

LORAIN COUNTY
(IN PARTNERSHIP WITH THE CITIES OF OBERLIN, NORTH RIDGEVILLE
AND SHEFFIELD LAKE)

COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAMS
(PY 2020 CHIP)

PROGRAM SUMMARY

Thank you for your interest in the Lorain County Community Housing Impact and Preservation Program (CHIP). Lorain County has partnered with the Cities of Oberlin, North Ridgeville and Sheffield Lake for this program. The service area includes the unincorporated areas of Lorain County, Avon, Avon Lake and Amherst and includes Oberlin, North Ridgeville and Sheffield Lake as partners. The attached information will briefly describe the programs offered and the requirements for participation:

Households must be at or below 80% of median income in order to be eligible. Household income guidelines are included and apply to all programs. An application is attached for those interested in submitting an application. Please indicate the assistance you are applying for.

1. PRIVATE OWNER-OCCUPIED REHABILITATION PROGRAM

The housing rehabilitation program has been designed to serve low to moderate income households. The County's Rehab Inspector will contact you to evaluate your home as part of the application process. Upon final ranking of applications, homeowners in Lorain County (excluding the Cities of Elyria, Lorain, and Vermillion) will be selected for assistance.

The purpose of the housing rehabilitation program is to correct basic building code violations, health and safety issues including lead-based paint hazards for qualified homeowners in Lorain County. Only single-family, owner-occupied housing units in Lorain County (excluding the Cities of Elyria, Lorain, and Vermillion) are eligible for this program.

The County hopes to provide rehabilitation funds to approximately fourteen (14) households; three (3) homes in the City of Oberlin, three (3) homes in the City of Sheffield Lake, four (4) homes in the City of North Ridgeville and four (4) homes in the County service area. Pursuant to the partnership agreement, applications will be ranked and selected highest to lowest in their respective area (i.e. County service area, Oberlin, North Ridgeville and Sheffield Lake).

Assistance to homeowners will be in the form of a five (5)-year deferred loan forgiven 20% per year until fully forgiven. The loan will be secured by a mortgage and promissory note with a declining repayment agreement. Homes sold prior to the end of the five-year affordability period will owe the percentage remaining on the loan at the time of sale, rent or transfer of the property.

The amount of the financial assistance for each house will vary depending on needed improvements. The average amount of assistance per unit is expected to be \$53,460. In no instance will the amount of assistance exceed the following limits.

Minimum Assistance: \$1,000.00
Maximum level of assistance: \$53,460.00

A walk-away policy has been established by the County. Should your home be considered a walk-away, you will be notified. (See Q & A for definition of walk away.) Work on all homes must be competitively bid.

All Owner-Occupied applications **must be completed in full with all requested documentation** and returned to Great Lakes Community Action Partnerships (GLCAP) 127 S. Front Street (PO. Box 590, Fremont, Ohio 43420 or the Lorain County Community Development Office, Attention Mr. Drake Hopewell, 226 Middle Avenue, Fifth Floor, Elyria, Ohio 44035. Applications will be accepted continuous basis.

2. HOME REPAIR PROGRAM

The intent of this program is to assist those homeowners that lack the resources to address a housing issue that poses an immediate threat to the health and safety of the occupant. The program operates on a first-come, first-serve basis. The County will use OCD Residential Rehabilitation Standards (RRS) to prioritize work. The Home Repair Program will assist eligible homeowners with repair or replacement of electrical, plumbing, heating or mechanical systems, or elimination of other threats to health and safety including septic repairs or replacement. Handicapped accessibility and tap-ins are also eligible. This program is available County-wide excluding the Cities of Elyria, Lorain, and Vermilion for those households that have incomes of less than 80% of the area median income. Lorain County hopes to be able to assist at least seven (7) homeowners plus one additional (1) homeowners with septic repairs/replacements in the outlying County, under this program. Additionally, the County intends to assist five (5) homeowners in the City of Oberlin, six (6) in the City of North Ridgeville and five (5) homeowners in the City of Sheffield Lake. The average home repair is expected to be \$14,000. This assistance will be provided as grant to eligible homeowners. Only single-family owner-occupied units are eligible.

Properties assisted with home repairs remain eligible for rehabilitation assistance from the County's Owner-Occupied Housing Rehabilitation Program; however, their maximum level of assistance will be reduced by the amount allocated under the home repair program. The assisted property will maintain its initial score in priority ranking.

Work on all homes must be competitively bid.

Household Income Limits by Family Size FOR ALL APPLICANTS

OWNER-OCCUPIED REHABILITATION & HOME REPAIR

Family Size (Persons)	Low Income (80% of MI)
1	\$42,600
2	\$48,650
3	\$54,750
4	\$60,800

5	\$65,700
6	\$70,550
7	\$75,400
8	\$80,300

Source: HUD FY 2020

All Applications must be completed in full with all requested documentation and will be considered by eligible activity.

Questions regarding any of these activities within the program should be directed to the attention of Ms. Marcia Walters at GLCAP, 219 S. Front Street, (P. O. Box 590), Fremont, Ohio 43420 Ph: 1-800-775-9767 or Mr. Drake Hopewell at 226 Middle Avenue, Fifth Floor, Elyria Ohio 440-328-2413.

FREQUENTLY ASKED QUESTIONS

Q. How do I apply?

A. You must complete an official application form and return it to:

1. **Great Lakes Community Action Partnerships (GLCAP)**
219 S. Front Street (PO. Box 590)
Fremont, Ohio 43420

2. **Mr. Drake Hopewell**
Lorain County Community Development
226 Middle Ave., 5th Floor
Elyria, Ohio 44035

If you are unable to come to this office, arrangements can be made for home visitation by calling (440) 328-2332. These arrangements are for handicapped or elderly persons only.

Q. How much money can I get to fix up my home?

A. The amount of the deferred loan depends on the extent of work required to bring your property in conformance with the Community Housing Code or OCD Residential Rehabilitation Standards. However, the deferred loan will not exceed an as-bid price of \$53,460 per unit. Any expenditure in excess of these amounts must be justified and approved by the Community, or paid by the owner.

Q. Does it cost me anything to submit an application or have my home inspected?

A. NO! There are absolutely no charges for this program and your participation is voluntary.

B. The County reserves the right to "Walk Away" from a housing unit that poses undue threat to health or safety of the inspector or contractor at any time. **Housing units that violate the following will not be assisted.** Conditions which may constitute undue threat include, but are not limited to the following:

- Structurally unsound dwellings that are, or should be condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects and other vermin.
- Environmental hazards such as serious moisture problems, friable asbestos or other hazardous materials, which cannot be resolved before rehab work is to start.
- The presence of animal feces in any area of the dwelling unit.
- Excessive garbage build-up in and around the dwelling.
- Negligent housekeeping practices that limit access or create an unwholesome working environment.
- A threat of violence.
- The presence and/or use of any controlled substances before or during rehab.
- Suspected manufacturing of a controlled substance before or during rehab.
- Occupants allowing only limited access to the dwelling.

Q. What happens after I submit my application?

A. GLCAP & Community Development personnel will review your application and determine if you are eligible for a loan or grant. You will then be notified in writing of your eligibility and if you decide to participate, arrangements will be made to have your home inspected for code violations and rehabilitation standards.

- Q. Are there restrictions on how the money is used or the improvements that are to be made?
A. YES! According to the program guidelines, the money can be spent to correct Code Violations Only, and to meet rehabilitation standards.

The following indicates the type of rehabilitation work that will be permitted:

GENERALLY ELIGIBLE

Roofs
Gutters
Windows
Doors
Furnaces
Hot Water Tanks
Structure Deficiencies (Porches, Floors)
Walk Stairs
Plumbing
Electrical including new 100 AMP Service

GENERALLY INELIGIBLE

Air Conditioning
Detached Garages
Room Additions
General Property Improvements
Cosmetic Items (carpeting, wallpaper)
Maintenance items such as cleaning gutters

Only work approved by this department may be performed, and must be completed within a 75-day period.

All work must be completed by an experienced and qualified contractor or builder in each particular job classification, and all work must pass inspection in accordance with the building and housing codes.

LORAIN COUNTY

Community Development Department
226 Middle Ave., 5th Floor
Elyria, Ohio 44035
PY 2020 CHIP

COMMUNITY HOUSING IMPACT AND PRESERVATION PROGRAM APPLICATION CHECKLIST

PLEASE RETURN THESE ITEMS WITH YOUR APPLICATION

Complete

Not Applicable

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All persons living in the household must be included in the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | All persons in the household receiving income must be indicated on the application. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employer's name and address for persons receiving income are indicated on the application. To speed up your application, you can also submit a copy of your pay stubs for the past 2 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons receiving Social Security, Disability or Pension must attach a copy of the current year monthly benefit statement. To obtain your Social Security Monthly Benefit Statement call the Social Security Administration at 1-800-772-1213 between 7:30 a.m. and 7:00 p.m. or request it on the internet at www.ssa.gov . |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed - provide complete copies of 3 most current Federal Tax Returns filed; |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving unemployment - provide copy of the current Unemployment Benefit Statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support - provide documentation of child support. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child over 18 is a full-time student, please provide proof of enrollment (copy of schedule or other document showing status as full-time student.) Please indicate if student is employed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not employed. Please provide signed statement regarding same. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicants must furnish a copy of the property deed prior to receiving assistance. You can obtain a copy of your property deed from the County Recorder's office. |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Bank Statement (for the prior 2 months) for both Checking and Savings accounts. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant (owner) and all persons in the household receiving income must sign the certification and authorization statement. |

Any questions regarding the completion of the application form should be directed to Marcia Walters @ GLCAP Phone number (800) 775-9767.

ALL APPLICATIONS MUST BE SUBMITTED TO:

1. Great Lakes Community Action
Partnerships (GLCAP)
219 S. Front Street (PO. Box 590)
Fremont, Ohio 43420

2. Mr. Drake Hopewell
Lorain County Community Development
226 Middle Ave., 5th Floor
Elyria, Ohio 44035

COMMUNITY HOUSING IMACT and PRESERVATION PROGRAM (CHIP) HOME REPAIR/ REHABILITATION APPLICATION

(Please be sure to answer ALL questions and provide dollar amounts.)

PRIMARY APPLICANT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

ADDRESS FOR ASSISTANCE: _____

Would you like to be contacted by E-mail?: **YES** **NO** E-mail Address: _____

HOUSEHOLD MEMBERS *(All persons currently living in the home including children under age 18.)*

	Primary Applicant	Household Member # 2	Household Member # 3	Household Member # 4	Household Member # 5	Household Member # 6
Social Sec. Number						
Last Name						
First Name						
Relationship to Applicant	-Self-					
Date of Birth						
Gender						
Disabled (yes or no)						
Race: Amer.Indian/Alasaka Asian, Black/African Amer., Multi, Nat.Hawaiian/Pacific Islander, Other, White						
Ethnicity Hispanic/Latin or not						
Level of Education						
Veteran (yes or no)						
Health Insurance (yes or no)						
Income Source(s)						

INCOME SOURCES – *(Proof of income must be provided with copies of last 4 pay stubs. Include all benefit letters from SS, child support, pension, unemployment, alimony, etc. for all household members age 18 and over)*

Primary Applicant		Household Member #2	
Employer:		Employer	
Address:		Address	
Occupation:		Occupation	
Employment Start Date:	Monthly Salary: \$	Employment Start Date:	Monthly Salary: \$
Household Member #3		Household Member #4	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date:	Monthly Salary: \$	Employment Start Date:	Monthly Salary: \$
Household Member #5		Household Member #6	
Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Start Date:	Monthly Salary: \$	Employment Start Date:	Monthly Salary: \$

OTHER INCOME SOURCES- *Be sure to answer ALL questions and dollar amounts:*

Do you receive ADC, OWF, TANF or other public/cash assistance? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Unemployment Benefits? YES ___ NO ___

If yes, what is your weekly amount \$ _____ Annual Amount \$ _____

Do you receive Social Security? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive a Pension? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Child Support? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Alimony? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive Rental Income? YES ___ NO ___

If yes, what is the monthly amount \$ _____ Annual Amount \$ _____

Do you receive any other income not listed above? YES ___ NO ___

If yes, Please explain the type of income along with the monthly and annual amounts: _____

Do you own real estate/property(s) other than your primary residence? YES ___ NO ___

If yes, provide the total dollar equity amount of all property(s) \$ _____

Do you live in a single family, mobile home, or multifamily home? SINGLE ___ MH ___ MULTI ___

Do you own, rent or have a land contract? RENT ___ OWN ___ LANDCONTRACT ___

MONTHLY HOUSEHOLD EXPENSES *(Attach a copy of one month's utility bills)*

Type	YES	NO	Monthly \$	Company	Type	YES	NO	Monthly \$	Company
Mortgage/Rent					Gas				
2 nd Mortgage					Electric				
Property Tax					Water/Sewer				
Home Insurance					Trash				

WSOS Office Use Only: Total Monthly income \$ _____ Total Monthly Expenses \$ _____ Housing Cost % _____

INSURANCE INFORMATION *(Attach a copy of your declaration page)*

Amount of Insurance on Home	\$ _____	Insurance Agent	_____
Insurance Agent's Phone No.	_____	Address	_____

MORTGAGE INFORMATION *(Primary Residence)*

First Mortgage		Second Mortgage	
Mortgage Lender	_____	Mortgage Lender	_____
Original Amount	\$ _____	Original Amount	\$ _____
Balance Owed	\$ _____	Balance Owed	\$ _____
Monthly Payment	\$ _____	Monthly Payment	\$ _____

AREAS IN NEED OF REPAIR

	YES	NO		YES	NO
Electric			Walls/Foundation		
Heating			Windows/Doors		
Plumbing			Floors		
Roof			Other		

ASSETS/INTEREST INCOME: List ALL Accounts/assets for all household members age 18 & over; See pg. 4

Type of Account	Bank/ Institution	Amount	Household Member
Checking 1			
Checking 2			
Checking 3			
Savings 1			
Savings 2			
Savings 3			
Certificate of Deposit			
Cash Value of a Life Insurance			
IRA			
Money Market			
Retirement			
Other			

Have you disposed of more than \$1000 in Assets in the past 2- years (24 months)?

(For a list of inclusions and exclusions see the back of this page)

YES _____ NO _____

Are you or any other household member(s) related to an employee, agent, consultant, officer, elected official, or an appointed official of the city/ county in which you are applying for assistance?

YES _____ NO _____

If yes, please give their name, title, and employer: _____

Pursuant to 24 CFR 570.489 (h)

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I hereby give WSOS permission to verify all information contained in this application.

Date

Applicant

Date

Co-Applicant

Return application to:
Great Lakes Community Action Partnership
PO BOX 590
Fremont, OH 43420

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Exhibit 3.8 – Part 5 Annual Income Net Family Asset Inclusions and Exclusions

Inclusions	Exclusions
<ol style="list-style-type: none"> 1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets. 2. Cash value of revocable trusts available to the applicant. 3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects. 4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts. 5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty). 6. Retirement and pension funds. 7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy). 8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. 9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. 10. Mortgages or deeds of trust held by an applicant. 	<ol style="list-style-type: none"> 1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars, and vehicles specially equipped for persons with disabilities. 2. Interest in Indian trust lands. 3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset. 4. Equity in cooperatives in which the family lives. 5. Assets not accessible to and that provide no income for the applicant. 6. Term life insurance policies (i.e., where there is no cash value). 7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

Last Modified: January 2005



Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above –named organization to obtain information from a third party relative to your eligibility and continued participation in the: HOME Homebuyer Program, Home Rental Rehabilitation Program, HOME Homeowner Rehabilitation Program, and the CDBG Home Building Repair Program.

Privacy Act Notice Statement: WSOS Community Action Commission, Inc. in conjunction with the Department of Housing and Urban Development (HUD) are requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR A COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquires may be made about the following items: Income (All Sources), Assets (All Sources), Child Care Expenses, Handicap Assistance Expense (If Applicable), and Medical Expense (If Applicable)

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that: (1) A Photocopy of this form is as valid as the original. (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me. (3) I have the right to copy information from this file and to request correction of information I believe inaccurate. (4) All adult household members will sign this form and cooperate with the owner in this process.

EVERYONE 18 YEARS OR OLDER, IN THE HOUSEHOLD, MUST SIGN AND DATE THIS FORM	PRINTED NAME, SIGNATURE, & DATE
Head of Household – Signature, Printed Name, and Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	
Other Adult Member of the Household – Signature, Printed Name, Date:	

FINANCIAL PRIVACY STATEMENT

This is notice to you as required by the Right to Privacy Act of 1978 that the Department of Housing and Urban Development has the right of access to financial records held by any financial institution in connection with the consideration or administration of the program assistance for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice of authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

DATE

APPLICANT

DATE

CO-APPLICANT

FINANCIAL PRIVACY STATEMENT

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

**UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
LEAD HAZARD INFORMATION**

Enclosed with our application package are the following brochures about Lead Hazards:

- **EPA LEAD POISONING AND YOUR CHILDREN**
BROCHURE NUMBER EPA 747-K-00-003 10/2000

- **PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME**
BROCHURE NUMBER EPA 747-K-99-001 5/2003

- **RENOVATE RIGHT EPA-740-K-10-001 9/2011**

- **LEAD SAFE RENOVATION, REPAIR AND PAINTING**
BROCHURE NUMBER EPA 740-K-11-001 10/2011

IT'S THE LAW FAIR HOUSING

Enclosed with our application package is the following brochure about Fair Housing:

- **IT'S THE LAW FAIR HOUSING** BROCHURE 2/2006

Please sign and return this with your application indicating that we have given you these brochures.

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Community Housing Impact and Preservation Program Dispute Resolution and Conflict Management Policy

To protect the interest of the parties involved in the Office of Community Development-funded housing activities, the Ohio Development Services Agency's Office of Community Development established the Dispute Resolution and Conflict Management Policy.

The homeowner must understand their signature and date on the certification of completion verifies satisfaction of the contractor's workmanship and validates final payment. No complaints regarding workmanship will be accepted after that date. Failed items covered under the warranties should be handled by contacting the contractor directly, in writing if necessary, detailing all warranty items that need addressed, within 12 months of work completion. The grantee and program administrator have no obligation to assist with warranty work issues.

Dispute Resolution and Conflict Management Process

1. If there is any dispute regarding the scope of work, workmanship or material quality/selection or any other discrepancy, the homeowner must notify the contractor immediately. If the contractor is not on site, the disputed work must stop and the contractor will be notified. Disputed work will not proceed until the issue is resolved.
2. Both the homeowner and contractor shall contact the administrator immediately when/if the dispute is not resolved between the contractor and the homeowner at step #1.
3. The administrator and/or grantee, rehabilitation specialist, contractor and the homeowner shall make a good faith effort to resolve the dispute at this time. If resolved, details of the dispute and resolution must be documented and signed at this time. The documentation will be placed in the client file.
4. If the dispute is not resolved at step #3, the homeowner must submit a written complaint to the grantee within five working days, on the Dispute Resolution Form provided.

Note: Disputed work that is necessary for the health and safety of the occupants, sanitary reasons or the protection of the structure and/or property, should proceed to the extent necessary to safeguard until the dispute is resolved.

5. Upon receipt of a written complaint, the administrator shall notify the grantee of the dispute. The grantee may attempt local resolution at this point, but in any case, shall require the administrator to respond in writing within 15 working days of receiving the complaint. Local resolution may be, but is not limited to, a review committee comprised of impartial members. Procedures for local resolution methods must be attached to this policy, and described in the grantee's local Policies and Procedures Manual.
6. The homeowner shall provide a statement, in writing, within 15 working days of the grantee's response date either accepting the proposed resolution or requesting mediation.

7. Within 15 working days of the date of the homeowner's response requesting mediation, the grantee and administrator shall provide the homeowner with the option of two dates for mediation.*

*The grantee may opt to proceed directly to arbitration.

Mediator Responsibilities

If the dispute cannot be resolved through negotiations with all parties, it may be submitted to mediation if the grantee chooses. The mediator is responsible for assisting the parties, impartially, in reaching an agreement on the disputed matter within 30 days of receiving the dispute.

The grantee may use the assistance of, but are not limited to, the Ohio Mediation Association to identify a mediator. The Ohio Mediation Association can be reached at P.O. Box 473, Columbus, Ohio, 43216, and can be contacted by telephone at (614) 321-7922, and by email at <http://mediateohio.org>.

Arbitrator Responsibilities

If the dispute cannot be resolved through negotiations with all parties or through the optional mediation process, the dispute must be submitted to arbitration. The arbitrator is responsible for providing a resolution to the dispute submitted by the applicant within 60 days of receiving the dispute.

The administrator may use the assistance of, but are not limited to, the American Arbitration Association. The American Arbitration Association is located at 250 East Fifth Street, Suite 330, Cincinnati, Ohio 45202-4173 and can be contacted by telephone at (513) 241-8434 or by fax at (513) 241-8437. For more information regarding the American Arbitration Association, visit <http://www.adr.org/>.

The arbitrator's decision is final and binding. No dispute or argument will be considered after this process is complete.

We hereby acknowledge receipt of this copy of the Dispute Resolution and Conflict Management Policy. We understand and accept the outlined process for any and all disputes that may result from our involvement with the program.

_____ Homeowner Signature	_____ Date
_____ Homeowner Signature	_____ Date
_____ Contractor Signature	_____ Date

