Village of Newburgh Heights Housing and Building Department

3801 Harvard Ave., Newburgh Heights OH 44105   Phone: 216-641-4654

Home Maintenance Grant Program Application

*Please submit to the Housing and Building Department **BEFORE** the start of work.*
All contractors must be registered. Permit is required.

PROPERTY ADDRESS TO BE CONSIDERED

APPLICANT INFORMATION

First Name:	Last Name:	Date:
Street Address:		Apartment/Unit #:
City:	State: ZIP:	
Phone:	E-mail Address:	Submitted
Do you own the property being considered for the Grant?	YES ☐ NO ☐	Proof of Ownership Required	
Do you reside in the Village of Newburgh Heights?	YES ☐ NO ☐	Proof of Residency Required	

PROJECT DETAILS

Estimated Cost of Project: $_____ Amount Requested for Reimbursement: $ _____	Will you be performing the work? YES ☐ NO ☐ (Reimbursement is for materials only when property owner completes the repair)
Describe Project.	List Contractors
           Permit Number	

PROJECT PERMIT AND INSPECTION (Office Use Only)

Pre-Inspection before Project Started? YES ☐ NO ☐	Inspector/Date:
Inspection of Finished Project: Satisfactory ☐ Unsatisfactory ☐	Inspector/Date:
Inspector Recommend Reimbursement? YES ☐ NO ☐	Grant Approved/Date: YES ☐ NO ☐
Approved by Building Commissioner:	Amount Approved for Reimbursement: $ _____

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 Housing and Building Commissioner.

Signature:	Date: