



**CITY OF COLONIAL HEIGHTS
2009
CDBG EMERGENCY HOME REPAIR PROGRAM
GUIDELINES AND APPLICATION**

Please address inquiries to:

*City of Colonial Heights
CDBG Emergency Home Repair Program
Planning Department
201 James Avenue
Colonial Heights, VA 23834
Phone: (804) 520-9275 / Fax: (804) 524-8755
Email: Schanzenbacherg@Colonial-Heights.com*

This program is run in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988).

"It is illegal to discriminate against any person because of race, religion, sex, handicap, familial status, or national origin."



City of Colonial Heights CDBG Home Repair Program Guidelines

This program is made possible by the federal Community Development Block Grant Program. A grant of up to \$8,000 is available per owner-occupied home to assist with specific home repairs or activities that eliminate conditions detrimental to the safety and health of the residents.

Eligibility

Eligible activities or repairs include but are not limited to the following:

- Unsafe electrical, heating or plumbing systems
- Faulty roofs
- Faulty porches and steps that present a safety risk
- Lead-based paint testing

Ineligible activities consist of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, and repairs to garages or any structure not attached to the living unit.

This is a one-time grant. No grant funds will be provided for partial correction, for non-eligible improvements or to the owner in cash as reimbursement for the repair work completed (or to the owner directly for labor or materials purchased by the homeowner). If the bid for the approved emergency repair is more than the funds provided by the grant, the homeowner must provide the additional funding for the remediation of the hazard. A certified check for the necessary additional funding must be made out to the City of Colonial Heights prior to the signing of the construction contract. If additional funding (beyond the bid price) cannot be provided by the homeowner, the grant offer will be rescinded and the grant will be offered to the next homeowner in need.

In order to be considered for this grant:

- 1) The house must be a single-family dwelling located within the City of Colonial Heights. The Violet Bank-Flora Hill Shepherd Stadium, Westover-Snead and Toll House Planning Districts are the targeted areas, however a limited number of applications will be accepted city wide.
- 2) The applicant must be the owner of the home, must live in the home (as a primary, permanent residence), and be able to provide proof of home ownership, active home insurance, and paid property taxes or property tax exemption. The owner could, however, provide proof of control of the property if he or she has made payments of property taxes and insurance for a period of three (3) years immediately preceding application submission. Life estate rights are an acceptable form of ownership.
- 3) Homeowners must be at or below 80% of the area median income. Income and assets will be verified before a home repair contract is issued. The total household income based on the number of people living in the home, cannot exceed the following:

Number of Persons in Household	Maximum Income*
1	\$41,000
2	\$46,850
3	\$52,700
4	\$58,550
5	\$63,250
6	\$67,900
7	\$72,600
8	\$77,300

* FY 2009 HUD Income Limits (Richmond MSA) effective 3/19/09

Repayment Clause

To prevent owners from simply selling the property and profiting from the CDBG-funded improvements, the owners must repay the program if they sell the property within five years. Part of the owner's obligation is forgiven each year they live on the property.

Repayment of the rehabilitation grant or relocation shall be based on a twenty percent (20%) reduction of the amount to be repaid per year, according to the following schedule:

0 - 12 months: 100% repayment
after one (1) year: 80% repayment
after two (2) years: 60% repayment
after three (3) years: 40% repayment
after four (4) years: 20% repayment
after five (5) years: 0% repayment

If the property is inherited by a blood relative who is also eligible under the program guidelines or sold to an eligible person under the guidelines, repayment may be deferred. If the owner dies during the five year period of the grant and the heir(s) sell the dwelling, then repayment will follow the same schedule as if the owner were alive and selling the dwelling.

Preconstruction Requirements

Debris removal is a pre-construction requirement to program participation. Property owners will be required to clear the exterior and interior property site of all identified trash, debris, inoperable vehicles and derelict structures prior to receiving program assistance. If the owner is elderly or handicapped and cannot physically clear the property or arrange for the removal of the debris, an attempt will be made to obtain the assistance of the Office of Youth Services' Service Learning Program.

Authorization for Release of Information

If the attached Authorization for release of information form is returned with the application for home repair assistance, but this specific part of the form is unsigned or this form is NOT returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a separate release of information form for each adult household member who has an income.

If you are within the income guidelines, are in need of the eligible repairs, and would like to be considered for assistance, you **MUST** reply to all the questions in the Application for Emergency Home Repair, deliver the application to the City of Colonial Heights Planning Department, and provide a copy of all applicable requested documents. Priority will be given to the elderly and the disabled.

Applications will now be taken on an on-going basis as long as funds are available. Applicants who apply for possible remaining funds will be also be notified within 30 days of receipt of their application status. Persons whose applications are denied have 15 days from receipt of the letter to appeal the decision and will be notified of this in the letter.

Please print or type and submit copies of requested information with this application.
We will not return any documents you enclose with this application.

Application for Home Repair Program

A. Personal Information

Head of the Household Name _____ Age _____ Male /Female
(Last) (First) (MI) (Circle one)

Home Address _____ Colonial Heights, Virginia 23834

Home Phone (804) _____ Work Phone or Other (____) _____

Social Security # _____ Are you disabled? Yes No (Circle one)

Employer _____ Work Address _____ Job Title _____

Spouse _____ Age _____ Male /Female
(Last) (First) (MI) (Circle one)

Spouse's Social Security # _____ Is Spouse disabled? Yes No (Circle one)

Spouse's Work Employer _____ Address _____ Job Title _____

Work Phone () _____ **Note:** Roommates are also considered household members. Other household members' employment information (including children 18 or older who are not full-time students) may be listed on back if applicable.

Please list all children (dependents) and other adults living with you:

Name (first/last)	Age	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please continue on back if additional space is needed.

B. Annual Income & Assets

YEARLY INCOME				
Family or Other Household Members	a) Wages/ Salaries(Gross)	b) Benefits/ Pensions	c) Public Assistance	d) Other Income
1) Totals				
2) Enter total of items from 1a) through 1d).		\$		

Please provide the last 3 pay stubs or statements for all income listed above. The 2007 Disability Benefit Statements &/or SS Benefit Statements are also acceptable as are yearly pension statements. Note: income is not a year to date figure but a yearly amount based on current earnings.

ASSETS			
Family or Other Household Members	Asset Description	Current Cash Value of Assets	Actual Income from Assets
TOTAL CASH VALUE OF ASSETS		\$	
TOTAL ACTUAL INCOME FROM ASSETS			\$

Your personal automobile is not considered an asset for the purposes of this grant.

C. Banking Information

List the following information regarding accounts you may have at banks, savings and loans, or credit unions. If you need additional space, please complete on the back of this form.

Bank Name _____ Bank Name _____
Address _____ Address _____
Type of account: **CHECKING SAVINGS CD OTHER** _____

Also, please indicate the following concerning any stocks, bonds, or securities you may have.

Type of security _____ # of shares _____ and/or certificates _____

Value per share \$ _____ or bond account \$ _____

Name and address of company issuing security _____

Provide us with copies of the last 3 official statements for each bank or securities account.

D. Housing Information (Please circle the appropriate answer below)

1. Do you own your own home or have a life estate? YES NO

Include a copy of the deed or other proof of ownership.

2. If disabled or over the age of 65 do you have a homestead (real estate tax) exemption?

YES, I have a homestead exemption. NO, I do NOT have a homestead exemption.

3. Are your property taxes paid to date? YES NO N/A

If not exempt from property taxes, please include a copy of receipt of paid property taxes.

4. Do you have homeowner's insurance? YES NO

Please list name, address, and policy number of insurance company.

Insurance Co. _____ policy # _____

Company mailing address _____

E. Racial information: (required information as per the funding source for this program)

Please circle all the appropriate answers.

Head of Household	Spouse/Other Adult(s)
Racial composition: single or multiracial	Racial composition single or multiracial
Ethnicity: Hispanic or non-Hispanic	Ethnicity: Hispanic or non-Hispanic
Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander American Indian/Alaskan & White Asian and White Black/African American & White Amer. Indian/Alaskan & Black/African Amer.	Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander American Indian/Alaskan & White Asian and White Black/African American & White Amer. Indian/Alaskan & Black/African Amer.

Other multi-racial combination

Other multi-racial combination

5. Is the repair you are requesting an emergency and why do you think it is?

6. Please CIRCLE the name of the repair you need the most:

ELECTRIC

FURNACE

PLUMBING

HOT WATER HEATER

BAD STEPS

PORCH

ROOF AND GUTTERS

OTHER _____

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY.

Signature of applicant _____

Please print your name _____ Date _____

Please return your completed application to the:

**City of Colonial Heights Planning Department
201 James Avenue
Colonial Heights, VA 23834**

NOTE: In order to comply with Section 106 of the National Historic Preservation Act and to help preserve the character defining features of the participating properties, the City of Colonial Heights has entered into a Programmatic Agreement with the Department of Historic Resources and the Advisory Council on Historic Preservation that may govern the scope and nature of the permitted rehabilitation work.. A reference list organized by street and year built has been compiled of all housing built through 1955 in the target areas in order to efficiently monitor compliance with the Programmatic Agreement through program years one through five.

An applicant's rights under the Privacy Protection Act of 1976 will be protected. The Privacy Protection Act governs the collection, use and dissemination of personal information concerning individuals by State and local governmental agencies. Personnel records maintained by State and local agencies clearly constitute "personal information," the dissemination of which is subject to the provisions of the Privacy Protection Act of 1976, §2.1-379(2).

Signature of applicant _____

Print your name _____

Date _____

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Please note: The completion of this application is not a guarantee of home repair funding. The applicant and the home repair must meet guidelines set by HUD's CDBG Guidelines and the City of Colonial Heights CDBG Emergency Home Repair Program.

Only FULL and COMPLETE applications will be considered first for home repair assistance.

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AUTHORIZATION FOR RELEASE OF INFORMATION

*This document is for authorization to release information regarding your **City of Colonial Heights CDBG Home Repair Program Application** for the purpose of verifying information supplied in your application and for reports to the Dept. of Housing and Urban Development (HUD).*

I _____ (your name) hereby grant permission to the City of Colonial Heights to verify information provided in this application and to release to its authorized representatives and to HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

A photographic or fax copy of this authorization may be deemed to the equivalent of the original, and may be used as a duplicate original. The information is for confidential use in determining your eligibility for the Home Repair Program.

Applicant Signature

Date

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