An individual seeking an Avondale Property Enhancement grant must complete this application, furnish attachments as required herein, and schedule an inspection with ADC. **PROCESSING TIME FOR APPLICATION IS 15 DAYS FROM RECEIPT.** Please contact:

**Maria Collins**
**Program Manager**
mcollins@growavondale.org
**(513) 861-2232**

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|---|---|
| Property Owner Name(s)<br>Date of Birth<br>Social Security Number | |
| Property Owner Name(s)<br>Date of Birth<br>Social Security Number | |
| Property Owner's Address | |
| Property Owner's City, State, Zip Code | |
| Property Owner's Contact Phone | |
| Property Owner's Email Address | |
| Homeowners Insurance Company | |
| Homeowners Insurance Agent | |
| Homeowners Insurance Contact Phone | |
| Purchase Price of Home $ | |
| Year Home Purchased | |

**Attach the most recent statement for each mortgage you have.**

Eligibility: A homeowner may be eligible for funding under this program if they meet all the following criteria. Please mark (Yes) or (No) to answer each question.

| | YES | NO |
|---|---|---|
| Is the home a detached single or two-family dwelling unit located in Avondale? | | |
| Is the property five years or older from the date of application? | | |
| Does the applicant own and occupy the home as his or her primary residence on a constant basis? | | |
| Has either owner or co-owner declared bankruptcy in the past two (2) years? | | |
| Are all payments for City-provided utilities and all property taxes current for the property? | | |
| Is the project limited to the exterior of the home? | | |
| Does the applicant intend to market, rent, or sell the property within one year of project completion? | | |
| Are you a military veteran? | | |
| Do you live in a Habitat house? | | |

**Certification:** "I hereby certify that all information provided in this application is, to the best of my knowledge and belief, true, accurate and complete. I further certify that eligibility criteria are fully met for the property described in this application. I have read and understand the program guidelines and will adhere to the program requirements."

By submission of the APEP application, "I hereby represent to Avondale Development Corporation that I am aware I may be required to provide matching funds up to $5,000.00." Matching grant amount will be determined on a case by case basis.

Signature of Owner Attesting to Certification

_____

Printed Name: _____ Date: _____

Avondale Development Corporation
3635 Reading Road, Suite #200
Cincinnati, Ohio 45229

**RELEASE OF LIABILITY**

I (WE) _____ (Print Homeowner's First & Last Name) of _____ (Street Address), do hereby release the Avondale Development Corporation and Cincinnati Children's Medical Center, and its officers, employees, contractors, representatives, and agents from any and all liability arising out of any services performed for me under the AVONDALE PROPERTY ENHANCEMENT PROGRAM, including but not limited to, injuries to me, other persons guests or invitees and indemnify the Avondale Development Corporation and Cincinnati Children's Medical Center, and its officers, employees, contractors, representatives and agents from any and all actions, causes of action lawsuits, judgements, claims, demands, damages, costs, expenses, attorney fees and compensation on account of, arising out and/or in any growing out of any and all personal injuries and property damage which may hereafter be presented by anyone as a result of the actions or inaction of any person furnished to me (us) through the AVONDALE PROPERTY ENHANCEMENT PROGRAM.

I (We) further state that I (We) have read the foregoing Release of Liability Agreement, know the contents thereof, and it is signed as my (our) free act.

Homeowner Signature(s)/Date

Avondale Development Corporation
3635 Reading Road, Suite #200
Cincinnati, Ohio 45229

## CONSENT FORM

**Purpose:** To make sure that assistance is used properly, the information you provide will be verified. To receive assistance from the Avondale Property Enhancement Program, applicants and all household members who are 18 years old or older are required to sign this form that authorized the above-named organization to obtain information for third parties relative to your eligibility and participation in its programs.

**Consequences for Not Signing the Consent Form.** If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

*Types of Information to be released.* I authorized the above-named organization to obtain information about me and my household that is pertinent to eligibility for participation in the Avondale Property Enhancement Program. Information may be provided about the following items:

Assets (All sources):

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.
3. I have the right to copy information from this file and to request correction of information that I believe is inaccurate.

Instructions: Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

Please print and sign your name and date:

| | |
|---|---|
| _____ | _____ |
| Head of Household | Other Adult Member of Household |
| _____ | _____ |
| Other Adult Member of Household | Other Adult Member of Household |

Avondale Development Corporation
3635 Reading Road, Suite #200
Cincinnati, Ohio 45229

**RELEASE OF INFORMATION**

I (WE) _____ (Print Homeowner's First & Last Name) of _____ (Street Address) give permission to the Avondale Development Corporation and Cincinnati Children's Medical Center to use my name, likeness or voice in any photography, audio or video production, print, or any other form of communication for the purpose of publicizing Avondale programs. I also give permission for its use in any marketing materials that may be developed to promote Avondale or Children's, its programs and its mission.

I waive any right to inspect or approve the finished product or printed material that may be used, or to the use that it might be applied.

I understand that as a client of any grant-assisted programs that ADC or Children's offers, I am waiving rights to confidentiality by permitting ADC and/or Children's to disclose my name in relation to publicizing the programs that I have taken part in. Furthermore, I understand that this release is in no way required as a condition of obtaining benefits under programs offered by the ADC and Children's. This is a voluntary decision ad I freely give my permission to ADC for the uses stated above.

Homeowner Signature(s)/Date

I understand that by signing this application I grant Avondale Development Corporation (ADC) the right to check my employment history, as well as my utility company or other records needed for verification and evaluation of my eligibility. By signing this application, I give ADC or its agents the right to inspect my home and any work performed on my home.

I understand that filing this application does not guarantee that my household will receive assistance. I understand that the Avondale Development Corporation (ADC) may rescind approval if information is acquired which determines that my household is not eligible for services according to the rules of the program, or that I provided false information to ADC.

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements. I understand that ADC will retain this application whether or not it is approved. If anything contained in this application is found to be false or misleading, it may lead to my participation in the program being declined, or I may be required to return all monies granted to me through the program if I have been approved.

ADC does not discriminate based upon race, color, religion, national origin, sex age, or disability.

**ALL INFORMATION PROIDED BY APPLICANT(S), AND THE RESULTS OF ALL INQUIRIES SHALL BE TREATED IN CONFIDENCE BY THE AVONDALE DEVELOPMENT CORPORATION**

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Signature/Application Date

Signature/Application Date

## Scope of Work

Please attach the following documentation to this application:

- Avondale Residency Verification: Copy of a valid government issued photo identification supporting that the applicant lives in and owns the property.
- City-Provided Utilities: Documentation verifying that all payments for City-provided utilities are current for the residence.
- Survey/Plat/Design Schematic/Engineering Site Plan: Depending on the nature of the repairs, a survey, plat, design, schematic, engineer's report, or engineering site plan may be required. Please see Appendix B in the Program Guidelines for clarification on specific project requirements.

Income Verification: If the applicant intends to apply for the higher match amount for low-to-moderate income homeowners, the following documentation shall be required:

- The most recent tax filings for each legal homeowner.
  (In lieu of submission of a tax return, an applicant may submit all documentation certifying their annual income, including social security statements, pension statements, three months of checking and savings statements, income from child support, alimony, etc. For clarification and submission requirements, please contact ADC.)

The attached scope of work is comprehensive and includes all necessary materials and labor to complete the project. Any amendments to this application must be approved by the Program Administrator of ADC or his/her designee. Any unapproved deviations from the scope of work will disqualify the applicant from receiving funding from the Avondale Property Enhancement Program.

Homeowner Signature(s)/Date

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