



HOUSING PROGRAMS INTAKE APPLICATION

For Office Use Only	Digital <input type="checkbox"/>	Housing Case No:
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Part A - Housing Program

Program of Interest - Please check the program that fits your current situation	
<input type="checkbox"/> <p>Family Rehousing Assistance Program (FRAP)</p> <p>Email completed application to: FRAP@cincinnati-oh.gov</p>	<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 once in a 3-year period. Property where applicant is moving MUST pass a decent safe and sanitary inspection.
<input type="checkbox"/> <p>Homeowner Assistance Repair & Building Order Remission (HARBOR)</p> <p>Email completed application to: HARBOR@cincinnati-oh.gov</p>	<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
<input type="checkbox"/> <p>Cincinnati Health Department Referral for Family Rehousing Assistance Program</p>	<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 B - Identification

Applicant Information	
Name	D.O.B. ____/____/____
Address	Apt/Unit No. _____ Zip Code _____
Contact Phone	Alternate Phone _____
Email _____	

Part C - Description of Household

Household Information (List all occupants residing in the home on next page)	
Number of Years/Months at current address	Years _____ Months _____
Household Size (Total of all occupants in the home)	_____
Household Annual Income	_____

Please circle on the chart below 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".

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

Income Limits effective June 15, 2022

Name	Relationship	Age
	Self	
Demographic Information (Please select one of the options below that best describes your Race/Ethnicity)		
American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native and White/Caucasian <input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian and White/Caucasian <input type="checkbox"/>
Black/African American	<input type="checkbox"/>	Black/African American and White/Caucasian <input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native and Black/African American <input type="checkbox"/>
White/Caucasian	<input type="checkbox"/>	Other Multi-Racial <input type="checkbox"/>
Hispanic or Latino origin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Female Head of Household Yes <input type="checkbox"/> No <input type="checkbox"/>

Part D - Housing and Relocation Data

Current Housing (List the information of the landlord/property owner of the current residence)		
Monthly Rent	\$ _____	Landlord/ Property Owner Information
Utilities Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monthly Utilities (if not included in rent)	_____	
Is there Housing Choice Voucher (Section 8) assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Voucher Amount	\$ _____	
Number of rooms	_____	
Number of Bedrooms	_____	
New Housing (If applicable, List the information of the landlord/property owner of the new/proposed residence)		
New Housing (Check appropriate box)	<input type="checkbox"/> Rent <input type="checkbox"/> Public Housing <input type="checkbox"/> Housing Choice Voucher (Section 8)	Landlord/ Property Owner Information
Date of Inspection	_____	
Date Moved to Site	_____	
Monthly Rent	\$ _____	
Utilities Included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monthly Utilities (if not included in rent)	_____	
Number of rooms	_____	
Number of Bedrooms	_____	

Part E - Certification

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

Self-Certification on 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)

FOR OFFICE USE ONLY - 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: