receive alimony? **(YES / NO)** If yes, provide:
 Household Member Name: _____ Amount: _____
 How often? _____ Former Spouse Name: _____
5. Receive Social Security or SSI benefits? **(YES / NO)** If yes, provide:
 Household Member Name: _____ Taxable Monthly Amount: _____
 Household Member Name: _____ Taxable Monthly Amount: _____
6. Receive taxable income from IRA distributions, pensions or annuity payments? **(YES / NO)** If yes, provide:
 Household Member Name: _____ Amount: _____
 Type of Retirement/Pension/Annuity: _____
 Claim #: _____
7. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, and income from stocks or bonds? **(YES / NO)** If yes, provide:
 Household Member Name: _____
 Type of Asset: _____
 Amount of Income/Interests Received: _____

Acct. in Name Of:	Name, Address & Phone # of Financial Institution	Type of Instrument (checking, savings, C.D., stock, etc.)	Balance / Value

8. Receive income from rental real estate, royalties, partnerships, S corporations, trusts, etc.? **(YES / NO)** If yes, provide:
 Household Member Name: _____
 Source of Income: _____
 Amount of Income Received: _____
9. Own a business or self-employed? **(YES / NO)** If yes, provide:
 Household Member Name: _____
 Business Name: _____ Business Address: _____
 Amount of Income: _____ Amount of Business Expenses: _____
10. Receive any type of military pay/allotment? **(YES / NO)** If yes, provide:
 Household Member Name: _____ Amount: _____
 Source of Pay/Allotment: _____
11. Other income received in household? (e.g. lottery/raffle winnings, prizes, awards, gambling, etc.) **(YES / NO)**
 If yes, list income: _____

PART C: HOUSEHOLD INCOME DEDUCTIONS

The following items may be deducted from the household's gross annual income calculation. Please fill out the table below if you or any household member claims any of the following deductions:

Income Deductions	Household Member Name(s)	Annual Amount
1. Health savings account deduction		
2. Moving Expenses		
3. Deductible part of self-employment tax		
4. Self-employed SEP, SIMPLE, and qualified plans		
5. Self-employed health insurance deduction		
6. Penalty on early withdrawal of savings		
7. Alimony Paid		
8. IRA deduction		
9. Student Loan Interest deduction		

PART D: HOUSEHOLD ADJUSTED GROSS INCOME

1. Number of persons in Household: _____
2. Number of persons in Household earning income: _____
3. Annual total of all income listed in Part B, questions 1 – 11: _____
4. Annual total of all income deductions listed in Part C, items 1 – 9: _____
5. Subtract line 4 from line 3. **This is your Household's Adjusted Gross Income:** _____

PART E: DISABILITY INFORMATION

1. Do you have a disability requiring an accessibility modification? YES _____ NO _____
2. Type of renovation/modification you are requesting:
 - Ramp
 - Grab Bars
 - Widen Doorway
 - Shower Conversion
 - Adjust Kitchen Counters/Cabinets
 - Comfort Height Toilets
 - Other (specify): _____

PART G: APPLICANT CERTIFICATION

I/we certify that the information given to Hamilton County Community Development on this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and grounds for denial of assistance.

Applicant Signature: _____ Date: _____

APPLICATION SUBMISSION CHECKLIST

Failure to enclose all necessary documentation will cause delays in the processing of your application.

- _____ **Signed and dated application**
- _____ **Supporting documentation for ALL income sources**
- _____ **Copy of submitted Federal Income Tax Return for all household members required to file (must be less than 12 months old)**
- _____ **Properly initialed and signed Eligibility Release form (Page 6)**
- _____ **Properly completed and signed 4506-T Form – Request for Transcript of Tax Return (Page 8)**

Community Development Block Grant Program (CDBG) Eligibility Release Form

Hamilton County Community Development
138 East Court Street, Room 1002
Cincinnati, OH 45202
513-946-8234

PURPOSE: YOUR SIGNATURE ON THIS ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE:

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN A CDBG PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE CDBG PROGRAM; TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT.

	VERIFICATION REQUIRED	<u>INITIALS</u>
INCOME (ALL SOURCES)	X	
INCOME EXCLUSIONS (ALL SOURCES)	X	
ASSETS (ALL SOURCES)	X	

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A CDBG PROGRAM ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED CDBG PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE CDBG PROGRAM.
I ACKNOWLEDGE THAT:

- (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
- (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).
- (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.
- (4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.

HEAD OF HOUSEHOLD-SIGNATURE, PRINTED NAME AND DATE:
HOUSEHOLD MEMBER-HEAD

OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED NAME AND DATE: **HOUSEHOLD MEMBER #3**

OTHER ADULT MEMBER OF HOUSEHOLD-SIGNATURE, PRINTED NAME AND DATE: **HOUSEHOLD MEMBER #2**

OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED NAME AND DATE: **HOUSEHOLD MEMBER #4**



Hamilton County Renter Accessibility Program

Owner Application

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Fax: 513-946-8240

PART A: OWNER & BUILDING INFORMATION

<i>Property Owner:</i>	
Last Name / First Name / M.I.	Address (City / State / Zip) <small>(where the rental modification will occur)</small>
Daytime Phone #	Email:
Building Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment Building	
Number of Units in Building: _____ (maximum 4)	

PART A: TENANT INFORMATION

1. Do you have a tenant that has a disability requiring an accessibility modification? YES _____ NO _____
2. Type of renovation/modification you are requesting:
 - Ramp
 - Grab Bars
 - Widen Doorway
 - Shower Conversion
 - Adjust Kitchen Counters/Cabinets
 - Comfort Height Toilets
 - Other (specify): _____
3. Name of Tenant: _____
4. Address of Tenant: _____
5. How long has the tenant resided at this address? _____
6. Does the tenant have a lease? YES _____ NO _____ If yes, lease expires (date): _____

PART C: APPLICANT CERTIFICATION

I certify that the information given to Hamilton County Community Development on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law and grounds for denial of assistance.

I certify that I have read the Hamilton County Renter Accessibility Policies and Procedures.

Owner Signature: _____ Date: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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 transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Hamilton County Community Development, 138 E Court Street, Room 1002, Cincinnati, OH 45202 Phone #: 513-946-8230

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 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 IRS transcript 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 transcript information, you can specify this limitation in your written agreement with the third party.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
 - c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
 - 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 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 four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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 information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, 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-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date