

Building & Inspections Programs Intake Form

PROGRAM(S) OF INTEREST		
_____ Family Rehousing Assistance Program (FRAP)	_____ Homeowner Assistance Repair & Building Order Remission (HARBOR)	_____ Cincinnati Health Department Referral for Family Rehousing Assistance Program
<ul style="list-style-type: none"> The new residence where applicant is moving MUST be found within 5 months of application date to be eligible for this assistance. Assistance is NOT available for applicants that reside in Cincinnati Metropolitan Housing Authority (CMHA) public housing. Applicants with Housing Choice Voucher (Section 8 voucher) assistance ARE eligible. Applicants MUST be vacated by a Building or Health Inspector. Applicant may only apply one in 3year period. Property where applicant is moving MUST pass a decent safe and sanitary inspection. 	<ul style="list-style-type: none"> Home must be owner occupied. Must meet income guidelines within 80% of current HUD Poverty Guidelines.). Must have violation notice/non-compliance order from City of Cincinnati. Property taxes are current 	<ul style="list-style-type: none"> Referral From Health Department Must have elevated lead levels with a child 6 years old or younger. Property where applicant is moving MUST be tested by Health Inspector and found lead-based paint safe and decent, safe, and sanitary

PART A – APPLICANT INFORMATION

Name: _____ D.O.B. _____	
Address: _____	Apt/Unit No _____ Zip Code _____
Email Address: _____	
Phone _____	Alternate Phone _____
Number of Years/Months at this Address: _____ Household Size Total _____	

HOUSEHOLD INFORMATION

NAME	RELATION	AGE
	SELF	

Please **select one** of the options below that best describes your Race/Ethnicity:

RACE / ETHNICITY			
American Indian/Alaskan Native		American Indian/Alaskan Native and White	
Asian		Asian and White	
Black/African American		Black/African American and White	
Native Hawaiian/Other Pacific Islander		American Indian/Alaskan Native and Black/African American	
White		Other Multi-Racial	

Hispanic or Latino origin: Yes

No

Female Head of Household: Yes

No

Please circle on the chart the total income of all individuals over the age of 18 for the household according to the total number of persons (regardless of relationship) residing in the home. For example, if a household of 2 individuals earns \$30,000 in a year, circle the limit "\$38,200".

Household Size: _____ Household Annual Income: _____

Income Limit Category	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
≤Extremely Low (30%) Income Limits	\$20,100	\$22,950	\$25,800	\$28,650	\$30,950	\$33,250	\$35,550	\$37,850
≤ Low (50%) Income Limits	\$33,450	\$38,200	\$43,000	\$47,750	\$51,600	\$55,400	\$59,250	\$63,050
≤Moderate (80%) Income Limits	\$53,500	\$61,150	\$68,800	\$76,400	\$82,550	\$88,650	\$94,750	\$100,850

Income Limits effective June 15, 2022

PART B – HOUSING AND RELOCATION DATA

1. CURRENT HOUSING

Monthly Rent: \$_____ Are Utilities Included? Yes No Monthly Utilities (if not included in rent): _____ If household has Housing Choice Voucher (Section 8 Voucher) assistance, list voucher amount received monthly: _____

Property Owner	
Property Owner's Address	
City/State/Zip	
Property Owner Phone	
Number of Rooms _____	Number of Bedrooms _____

2. NEW HOUSING (If applicable)

New Housing (*pick one*): Rent _____ Public Housing _____ Housing Choice Voucher (Section 8) _____

Date of Inspection _____ Date Moved to Site: _____

Monthly Rent \$ _____ Are Utilities Included? Yes No Monthly Utilities (If not included in rent): \$ _____

Property Owner	
Property Owner's Address	
City/State/Zip	
Property Owner Phone	
Number of Rooms _____	Number of Bedrooms _____

PART B – HOUSEHOLD INCOME

- Income is determined by Self-Certification.
- Family Rehousing Assistance Program will NOT be denied anyone based on their income.

Self-Certification of Annual Income by Beneficiary

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator. The information provided above is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

(Signature)

(Printed Name)

(Date)

TO BE COMPLETED BY FAMILY REHOUSING ASSISTANCE PROGRAM		
CASE TYPE:	INSPECTOR / REFERRAL:	
FRAP Payment Amount:	Date:	Check payable to:
FRAP Moving Expense Amount:	Date:	Check payable to:
HARBOR Payment	Date:	Check payable to:
Other	Date:	Check payable to:

Total Payment Amount:	Date:	Check payable to:
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