



VILLAGE OF NEWBURGH HEIGHTS

Home Maintenance Grant Program Application

*Please submit to the Housing and Building Department
3801 Harvard Avenue, Newburgh Heights, OH 44107 Phone: 216-641-4654*

APPLICANT INFORMATION				
First Name:		Last Name:		Date:
Street Address:			Apartment/Unit #:	
City:		State: ZIP:		
Phone:		E-mail Address:		Submitted
Are you a Senior Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Birthdate (Proof of Age Required):	
Are you a Military Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Copy of DD214	
Do you own the property being considered for the Grant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of Ownership Required	
Do you reside in the Village of Newburgh Heights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of Residency Required	
PROJECT DETAILS				
Amount Requested for Reimbursement: \$ _____ (Receipts will be required as proof of cost of project)			Will you be performing the work? YES <input type="checkbox"/> NO <input type="checkbox"/> (Reimbursement is for materials only when property owner completes the repair)	
Describe Project.			List Contractors/Permits Obtained.	
PROJECT INSPECTION (Office Use Only)				
Pre-Inspection before Project Started? YES <input type="checkbox"/> NO <input type="checkbox"/>			Inspector/Date:	
Inspection of Finished Project: Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>			Inspector/Date:	
Inspector Recommend Reimbursement? YES <input type="checkbox"/> NO <input type="checkbox"/>			Grant Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Approved by Building Commissioner:			Date Approved:	
DISCLAIMER AND SIGNATURE				
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a reimbursement being granted, I understand that false or misleading information in my application or inspection may result in my in being denied reimbursement funds. I agree and consent to the required inspection for a reimbursement grant. Improvements must comply with all applicable state and local codes and regulations, including the Ohio Building Code and Residential Code, and be reviewed and approved by the Building Commissioner.				
Signature:			Date:	