

Housing Rehabilitation Program

Thank you for your interest in applying for the City of Clarksville's Emergency Home Repair Program.

How does the Emergency Repair Program work?

Assistance is provided on a "first come, first served" basis. The program provides one-time assistance to qualified homeowners with emergency housing problems that pose a serious and immediate threat to the health, safety or welfare of the household. Up to \$ \$10,000 of assistance may be granted to correct emergency conditions including an inoperable furnace or water heater, and potentially hazardous plumbing and electrical systems. Assistance through this program is provided to correct the immediate safety concerns only.

How does the Housing Rehabilitation Program work?

This program will assist homeowners in making conventional repairs to their home. Funds may be used to correct code violations, replace or upgrade major housing systems, and make a limited amount of general property improvements.

How do I qualify for either program?

- To qualify a household must be income eligible. The total household income may not exceed 80% of the area median by family size. (Income Limits are published annually by the U.S. Department of Housing and Urban Development).
- The home must be located within the city limits of Clarksville.
- The home must be your primary residence and you must have lived in your home for a minimum of twelve (12) months prior to assistance.
- The home must be habitable prior to and following repairs.
- You must be able to provide a copy of the deed to your home and the title must be clear from all extraordinary liens and encumbrances including:
 - Past due property tax liens
 - Past due special assessment liens
 - Mechanics liens
 - Real estate contracts not between the title owner and Borrower
 - Paid off mortgages not released
 - Law Suits
 - Life Estates (Not eligible under this program)
 - Judgments

How do I apply for assistance?

To process your application, you, the homeowner will need to submit a completed application and provide the required documentation. When completing your application be sure to do the follow instructions and provide all forms of documentation required.

- Complete every section of the application
- Read and sign the applicant certification statements.

- Complete homeowner description of need.
- Separation or Divorce Settlement Statement: A separation or divorce settlement statement for alimony and will need to be supplemented by some evidence of regular payment of the alimony payments, if it applies.
- Regular Contribution or Payments from Others: this includes funds contributed by other family members regardless of whether they live in the same dwelling as the prospective borrower will be included in income verified with cancelled checks written by payer, bank statements showing deposits in the prospective borrowers account, or written notarized letter concerning the contribution or payment.
- Unemployment or Temporary Disabilities: When calculating income for applicants who are unemployed or temporarily disabled, six (6) months unemployment or disability compensation plus six (6) months of income from the last job for a yearly income will be used.
- Pension, disability, social security or social service benefits: Acceptable methods of verifying such income include any one or more of the following, which are listed in order of preference:
 - An original benefits form obtained by the Borrower
 - A copy of the award letter

After submitting your application, City staff may contact you for more specific information about your home and to schedule a preliminary inspection.

Funding for the program comes from the Federal Community Development Block Grant Fund Program. These are the funds the City receives through the U.S. Department of Housing and Urban Development Community Development Block Grant Program. Federal rules limit eligibility to low and moderate-income households. The maximum income varies by the number of people in the household and it changes each year. Below are the current income guidelines for this program:

1 person household	- \$30,200
2-person household	- \$34,500
3-person household	- \$38,800
4-person household	- \$43,100
5-person household	- \$46,550
6-person household	- \$50,000
7-person household	- \$53,450
8-person household	- \$56,900

Will the City place a lien on my house equal to the grant amount?

Yes. The City does hold a lien on the property. It varies depending on the program.

What Neighborhoods Are Eligible for Assistance?

The property must be located within the city limits of Clarksville.

Who Determines What Work Needs to Be Done or Can Be Done?

Once the homeowner has been income-qualified, Community Development staff will arrange to visit the house to inspect the conditions of the house. The staff will develop a list of the work to be undertaken and a cost estimate for this work. Repairs may include leaking roofs, faulty heating and air conditioning systems and electrical and plumbing systems. The Housing Rehabilitation Program is not intended to repair all substandard conditions in a home. The program addresses only those potential conditions that may make a home uninhabitable if not addressed. No cosmetic installs or repairs.

Who Does the Work and How Are They Selected?

The City maintains a list of qualified and insured contractors. The City will solicit price quotes from them. The homeowner then enters into a contract with the lowest and best contractor.

HOW IS MY HOUSEHOLD INCOME CALCULATED?

INCLUSIONS:

- All earnings, including salary and wages, tips, overtime and bonuses of the prospective borrowers, and his or her spouse and all adults (18 years of age or older living in the property)
- Taxable interest and dividends
- Taxable refunds, credits. (There are some exceptions)
- Alimony (or separate maintenance payments (received).
- Business income (loss)
- Capital Gain (loss)
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm Income (loss)
- Unemployment compensation payments.
- VA Disability Income
- Taxable amount of Social Security benefits
- Other Income: This includes prizes and awards; gambling, lottery or raffle winnings; jury duty fees; income from any rental of property, any income.

EXCLUSIONS:

- Income from employment of children (including foster children) under age 18.
- Payments received for the care of foster children
- Lump sum additions to family assets, such as inheritances, insurance payments.
- The full amount of student financial assistance paid directly to the student or to the educational institution.
- Special pay to family member serving in the Armed Forces.
- Temporary, nonrecurring or sporadic income.
- Health insurance payments not paid by employer
- Alimony or maintenance payments paid.
- Non-reimbursable extraordinary medical costs that reliable medical opinion dictates are likely to continue for more than one (1) year.

Maximum Property Value:

To use funds the value of the assisted property after rehabilitation must not exceed 95% of the median purchase price as stated in the HUD FHA Mortgage Limits as in the 203(b) program on all loans.

Application Submission

The completion and submission of an application is no promise or guarantee of forthcoming funding or assistance of any type.

All supporting documentation must be included prior to application to be accepted for review and approval. Completed applications should be returned to:

City of Clarksville Office of Housing and Community Development
Attention: Housing Rehabilitation Program Staff
One Public Square, Suite 201
Clarksville, TN 37040

Application Checklist

___ Copy of the last three months or (6) **consecutive** pay stubs from employer verifying income for all working individuals residing in the home. If receiving social security, the current year monthly benefit statement is needed.

___ If self-employed- 2 most recent year's income tax returns (1040 forms, W-2's, schedules)

___ Paid receipts of real estate property taxes (even if exempt). The city tax receipt can be obtained on the 1st floor of City Hall and the county tax receipt can be obtained at the County Trustee Office on Pageant Lane.

___ Copy of **all** social security cards from **all** persons residing in the home and photo id for everyone over the age of 18

___ A copy of your current mortgage statement

___ Any dependents over the age of 18 must provide **proof** of school status

___ Copy of the last two months of checking and savings account statements or signed statement explaining that no account exists.

___ A copy of the last 401 K/Stocks and or stocks and bonds statements if applicable

___ Copy of the recorded deed for the home (May obtain from Register of Deeds Office on Pageant Lane)

___ Verification of Home Owner's insurance Declaration Page (Minimum of fire insurance required)

** If you are 60 years of age or older or disabled and spend more than 3% of your income on medical expenses please provide copies of expenses. Do not include services paid by insurance company or Medicare or Medicaid.

Additional Information may be required. If you have questions or need assistance filling out the application, Contact Lisa Walker, Program Support Specialist at 931-648-6133.



Emergency Repair/Housing Rehabilitation Program Application

Date Application Received: _____

Date Application Processed: _____

Which program are you applying for? _____ Emergency Repair _____ Rehabilitation

Type of Home: Single Family _____ Mobile Home _____ # of Bedrooms _____

of Household Members _____

Applicant: _____ Co-Applicant: _____

Applicant SS # _____ Co-Applicant SS # _____

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Address: _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone/Other _____ Other Contact Info: _____

HOMEOWNERSHIP INFORMATION: REQUIRED

This house is for sale now? _____. I/We intend to put the house up for sale within the next 5 years? Yes No

Do you own this Home? _____ Is this your principal residence? _____

How long have you lived in this house? _____ When was the house built? _____

Have you ever had a bankruptcy of any kind? Yes [] No []

If Yes, when? _____ Type? _____

Have you ever lost a home through forfeiture or foreclosure? Yes [] No []

If Yes, when? _____

Have you ever received assistance from this Housing Rehabilitation Program before? _____

If so, when? _____

What problems are you experiencing with your home? _____

HOUSEHOLD MEMBERSHIP INFORMATION

Name (List all members of the household) Print or Type			Date of Birth/Age/Relationship
Head of Household Name	M/F	SS#	
2.	M/F	SS#	
3.	M/F	SS#	
4.	M/F	SS#	
5.	M/F	SS#	
6.	M/F	SS#	

**For additional family members, please use separate sheet of paper
HOUSEHOLD INCOME INFORMATION (DOCUMENTATION MUST BE ATTACHED)**

Name (list all members)	Gross Monthly Income	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Assets: Please list any other assets such as checking accounts, savings accounts, IRA's, stocks, bonds, boats, livestock, recreational vehicles or real estate that you may have.

<u>TYPE OF ASSET</u>	<u>AMOUNT</u>	<u>ATTACHED DOCUMENTATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Housing Expenses:

Mortgage \$ _____ Other Financing Secured by Property \$ _____

Hazard Insurance \$ _____ City Tax \$ _____ County Tax \$ _____

**Emergency Repair/Housing
Federal Data Collection Requirements**

Please complete the correct boxes that best describe your household. Thank you

Ethnic Categories		Select One	Status		Select One
Hispanic or Latino			Disabled		
Not-Hispanic or Latino			Family (5 or More)		
Racial Categories		Select All that Apply	Female Head of Household		
White			Male Head of Household		
Black/African American					
Black/African American/White					
Asian					
Asian/White					
American Indian/Alaskan Native					
American Indian/Alaskan Native & White					
American Indian/Alaskan Native & Black African American					
Native Hawaiian/Other Pacific Islander					
Other Multi-racial					

For Office Use Only	

Please Remember- Attach all verification: of income, proof of ownership of your home, and all other back-up documentation/materials before sending in this application. When the eligibility process is complete you will receive written notification. Thank you for your cooperation.

Applicant Certification Statement and Signature

In applying to participate in the Program, I agree to:

- 1) Provide the financial, title, and personal information necessary to enable the Program staff and participating lending institution (if applicable) to determine my eligibility for Program assistance.
- 2) Invite a representative of the City of Clarksville Office of Housing and Community Development Program to survey my home with me to help me determine the scope of work to make the necessary Housing Rehabilitations allowable or required under Program guidelines, and inspect the work as necessary upon completion.
- 3) Meet with Program Staff as requested to answer questions regarding my request for assistance, or the kinds of work to be done.
- 4) Carry out all of the obligations of the homeowner to include signing bid requests, contracts, homeowner acceptance forms, and other documents, and generally aiding and cooperating with contractor(s) and the Program staff to achieve efficient and timely completion of the work. I understand that if I do not cooperate or meet my responsibilities as outlined above, I may be declared ineligible for further assistance.
- 5) Allow all Housing Rehabilitation work financed through the Program in accordance with the guidelines and standards set forth in the Program's Contractor's Guide to be performed and impose this requirement on any contractors I hire.

In making this application, I understand that:

- 1) I have voluntarily applied for assistance, and may withdraw from the Program at any time *before* signing contracts for the Housing Rehabilitations.
- 2) Any construction contracts will be between the contractor and me. Neither the Program Director nor the City of Clarksville will be parties to such contracts. Program staff will assist in the management of the project to ensure program compliance and completion of work.
- 3) Before work can be done I must meet all of the eligibility requirements of the Program as set forth by the policies and procedures.
- 4) Depending upon the kind of assistance I receive, there may be program restrictions on the kinds of improvements I can make to my home.

I have provided the information in this statement to determine my eligibility for the Housing Rehabilitation Program and I authorize the Housing and Community Development Program Staff to verify the information I have submitted by contacting credit reporting agencies, title companies, my employer and other persons I may list as references. I certify that the above information is true and correct as of today. I understand that if I have willfully misrepresented any information, I may be disqualified from participation in the Rehabilitation Program.

Applicant Signature _____

Date _____

Co-Owner/Applicant Signature _____

Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your **City of Clarksville Housing Rehabilitation 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 Clarksville 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 Emergency Home Repair Program.

*If this 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 release of information form for each adult household member who has an income.

Applicant Signature _____ Date _____

Co-Owner/Applicant Signature _____ Date _____

Fair Housing Law

This Housing Rehabilitation 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."

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 Clarksville's CDBG Emergency Home Repair Program.

Applicant Signature _____ Date _____

Co-Owner/Applicant Signature _____ Date _____