

# OHFA: PROPERTY TAX APPLICATION

- FREQUENTLY ASKED QUESTIONS -

## **WHAT ARE THE ELIGIBILITY REQUIREMENTS?**

**Residency:** The property must be the applicant’s primary residence and must be located within Hamilton County. The applicant must own the property. We cannot pay for rental properties, vacant homes, or vacation homes.

**Ownership:** The applicant must own the property. If there is an additional owner whose signature and information cannot be provided, then the attached form “Affirmation of Ownership” must be completed with supporting documentation.

**COVID:** In order to qualify for this program, the household must have had an indirect or direct COVID impact, and must indicate the impact on the application. Examples of a COVID impact include but are not limited to: shelter in place order, delay in receiving unemployment due to COVID, inability to find child care due to COVID, increased health care costs due to COVID.

**Income:** The entire household’s income must be 150% Area Median Income or less. This is based on household size. See below income chart for maximum annual income per household size:

1	2	3	4	5	6	7	8
\$103,350	\$118,200	\$132,900	\$147,600	\$159,450	\$171,300	\$183,150	\$194,850

## **WHO SIGNS THE APPLICATION?**

Any member of the household whose name is on the property tax bill or deed must sign the application.

## **HOW MUCH CAN YOU HELP WITH?**

This program allows us to pay up to \$10,000 for past due property taxes. We can only pay the amount that is owed.

## **CAN YOU PAY FOR PROPERTY TAXES AS PART OF MY MORTGAGE?**

No.

## **CAN AN APPLICANT RECEIVE ASSISTANCE AGAIN?**

This program provides assistance one time. Applicants are not eligible to reapply after receiving property tax assistance.

## CLIENT CHECKLIST

Required Application Documents	
	<b>Photo ID</b> <i>Photo ID must be provided for all members of the household listed on property tax bill or deed.</i>
	<b>Income</b> (entire household) <i>Last 30 days or last year's taxes</i>
	<b>Property Tax Bill</b>
	<b>Affirmation of Ownership:</b> Only required if the name on the property tax bill is different from the applicant's name - Please include supporting documentation, like divorce or death documentation

You may drop off documents by e-mailing them to [CSDepartment@cincy-caa.org](mailto:CSDepartment@cincy-caa.org)  
or by visiting Community Action Agency at:

1740 Langdon Farm Rd  
Cincinnati, OH 45237



**PRIMARY APPLICANT - SOURCES OF INCOME**

<p><b>EARNED INCOME</b></p> <input type="checkbox"/> Employment Wages (salary, tips, commission, bonuses) <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Self-Employment <input type="checkbox"/> Seasonal Employment	<p><b>FIXED INCOME</b></p> <input type="checkbox"/> Pension <input type="checkbox"/> Social Security Retirement (SS) <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> Social Security Disability (SSDI) <input type="checkbox"/> Alimony/Child Support	<p><b>SUPPLEMENTAL INCOME</b></p> <input type="checkbox"/> Unemployment <input type="checkbox"/> Employment Disability <input type="checkbox"/> Workers Comp <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Temporary Assistance For Needy Families (TANF) <input type="checkbox"/> Ohio Works First <input type="checkbox"/> Strike Benefit	<p><b>OTHER INCOME</b></p> <input type="checkbox"/> Interest Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Other _____
<p><b>AMOUNT:</b> _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p><b>AMOUNT:</b> _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p><b>AMOUNT:</b> _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p><b>AMOUNT:</b> _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**OTHER HOUSEHOLD MEMBERS**

	#1	#2	#3	#4	#5
SS#					
Last Name					
First Name					
Relation					
Date of Birth					
Disabled					
Veteran					
Citizen					
Gender					
Ethnicity					
Education					
Work Status					
Health Ins Type					
Non-Cash Benefits					
Income Source					
Income Amount					
Income Period					

**TOTAL GROSS HOUSEHOLD INCOME:** \_\_\_\_\_  Yearly  Monthly  Bi-Weekly  Weekly

**CERTIFICATION OF NO INCOME**  
***(Required for any household member 18 or older with \$0 income)***

**APPLICANT INFORMATION**

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***First Name***                      ***MI***                      ***Last Name***

- I hereby certify that I do not individually receive income from any of the following sources:
  - Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - Income from operation of a business;
  - Rental income from real or personal property;
  - Interest or dividends from assets;
  - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - Unemployment or disability payments;
  - Public assistance payments;
  - Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
  - Any other source not named above.
  
- I currently have no income of any kind and there is no imminent change expected in my financial status or employment.
  
- I will be using the following sources of funds to pay for housing expenses and other necessities:  
\_\_\_\_\_

***I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes.***

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



