

FUNDING APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM  
— 2011 Program Year —

ACTIVITY NAME: Residential Rehabilitation Grant Program

APPLICANT: City of Saratoga Springs

MAILING ADDRESS: City Hall – 474 Broadway

Saratoga Springs, New York Zip: 12866

PHONE: 518.587.3550 FAX: 518.580.9480 EMAIL: bradley.birge@saratoga-springs.org

CONTACT PERSON: Bradley S. Birge TITLE: Administrator, Planning & Economic Development

APPLICANT (select 1):  City Department  Private non-profit organization  Other Public Agency  
Mayor's Office \_\_\_\_\_  
(List Dept.) (List Federal ID #) (Specify)

NATIONAL OBJECTIVE (select 1):

"Benefit persons of Low/moderate income"

"Address slum/blight Conditions"

"Urgent CD Need"

- L/M Income Area Benefit  
 L/M Income Limited Clientele Activities  
 L/M Income Housing Activities  
 L/M Income Job Creation/Retention

- "N/A" Slum/blighted Area  
 Slum/blighted Spot Basis  
"N/A" Urban Renewal Completion

"N/A" Urgent Need

REQUESTED ENTITLEMENT FUNDING: \$75,000

Funding Leveraged from Other Sources: \* applicants leverage grant funding through participation in City revolving loan program and by property owner contributions beyond maximum grant amounts. In addition, this program is administered in-house with staffing costs borne through general program administration and delivery funding.

Total Activity Cost: \$75,000

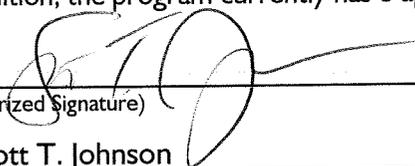
Proposal Abstract - please provide a *brief* overview of your proposal in the space below:

The Citywide Residential Rehabilitation Grant Program is a successful ongoing program to provide grants to eligible applicants to improve the appearance, safety and energy efficiency of their homes.

Income-eligible resident homeowners are eligible for a grant up to \$15,000 for 1 unit and \$5,000 for each additional unit (4 max.) for eligible home repairs. Rental property owners with income-eligible tenants may apply for a 1:1 matching grant up to \$5,000 per unit (4 max.). Grant recipients must agree not to sell or transfer title for a minimum of 4 years, and rental property owners must agree to rent to income-eligible persons at established "affordable rates" for 4 years.

Cases deemed an "emergency" based on health and safety concerns are addressed as priorities. Emergency repairs are limited to addressing the immediate situation. Emergency repair recipients may still participate in the grant program for additional repairs up to the program maximum.

In the past year, the rehabilitation grant program assisted 6 applicants with expenditures exceeding \$47,900. Five houses were completed during this period and there are currently 9 applicants in the process of income verification or rehabilitation. In addition, the program currently has 8 applications on the waiting list.

  
(Authorized Signature)

Scott T. Johnson  
(Typed or Printed Name)

Mayor  
(Title)

January 28, 2011  
(Date)

Please respond in writing to each of the following (add additional pages as necessary):

### 1. Activity Description

Provide a detailed description of your activity. Identify whether the activity is new, ongoing, or expanded from previous years.

Please see the attached "Saratoga Springs Residential Rehabilitation Grant Program Guidelines". This program is a continuation of the City's successful Residential Rehabilitation Grant.

A) Identify whether the activity is new, ongoing, or expanded from previous years

This is an ongoing program each year.

B) Describe the community need that your activity is intended to address and how your activity will address that need. Provide evidence that this need is currently not being addressed through existing programs or activities.

There is a need for safe, energy efficient and code compliant housing. This activity will address affordability for the elderly and other fixed-income households to maintain their housing. This activity also will address lead-based paint hazards and accessibility needs of persons with disabilities.

C) Identify who will benefit from the proposed activity. If designed to benefit persons of L/M income, describe the process you will use to identify these persons and ensure that the activity meets this objective.

This program is designed to assist persons of low and moderate income throughout the City as detailed in the attached "Saratoga Springs Residential Rehabilitation Grant Program Guidelines".

D) Identify your performance goals and the types of indicators you will use to document activity accomplishments and success. (Examples may include: # of persons with new/improved access to services, # of affordable houses rehabilitated, etc.)

We are proposing to assist 5 households at \$15,000 per household.

E) Provide an activity timeframe/schedule (include start, completion dates, and other significant performance stages).

This is an ongoing program year to year.

F) Identify whether the activity requires additional local, state or federal approval (license, permit, design/historic/environmental review, etc.). For construction/site development projects, provide evidence of site control.

No additional approvals are required

### 2. ORGANIZATIONAL CAPACITY

A) Provide an overview of your organization including length of time in existence. List current officers and board members and identify any prior funding by the City of Saratoga Springs (year, activity, and amount).

The Office of Community Development will continue to administer this program. Recent funding for this program is as follows:

1994	\$ 80,000	2004	\$ 73,000
1995	\$ 90,000	2005	-0-
1996	\$ 65,000	2006	\$ 52,000
1997	\$160,000	2007	\$108,718
1998	\$165,000	2008	\$ 60,000
1999	\$204,000	2009	\$ 69,982
2000	\$120,000	2010	\$100,116
2001	\$ 52,500		
2002	\$100,000		
2003	\$100,000		

- B) Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

The Office of Community Development will continue to administer this program as detailed in the attached "Saratoga Springs Residential Rehabilitation Grant Program Guidelines".

- C) Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award. For construction/site development projects, identify the development team including proposed contractors, subcontractors, and project manager.

Office of Community Development:

- Bradley Birge, Administrator, Planning & Economic Development
- Cindy Phillips, Community Development Coordinator
- Paul Frederick, Rehabilitation Specialist

- D) Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

Given their experience in these matters, the Office of Community Development has contracted with ATC Associates, Inc. for lead-based paint assessments, identification, and clearance.

#### 4. ACTIVITY BUDGET – (ATTACHMENTS 1,2)

- A) Include attached budgets (Attachments 1, 2) as appropriate. Depending on the activity, the applicant may need to submit one or both of the following budget forms. More detailed budgets may be attached (and are recommended) in support of the proposal. If an architect, engineer, or other personnel have conducted a cost analysis, attach a copy noting the author and date of analysis.

\$75,000 requested. Since the Office of Community Development administers this program, all funding will go directly to grants for income-eligible persons to improve the appearance, safety, and energy efficiency of their homes.

- B) Identify sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support.

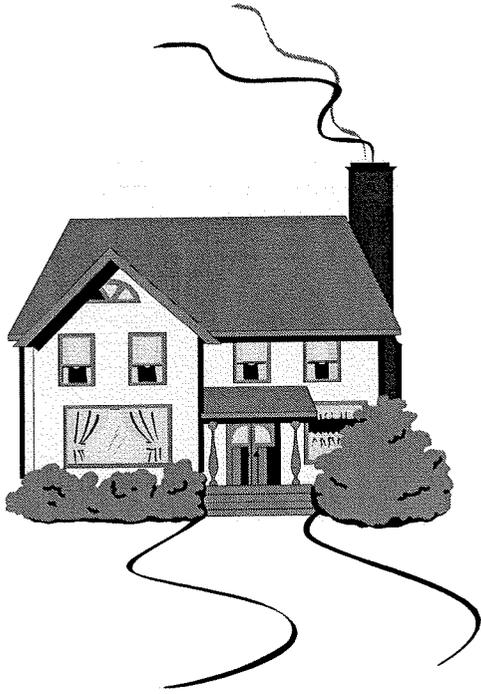
This funding is leveraged through matching grants from rental property owners, revolving loan applications and by property owner contributions beyond maximum grant amounts. In addition, this program is administered in-house with staffing costs borne through general program administration and delivery funding.

#### 5. MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS - (ATTACHMENT 3)

The City of Saratoga Springs is responsible for ensuring that subrecipients expend awards in accordance with applicable laws, regulations, and provisions of contracts and grant. Therefore, in accordance with the OMB Circular A-133 requirements, please:

- A) Complete Attachment 3 and include it with your application.
- B) During your last fiscal year, if your organization has expended more than \$500,000 in total federal financial awards (including CDBG and all other federal assistance), please include a copy of your latest Single Audit Report with this application.

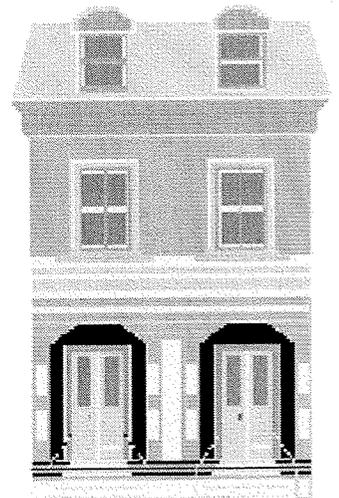
As the CDBG Recipient, this is not applicable to the City of Saratoga Springs.



# SARATOGA SPRINGS RESIDENTIAL REHABILITATION GRANT PROGRAM

## - PROGRAM GUIDELINES - AND - APPLICATION -

SARATOGA SPRINGS OFFICE OF COMMUNITY DEVELOPMENT  
City Hall - 474 Broadway  
Saratoga Springs, New York 12866-2296  
ph: 518-587-3550 fx: 518-580-9480  
<http://www.saratoga-springs.org/cd>



Revised 1/11



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*The City of Saratoga Springs does not discriminate on the basis of age, race, color, gender, religion, handicap, sexual orientation, familial status or national origin in employment or the provision of services.*

## RESIDENTIAL REHABILITATION GRANT PROGRAM

The Residential Rehabilitation Grant Program provides those with limited resources the opportunity to make necessary repairs to increase the safety, security, and energy efficiency of their homes.

Owners of single-family homes may be eligible for up to \$15,000 in necessary repairs. Resident homeowners with rental units (up to 3) may be eligible for an additional \$5,000 per unit if they rent to income-eligible persons at affordable rates for a minimum of 4 years.

Rental property owners not residing at the location may be eligible for matching grants up to \$5,000 per unit (up to 4) if they rent to income-eligible persons at affordable rates for a minimum of 4 years.

### PROGRAM REQUIREMENTS

1. Applicants must own the property to be rehabilitated.
2. The property must be located within the City of Saratoga Springs, be used entirely for residential purposes, contain no more than 4 units, and be in compliance with local zoning regulations.
3. All property Special Assessments, County, City and School taxes must be paid in full before the submission of an application.
4. Applicants must allow the Office of Community Development to review their credit history and financial information. All financial information shall be kept confidential.
5. Applicants that own and reside at the property must be income-eligible (see "Income Eligibility" below). Rental property owners not residing at the property do not need to be income-eligible to apply for a matching grant; however, their tenants must be income-eligible (see "Income Eligibility" below).
6. Applicants must agree not to sell property or transfer title for 4 years. A "UCC-1 Security Agreement" will be filed with the County Clerk to secure this agreement and will be released upon fulfillment of the participant's program responsibilities.

Premature sale or transfer of the property will obligate the grant recipient to repay the prorated balance of the grant. Requests to alter this agreement for reasons of hardship may be directed to the City Council.

7. Applicants with rental units must agree to rent to income-eligible persons of their own choice at, or below, the following rates for a minimum of 4 years. Cost of living increases to rates must be approved by the Office of Community Development.

Tenant income eligibility must be verified by Office of Community Development before grant approval, and before new tenants occupy any units rehabilitated through this program.

FAIR MARKET RENTS - 2011

	Maximum rent	Maximum rent without utilities	
	<u>including utilities</u>	<u>Gas heat/elec. hot water</u>	<u>Gas heat/gas hot water</u>
1 bedroom	\$737	\$607	\$637
2 bedrooms	\$900	\$770	\$800
3 bedrooms	\$1,077	\$947	\$977
4 bedrooms	\$1,177	\$1,047	\$1,077

8. Only eligible and necessary repairs to increase the safety, security, and energy efficiency of the home may be completed using these grant funds.
9. Property owners may not apply for an additional grant for the same property. Exceptions may be made for health, safety and emergency reasons at the City's discretion.

INCOME ELIGIBILITY

"Income eligibility" to participate in the Residential Rehabilitation Grant Program is determined by the number of persons in the household and by a calculation of the applicant's gross annual household income (projected for the next 12 months) including interest, dividends, and a portion of assets. Eligible households must fit within the following income guidelines:

**INCOME GUIDELINES (EFFECTIVE MAY 14, 2010)**

<u>Persons in household</u>	<u>Maximum Income</u>
1 person.....	\$42,300
2 persons.....	\$48,350
3 persons.....	\$54,400
4 persons.....	\$60,400
5 persons.....	\$65,250
6 persons.....	\$70,100
7 persons.....	\$74,900
8 persons or more.....	\$79,750

Gross annual household income includes, but is not limited to, income from the following sources for all persons residing in the dwelling:

- Gross income (before any payroll deductions), overtime pay, commissions, fees, tips and bonuses and other compensation for personal services.
- The net income from operation of a business or profession or from rental of real or personal property. Line 22 of the applicant's personal Income Tax Return (1040) may serve as evidence of net income for the self-employed.
- Interest, dividends, net income from real or personal property, and asset income. If total assets exceed \$5,000, the greater figure of asset income or a percentage (based on the current HUD passbook savings rate) of total assets will be used.
- Social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.
- Payments in lieu of earnings such as unemployment and disability compensation, public assistance, worker's compensation, and severance pay.
- Periodic and determinable allowances such as alimony, child support and regular contributions from organizations for persons outside the dwelling.

FAIR MARKET RENTS - 2010

	Maximum rent including utilities	Maximum rent without utilities	
		Gas heat/elec. hot water	Gas heat/gas hot water
1 bedroom	\$716	\$586	\$616
2 bedrooms	\$874	\$744	\$774
3 bedrooms	\$1,046	\$916	\$946
4 bedrooms	\$1,143	\$1,013	\$1,043

8. Only eligible and necessary repairs to increase the safety, security, and energy efficiency of the home may be completed using these grant funds.
9. Property owners may not apply for an additional grant for the same property. Exceptions may be made for health, safety and emergency reasons at the City's discretion.

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- The net income from operation of a business or profession or from rental of real or personal property. Line 22 of the applicant's personal Income Tax Return (1040) may serve as evidence of net income for the self-employed.
- Interest, dividends, net income from real or personal property, and asset income. If total assets exceed \$5,000, the greater figure of asset income or a percentage (based on the current HUD passbook savings rate) of total assets will be used.
- Social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.
- Payments in lieu of earnings such as unemployment and disability compensation, public assistance, worker's compensation, and severance pay.
- Periodic and determinable allowances such as alimony, child support and regular contributions from organizations for persons outside the dwelling.

- All regular pay, special pay, and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is either a head of a family or a spouse.
- Lump sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlements for personal or property losses will be considered on a case by case basis.

The following sources shall not be considered income and will not be used to determine eligibility:

- Casual, sporadic or irregular gifts.
- Amounts which are specifically for, or in reimbursement of, the cost of medical expenses.
- Amounts of educational scholarships paid directly to student or educational institution and amounts paid by the Government to a veteran for use in meeting the costs of tuition, fees, books, and equipment. NOTE: Any amounts, scholarships, or payments to veterans not used for the above purposes or which are available for subsistence are to be included in income.
- Special pay to a serviceman head of a family away from home and exposed to hostile fire.
- Foster childcare payments or food stamp coupon allotments more than the amount charged.
- Relocation payments, or payments received to participate in national volunteer programs under the ACTION Agency.

NOTE: Since this program is designed to assist persons with limited financial resources, homeowner applicants with assets (not including a primary residence) totaling more than \$50,000 shall not be eligible to participate in this program regardless of any other income calculation.

## GRANT AMOUNTS

Applicants owning and residing at the location to be rehabilitated may be eligible for a grant up to \$15,000.00 for the 1<sup>st</sup> dwelling unit, and up to \$5,000 for each additional unit (up to 3) that they rent to income-eligible persons at affordable rates for a minimum of 4 years. This is a grant and does not have to be repaid as long as the participant responsibilities are fulfilled.

In addition, program participants may be eligible for a low interest loan (at 0%-3% up to 5 years) to cover the cost of additional work beyond the allocated grant amount. Please contact Community Development for more information on these loan opportunities.

Rental property owners not residing at the location to be rehabilitated may be eligible for a matching grant up to \$5,000.00 for each dwelling unit (up to 4) that they rent to income-eligible persons at affordable rates for a minimum of 4 years. This is also a grant, however, each dollar of grant funding must be matched by at least a dollar from the rental property owner.

Rental property owners also may be eligible for a low interest loan (3% below the Prime Rate up to 5 years) for additional work, or to make up to 80% of their required match. Please contact Community Development for more information on these loan opportunities.

## ELIGIBLE REHABILITATION ACTIVITIES

Since this program is intended to stabilize and improve existing substandard housing, each rehabilitation project must give priority to correct any structural defects and to improve the health, safety, and energy

efficiency of the dwelling unit. The following is a list of rehabilitation activities and their priority status:

Priority A - Structural repairs

- o Roof
- o Foundation
- o Frame
- o Unsafe landings, stairways, porches, flooring
- o hard-wired smoke detectors (required)

Priority B - Health, Safety, Energy Conservation

- o Electrical
- o Plumbing
- o Heating
- o Storm windows, doors
- o Insulation
- o Accessibility improvements
- o Window repair
- o General roof/gutter/porch repair

Priority C - Appearance, other

- o Painting, siding
- o Interior floor, ceiling, wall finishes
- o Sidewalks
- o Kitchen/bath plumbing fixtures
- o Interior remodeling

The City will not issue a grant to cover items such as furniture, appliances (stoves, refrigerators, freezers, etc.), swimming pools, landscaping, driveways, or other non-essential items not directly affected by the rehabilitation activity.

## GRANT PROCESS

### Eligibility

1. Having read and understood these guidelines, the applicant must submit a copy of the current deed to the property and the completed Application (attached) to the Office of Community Development. The applicant's name will then be placed upon the grant program waiting list to be addressed in numerical order.

In situations that are deemed (by the Rehabilitation Specialist or other City official) an emergency due to an urgent health and/or safety situation, an applicant may be advanced on the list to correct the emergency only. Once that situation is corrected, the applicant will resume the original numerical place for the remainder of the rehabilitation project.

2. When it is the applicant's turn, the applicant will be contacted to determine income eligibility. Income and asset information will be requested in a preliminary telephone interview and then verified through third-party confirmation. All financial information will be kept confidential.
3. After income eligibility is confirmed, the applicant will sign a grant agreement with the City, a UCC-I Security Agreement and, if necessary, a rental agreement.

### Scope of Work

4. Once this paperwork is complete, the Rehabilitation Specialist and the City Code Enforcement Officer will arrange an on-site inspection of the property. These persons will discuss the project with the applicant to identify any health or safety code infractions and to prioritize eligible improvements. Greatest priority will be given to correct code infractions and structural defects. The Rehabilitation Specialist will then prepare a detailed "work write-up" documenting the proposed improvements and prepare a cost estimate for the rehabilitation project.
5. Once approved, the applicant will use this "work write-up" to obtain written estimates from at least two contractors. Applicants are responsible for choosing their own contractors. Applicants are not required to choose the lowest bidding contractor as long as the Rehabilitation Specialist and Community Development Office determine that the contractor bid is reasonable. All contractors must provide Community Development with proof of insurance before a project may begin.

NOTE: Applicants will have 60 days from approval of the work write up to obtain at least 2 estimates and to choose a contractor to complete the rehabilitation work. Failure to obtain estimates and choose a contractor within this time will cancel the grant.

The Office of Community Development is in no way connected with, nor does it endorse, any contractor, subcontractor or supplier involved in home improvement activities. For participants seeking assistance in locating contractors, the Community Development Office maintains a list of contractors who have submitted job references and a Certificate of Insurance.

In selected cases, property owners may apply to Community Development to do their own work. The owner must perform the work satisfactorily and must submit paid receipts for all materials at the time of final inspection. Self-contractors will not be reimbursed for their labor, tools or work performed by subcontractors not pre-approved by Community Development.

6. Once the contractor is chosen, the applicant and contractor will sign a contract (“owner-contractor” agreement) provided by the City and work may begin.

NOTE: All rehabilitation work must be completed within 90 days from signing the “owner-contractor” agreement unless otherwise approved by the Office of Community Development.

All contracts for rehabilitation improvements are between the property owner and the contractor (or supplier) chosen by the property owner. The Office of Community Development is not responsible or liable for any breach of contract, faulty workmanship, damage or other cause of action that might arise from the relationship between a property owner and his/her selected contractor.

#### Contractor Reimbursement

7. The contractor may submit an invoice for reimbursement when 50% of the project is completed, and when the project is 100% complete. Community Development will only honor reimbursement requests for work completed. Under special circumstances, reimbursement may be authorized for materials delivered and present on-site. No payments shall be made in advance of work yet uncompleted.

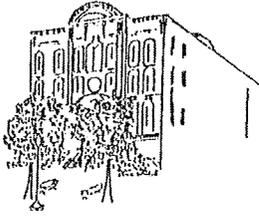
All completed work must be inspected and approved by the property owner, the contractor, and the Rehabilitation Specialist before any reimbursement. Reimbursement checks will be made jointly payable to the contractor and property owner, and mailed to the property owner.

### PROPERTY ASSESSMENT IMPACTS

Most improvements accomplished through this program may not result in an increase in the property owner’s property tax assessment. For additional information, please contact the City’s Department of Assessment at (518) 587-3550.

#### ATTACHMENTS

- Notification of Lead-based Paint Hazards
- Grant Application



# CITY OF SARATOGA SPRINGS

## OFFICE OF COMMUNITY DEVELOPMENT

CITY HALL - 474 BROADWAY  
SARATOGA SPRINGS, NEW YORK 12866-2296  
TEL: 518-587-3550 x.575 FAX: 518-580-9480  
HTTP://WWW.SARATOGA-SPRINGS.ORG/CD/

Appl. #: \_\_\_\_\_  
Date rec'd: \_\_\_\_\_  
(Office use only)

### RESIDENTIAL REHABILITATION GRANT PROGRAM

#### Homeowner Grant Application

1) Applicant / Property Owner(s) Full Name:

Social Security #

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

2) Property Address: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

(eve) \_\_\_\_\_

Date of Property Purchase: \_\_\_\_\_ If less than 2 years, give prior address: \_\_\_\_\_

Structure type:  1 family  2 family  3 family  4 family

Structure Age: \_\_\_\_\_ years

3) Indicate (X) the types of repairs you would like to make.

Priority A - Structural

- Roof
- Foundation
- Frame
- Landings, stairways, unsafe porches
- Flooring

Priority B - Health, Safety, Energy Cons.

- Electrical
- Plumbing
- Heating
- Storm windows, doors
- Insulation
- Accessibility improvements
- Window repair
- General roof/gutter/porch repair

Priority C - Appearance, other repairs

- Painting, siding
- Interior floor, ceiling, wall finishes
- Sidewalks
- Kitchen/bath plumbing & fixtures
- Interior remodeling

General description and priority of proposed rehabilitation work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate amount of grant required: \$ \_\_\_\_\_

4) # of persons in household: \_\_\_\_\_ (please list below)

	*62+	*Gender	*Disabled?	*Race
<u>Name</u>	<u>S.S. #</u>	<u>(y/n)</u>	<u>(m/f)</u>	<u>(y/n)</u>
				<u>(African Am., Asian, Hispanic, Native Am., White, Other)</u>

(Head of Household)

(2)

(3)

(4)

(5)

Please note: The information marked (\*) is for statistical purposes only and will not be used to determine eligibility.

5) Estimate Gross Annual Income (include information for all persons in household - see program guidelines for greater detail):

- |  |                 |
|--|-----------------|
| 1. Gross annual wages, Interest income, dividends, pensions, annuities, VA, military | \$ _____        |
| 2. Alimony, child support, Social Security, SSI, public assistance                   | \$ _____        |
| 3. Unemployment insurance, worker's comp., disability                                | \$ _____        |
| 4. Net income from rents (copy of 1040 form, schedule E must be submitted)           | \$ _____        |
| 5. Other income (specify) _____  | \$ _____        |
| <b>ESTIMATED GROSS ANNUAL HOUSEHOLD INCOME</b>                                       | <b>\$ _____</b> |

6) Employment History

Applicant's current employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years employed: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_

Co-applicant's current employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years employed: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_

7) FOR APPLICANTS WITH RENTAL PROPERTY ONLY

<u>Apt. #</u>	<u># Bedrooms before Rehab.</u>	<u># Bedrooms after Rehab.</u>	<u>Current Rent</u>	<u>Includes Utilities (y/n)</u>	<u>Occupied (O) Vacant (V)</u>
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

Please provide the following information on your current tenants (the information marked (\*) is for statistical purposes only and will not be used to determine eligibility):

Name	phone #	# persons in household	*Female-headed household (y/n)	*Gender (m/f)	*Disabled? (y/n)	*Race (African Am., Asian, Hispanic, Native Am., White, Other)
Apt. 1						

Apt. 2						
--------	--	--	--	--	--	--

Apt. 3						
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NOTE: Community Development will need to contact each tenant household to request information on tenant household income.

**8) CERTIFICATION**

**Certification and authorization:**  
 I have thoroughly read the Program Guidelines for the Residential Rehabilitation Grant Program. I understand my rights and responsibilities and, if provided with a grant, will abide by all rules and regulations pertaining to the Residential Rehabilitation Grant Program.

I affirm that all information given in this application is true and complete to the best of my knowledge and belief, and I understand that any willful misrepresentation on this application could result in criminal action.

I authorize the City to make all inquiries as necessary concerning this application, or in the course of review or collection of any credit extended in reliance on this application. I authorize and instruct any person or consumer reporting agency to obtain, compile and furnish to the City any information as needed in response to such credit inquiries, and agree that such information shall remain the City's property regardless of the approval for extension of credit.

Applicants agree not to discriminate upon the basis of age, race, color, gender, religion, handicap, sexual orientation, familial status or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance under the Residential Rehabilitation Grant Program.

I hereby authorize the Office of Community Development to verify any of the above information as a condition of this application. I understand that participation in this program is contingent upon funding availability and applicant eligibility, and that filing an application does not guarantee program participation.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co - applicant's signature

\_\_\_\_\_  
 Date

**Please Note:**

All property taxes must be current before an application may be considered.

- All grant requests must include the following items:
1. Application - filled out accurately and completely
  2. Copy of deed to property



# Notification

To: Owners, Tenants and Purchasers  
of Housing Constructed before 1978

## Watch Out for Lead-Based Poisoning

If this property was constructed before 1978, there is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

### Sources of Lead Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other item when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

### Hazards of Lead-Based Paint

Lead poisoning is dangerous - especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

### Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

### Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for

those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

### Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM;
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

### Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings, and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead-based paint. Instead of scraping and

repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

### Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with the office's effort to repair the unit.