

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: | ty Owner Name: | | | Date of Birth: Mar | | | al Status: | | |
| | | | | | | ☐ Single | ☐ Married | ☐ Divorced | |
| Phone Number: | | Alternate Nu | mber: | | Email Ac | ldress: | | | |
| | | | | | | | | | |
| Mailing Address: | | | | Same as the property address? ☐ Yes ☐ No | | | | | |
| Head of Household: If no | , please provide N | Name: | Gender | : | | Singl | e Income: | | |
| ☐ Yes ☐ No, Name: | | | ☐ Fema | ale Г Male Г Prefer r | not to say | □ Yes | s □ No | | |
| Disabled: | | | Military | Status: | | | | | |
| ☐ Yes ☐ No | | | | e □ Veteran □ Not A | Applicable | | | | |
| Single Race: | ☐ Black/African American ☐White ☐ Alaskan Native/American Native ☐ Native Hawaiian/Other Pacific Islander ☐ Asian | | | | | | | | |
| Multi-Race: | ☐ Black/African American and white ☐ Alaskan Native/American Native and white | | | | | | | | |
| | □ Native Hawaiian/Other Pacific Islander and white □ Asian and white □ Other Multi-Racial Group | | | | | oup | | | |
| Ethnicity: | ☐ Hispanic ☐ Non-Hispanic ☐ I | | | not to say | | | | | |
| | | | | | | | | | |
| Property Information: | | | | | | | | | |
| Property Address: | Property Address: | | | Zip code: Neighborhood: | | ood: | | | |
| Parcel Number: | | Property Purch | hase Year: Years in Hom | | ars in Hom | e: | | | |
| 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 th | e Only Pr | operty You Own (Yes | or No): | <u> </u> | | | |
| (FOR DCED USE ONLY) N | (FOR DCED USE ONLY) Neighborhood Designation: ☐ LIFT Neighborhood ☐ EXPAND Neighborhood ☐ SUSTAIN Neighborhood | | | | | | | | |

| | | ŀ | lousehold In | come | | | |
|---|----------------|-------------|-------------------|-------------------------|---------------------------|--|--|
| List the total number of members | in the househo | old gross f | amily income (tot | al income is for ALL fa | mily members bef | ore taxes) | |
| Number of Persons in Household: | | | Gross Annual Ho | usehold Income: | | Number of Persons in Household Earning Income: | |
| | | | | | | - | |
| Employment Information: List requested information for all adult household members (18 and over) who are employed. Suppose more than one employer lists them separately. | | | | | ppose more than one | | |
| Household Member Name: | Employ | er Name & | & Address: | Telephone Number: | Annual Gross Earnings: | Earnings Interval: (Indicate if pay is weekly, bi-weekly, semi- monthly, monthly, yearly) | |
| | | | | | | | |
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Household Demographics

Last Name, First Name, M. I.

Date of Birth:

Relationship to Applicant:

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 | | | | | | |
|------------------------------|---|--|-----------------|----------------|--|--|
| | 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. | | | | | |
| Name on Account: | Name, Address & Phone Number of Financial Institution: | Type of Instrument: (Checking, Savings, CD, stock, etc.) | Account Number: | Balance/Value: | | |
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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

| l, | _, do hereby attest tha | at I am currently receiving |
|---|--|---|
| no income from any source. | | |
| PLEASE ANSWER THE FOLLOWING QUESTIO | NS: | |
| | Monthly Cost | Source of Payment |
| Do you own an automobile?(Yes/No)If Ye | s: | |
| 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 produced to not contain any untrue statements. I also capplication. I acknowledge that if the City discovinformation from this application, I will be required my behalf and may be barred from seeking futured. | confirm that I did not vers that I did make a d to repay the funds p | t intentionally omit information from this an untrue statement or intentionally omit paid to the Hamilton County Treasurer on |
| 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 <u>AND</u> attach the appropriate documentation; if you do not have any children skip to Section III.

| and/or other supporting documentation for child support. | n. I also certify that I currently receive | \$per |
|---|--|-----------------------------|
| Signature of Applicant | Date | |
| | | |
| SECTION II | | |
| | r to receive child support, but do not curre ttached a copy of the court order, payme | |
| Signature of Applicant | Date | |
| | | |
| SECTION III I hereby attest that I do not have any opayments of any kind. | court order to receive child support paym | ents, nor do I receive such |
| Signature of Applicant | Date | |

Authorization of Payment

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. |
| ,, 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 |

| | , hereby certify that the property listed in this application is my tled to own the property, and I am in the process of updating my information on County agencies. I am personally responsible for the real property taxes |
|--|---|
| related to the property. I intentionally omit inform | acknowledge that if the City discovers that I did make an untrue statement or lation from this application, I will be required to repay the funds paid to the rer on my behalf under this program and may be barred from seeking future |
| 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
- o If self-employed must submit two previous years of tax returns

☐ Certification of No Income (if applicable)

- o 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
- o 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)

- o 6 months of utility bill statements in applicant's name must also be submitted
- o Will, death certificate, and/or probate court decree, if available
- Legal separation documents such as a divorce decree, if available

Note: While the application can be submitted via email, all supporting documentation is required at the same time of application submission.