



Homesafe Tax Relief Program

The Homesafe Tax Relief Program (HTRP) is for low-to-moderate-income homeowners facing financial hardship and need aid in paying delinquent property taxes. The program is to help households who are at or below 80% AMI within the City of Cincinnati Corporate limits. The program also aims to prioritize households who are seniors living on a fixed income, households with at least one dependent child, and homeowners with properties located in a LIFT neighborhood, as more particularly described in the program guidelines. Delinquency will be verified with the County Treasurer.

For DCED USE ONLY: Approved Denied

Application Number: _____

Date Application Received: _____

Completion Verification Date: _____

Note: _____

Identification Information			
Property Owner Name:		Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Phone Number:	Alternate Number:	Email Address:	
Mailing Address:		Same as the property address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Head of Household: If no, please provide Name: <input type="checkbox"/> Yes <input type="checkbox"/> No, Name: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say	Single Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Not Applicable	
Single Race:	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Alaskan Native/American Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian		
Multi-Race:	<input type="checkbox"/> Black/African American and white <input type="checkbox"/> Alaskan Native/American Native and white <input type="checkbox"/> Native Hawaiian/Other Pacific Islander and white <input type="checkbox"/> Asian and white <input type="checkbox"/> Other Multi-Racial Group		
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to say		

Property Information:			
Property Address:		Zip code:	Neighborhood:
Parcel Number:	Property Purchase Year:	Years in Home:	
Years of Delinquency:	Delinquency Amount:	Property at risk of foreclosure (Yes or No):	
Do You Own the Property You Are Applying for and Is It the Only Property You Own (Yes or No):			
(FOR DCED USE ONLY) Neighborhood Designation: <input type="checkbox"/> LIFT Neighborhood <input type="checkbox"/> EXPAND Neighborhood <input type="checkbox"/> SUSTAIN Neighborhood			

To be eligible, the Gross Household Income must be at or below 80% of the Area Median Income based on the household size. Gross Household Income is defined as the full amount, before payroll deductions, of wages and salaries, and includes overtime pay and salaries, commissions, fees, tips and bonuses, and other compensation for personal services

Income Limits	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
≤Moderate (80%)Income Limits	\$58,700	\$67,100	\$75,500	\$83,850	\$90,600	\$97,300	\$104,000	\$110,700

Income Limits effective April 1, 2024

Accounts/Savings/Investments				
<i>List requested information for checking, savings, certificates of deposit, mutual funds, stocks, etc. for adult members of the household. If additional space is required, attach a separate sheet.</i>				
Name on Account:	Name, Address & Phone Number of Financial Institution:	Type of Instrument: (Checking, Savings, CD, stock, etc.)	Account Number:	Balance/Value:

I have reviewed the statements and documents provided in this application and the statements and documents do not contain any untrue statements. I also confirm that I did not intentionally omit information from this application. I acknowledge that if the City discovers that I did make an untrue statement or intentionally omit information from this application, I will be required to repay the funds paid to the Hamilton County Treasurer on my behalf and may be barred from seeking future assistance from the City.

Applicant Signature: _____ Date: _____

Spouse/Co-Applicant Signature: _____ Date: _____

Attestation of No Income

Required for all household members 18 years or older with an income of \$0.00

I, _____, do hereby attest that I am currently receiving no income from any source.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	Monthly Cost	Source of Payment
Do you own an automobile? _____(Yes/No)If Yes:		
Cost of insurance per month?	\$ _____	_____
Cost gasoline per month?	\$ _____	_____
Cost of maintenance per month?	\$ _____	_____
Do you smoke? _____(Yes/No)	If Yes:	
Cost of cigarettes per month	\$ _____	_____
Do you have Cable/Sat. TV? _____(Yes/No)	If Yes:	
	\$ _____	_____
Do you have a telephone? _____(Yes/No)	If Yes:	
	\$ _____	_____
Cost of supplies not covered by food stamps:	If Yes:	
Paper products, cleaning supplies, etc.	\$ _____	_____
per month?		
Cost of utilities per month?	\$ _____	_____
Cost of clothing per month?	\$ _____	_____
Cost of medical expenses per month	\$ _____	_____
Total Monthly Expenses	\$ _____	

I have reviewed the statements and documents provided in this application and the statements and documents do not contain any untrue statements. I also confirm that I did not intentionally omit information from this application. I acknowledge that if the City discovers that I did make an untrue statement or intentionally omit information from this application, I will be required to repay the funds paid to the Hamilton County Treasurer on my behalf and may be barred from seeking future assistance from the City.

Applicant/Household Member

Date

Child Support Attestation

*All adult household members with children or without children must complete this form. Complete and sign the section that applies **AND** attach the appropriate documentation; if you do not have any children skip to Section III.*

SECTION I

I hereby attest that I currently receive child support and have attached a copy of my payment history report and/or other supporting documentation. **I also certify that I currently receive \$ _____ per _____ for child support.**

Signature of Applicant

Date

SECTION II

I hereby attest that I have a court order to receive child support, but do not currently receive any payments and such payments are in arrears. I have attached a copy of the court order, payment history report and/ or other supporting documentation.

Signature of Applicant

Date

SECTION III

I hereby attest that I **do not** have any court order to receive child support payments, nor do I receive such payments of any kind.

Signature of Applicant

Date

Authorization of Payment

All applicants must complete this form so that the City of Cincinnati is authorized to pay the awarded funds, if any are awarded, directly to the Hamilton County Treasurer.

I, _____, understand that If my application is approved, I hereby authorize the City of Cincinnati through its Department of Community and Economic Development to pay the amount of funds I am awarded to the Hamilton County Treasurer, which funds will be applied by the Hamilton County Treasurer to my delinquent property tax bill. I understand by applying for this program, I am not guaranteed that my taxes will be paid. I acknowledge that if the amount I am awarded is not enough to pay off my delinquent property tax bill, I am responsible for the amount still owed. I also acknowledge that I am responsible for all future property tax payments and the City of Cincinnati will not be making any additional payments on my behalf.

Signature

Date

Print Name

Affirmation of Property Ownership

Applicants who are currently not listed on the property tax bill as owner must complete this form and provide the required documentation for the City of Cincinnati to verify that the property is the applicant's sole residence.

I, _____, hereby certify that the property listed in this application is my sole residence, I am entitled to own the property, and I am in the process of updating my information with the relevant Hamilton County agencies. I am personally responsible for the real property taxes related to the property. I acknowledge that if the City discovers that I did make an untrue statement or intentionally omit information from this application, I will be required to repay the funds paid to the Hamilton County Treasurer on my behalf under this program and may be barred from seeking future assistance from the City.

Signature

Date

Print Name

Required Documentation Checklist

- Wage Statements/Pay Stubs (3 previous months/3-month equivalent)**
 - three-month equivalent (i.e., 6 pay stubs for bi-weekly pay cycles, and 12 pay stubs for weekly pay cycles)
 - Required for every employed household member 18 years of age or older
 - *If self-employed – must submit two previous years of tax returns*
- Certification of No Income (if applicable)**
 - Required of all household members 18 or older claiming no income
 - You may be required to make copies for additional household members
- Social Security/Child Support/Workers Comp. (if applicable)**
 - Award letters from the Social Security office for each person benefiting
 - Child Support Certification form with attached documentation
 - Documentation exhibiting any other unearned income aside from wage statements, Social Security and Child Support
- Legal Separation document, Divorce, Decree, and/or Attestation of Ownership. (if applicable)**
 - 6 months of utility bill statements in applicant's name must also be submitted
 - Will, death certificate, and/or probate court decree, if available
 - Legal separation documents such as a divorce decree, if available

Note: All supporting documentation is required to be submitted at the same time of application.