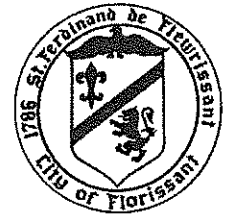


**HOME IMPROVEMENT-
MECHANICAL PROGRAM
APPLICATION PACKAGE**



**CITY OF FLORISSANT
HOME IMPROVEMENT-MECHANICAL
PROGRAM OVERVIEW**

The City of Florissant has accepted a grant from the United States Department of Housing and Urban Development (HUD), to conduct the Community Development Block Grant Program under Title I of the Housing and Community Development Act of 1974 as amended. The goal of the program is to provide financial assistance for the replacement of HVAC units and water heaters to income eligible residents who own their homes.

A. Eligibility – General

In order to be considered for the Home Improvement-Mechanical Program, the following criteria must be met:

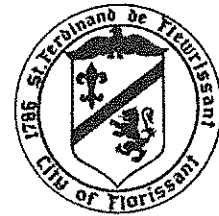
- The applicant must:
 - Be the fee simple owner and occupant of the single family dwelling to be improved
 - Have no pending bankruptcies
 - Have resided in the dwelling for at least two years prior to application
 - Be a first-time participant in the program
 - Not be a newly legalized alien
 - Be current on mortgage payments and real estate taxes
- The house to be improved must:
 - Be located within the City of Florissant and not in a floodplain
 - Have no outstanding federal, state or city tax liens
- The household income: To qualify as low income or moderate income, the total gross income of all members of the household over the age of 18 must not exceed these limits, which are established by HUD:

	<u>Low Income*</u>	<u>Moderate Income</u>
One-Person Household	\$26,100	\$41,750
Two persons	\$29,800	\$47,700
Three persons	\$33,550	\$53,650
Four persons	\$37,250	\$59,600
Five persons	\$40,250	\$64,400
Six persons	\$43,250	\$69,150
Seven persons	\$46,200	\$73,950
Eight persons	\$49,200	\$78,700

B. Application Process and Deadline

Applications for the program will be available at Florissant Government Building and online at www.florissantmo.com/cd/blockgrant.shtml

Important note: Priority will first be given to applications from low* income households on a “first come, first served” basis. After applications from low income households are considered, applications from moderate* income households will then be prioritized



on a first come, first served” basis. The time and date will be noted on each package upon receipt. [*See enclosed document entitled “Home Improvement Program Overview-Mechanical” for income limits.]

C. Notification of Application Status

All applicants who submit a complete application package will receive a letter notifying them of either their acceptance or denial into the program. These letters will be mailed within 4 weeks after receipt of the complete application package. Included with the letter of acceptance will be the “Home Improvement-Mechanical Program Overview.” Homeowners must review, sign and return this document to the CDBG Administrator. **Please note: Funds cannot be committed to any project until the Environmental Review is satisfied (see Sec. F and G).**

D. Initial Meeting and Inspection - Minimum Housing Code

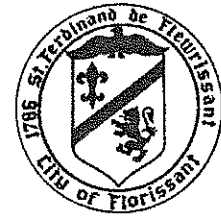
After acceptance into the program, the Homeowner will review and sign the “Homeowner’s Agreement.”

Any work that is under contract, started, or completed **PRIOR** to both notification of acceptance will **NOT** be eligible for payment. There is no exception to this rule.

E. Obtaining Bids, Contracting and Completion of Work

Within 45 days of the initial inspection, it will be the responsibility of the homeowner:

- 1) To obtain a minimum of three formal, written bids for each project to be completed for all work items over \$500 and
- 2) To select a contractor and
- 3) To submit all bids to the City of Florissant’s Community Development Office for review and approval.
- 4) All work being done by a contractor needs a written estimate that must be submitted to our office for approval prior to work being started.
- 5) Homeowners must obtain permission from the Community Development Office before completing any work themselves. If granted, and work is performed by the homeowner, friend, or relative, the homeowner will be reimbursed for materials only. No labor charges can be paid for any work done by the homeowner, friends or relatives. The homeowner will be reimbursed at the end of the program for materials they purchased.
- 6) Contracts must clearly specify all work to be performed. Contracts listing cost only will not be accepted. Contracts without signatures of both the homeowner(s) and contractor will not be accepted. **Open ended contracts will not be accepted.**
- 7) If you are employed by a contractor or any company performing work on your home, you cannot use your employer as your contractor in the program.



- 9) The homeowner cannot contact a contractor and request that a bid be altered after the bids have been received.
- 10) The homeowner cannot show or divulge one contractor's bid to another contractor.

The homeowner must ensure that the selected contractor is licensed, registered with the Secretary of State's office, is not found on the federal debarment or suspension list, obtains the necessary permits and licenses from the City of Florissant, and is insured for liability and insured or bonded for completion of the work. *The City of Florissant will review the status of any Federal debarment or suspension of contractors selected for any project.*

The homeowner must ensure that the chosen contractor agrees in the written contract to:

- 1) Complete the work in a timely manner, or pay a penalty if the deadline is not met without good cause
- 2) Accept payment from the City after the City inspection in the form of a check which will be made out to the contractor and mailed
- 3) Provide contractor's social security number and/or federal identification number
- 4) Provide homeowner with lien waivers for all material and labor

Failure to meet the timeframes under this section (Section G.) may result in the homeowner being suspended from the program.

F. Final Inspection - Minimum Housing Code

The homeowner should call for an inspection as soon as a contractor finishes a project so that it can be inspected and the contractor can be paid in a timely manner.

The homeowner should contact the Community Development Office to set up **all inspections**. The homeowner should have the following paperwork ready at the inspection: signed contracts; receipts and/or invoices; lien waivers and any permit cards required.

G. Payment for Repairs - Loan Disbursement

When all repairs/replacements items are completed and pass final inspection, a check will be requested based on the contract amount and mailed.



**CITY OF FLORISSANT
HOME IMPROVEMENT- MECHANICAL
PROGRAM OVERVIEW**

The undersigned Applicant hereby represents that he/she has read and understands the forgoing guidelines.

Applicant's Signature

Address

Date

Co-Applicant's Signature

Address

Date

Community Development Director

Date

THE CITY OF FLORISSANT SHALL ENSURE THAT DECISIONS AFFECTING APPLICANTS TO THE HOME REPAIR PROGRAM ARE MADE WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER PROTECTED STATUS.



**CITY OF FLORISSANT
HOME IMPROVEMENT- MECHANICAL PROGRAM**

HOUSEHOLD INFORMATION

1) Applicant's Name _____
[Please attach copy of driver's license.]

2) Address _____ Zip Code _____

3) Phone: Home _____ Business _____

Cell Phone: _____ Email _____

4) Please check each category below that applies to a member of your household:

U.S. Citizen _____ Legalized Alien _____ Illegal Alien _____

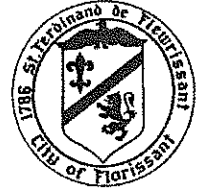
Disabled _____ Vietnam Era Veteran _____ Disabled Veteran _____

5) List **all** household members living at your address, including yourself:

**FAILURE TO INCLUDE A HOUSEHOLD MEMBER
WILL RESULT IN A DECLARATION OF INELIGIBILITY FOR THE PROGRAM**

<u>Name (First, Middle, Last)</u>	<u>Social Security #</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Gender</u>	<u>Race/Ethnic Group</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6) Age of Home or Year Built: _____



- 7) Is your home located in a floodplain? _____
- 8) Is your home located near a major highway, roadway, railroad or airfield? _____
- 9) Is your home located near hazardous operations, a dump, landfill, or industrial site? _____
- 10) Do you have any past or pending bankruptcy? _____
[Please provide discharge documents for past bankruptcies]
- 11) Are the real estate taxes on this property paid to date/current? _____
[Please attach copy of most recent paid real property tax receipt.]
- 12) Are there any federal, state or local tax liens on the property? _____
- 13) Are all loans (i.e. first mortgage, second mortgage, home equity, etc.) that are secured by this real property paid to date/current? _____
[Please attach copies of your most recent loan statement(s).]
- 14) How did you find out about the program? _____
- 15) Are you a first-time participant in the program? _____
- 16) When is the best time to contact you? _____

THE CITY OF FLORISSANT SHALL ENSURE THAT DECISIONS AFFECTING APPLICANTS TO THE HOME REPAIR PROGRAM ARE MADE WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER PROTECTED STATUS.

The undersigned declare that the information which has been given is true and complete to the best of their knowledge.

Applicant's signature

Address

Date

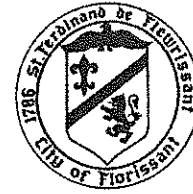
Co-Applicant's signature

Address

Date

Community Development Director

Date



**CITY OF FLORISSANT
HOME IMPROVEMENT- MECHANICAL PROGRAM**

DECLARATION

The undersigned acknowledge that participation in the Home Improvement-Mechanical Program is voluntary.

The undersigned hereby apply for participation in the Home Improvement-Mechanical Program as administered by the City of Florissant and agree to provide the City with the information requested on the Household Information Form, the Eligibility Certification and all other information requested by the City.

The undersigned hereby understands that the grant is for eligible home improvements not to exceed the amount of \$5,000.00.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in the Home Improvement-Mechanical Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The City of Florissant shall ensure that decisions affecting applicants to the Home Improvement-Mechanical Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicants for the Home Improvement Program.

Homeowner's Printed Name

Address

Homeowner's Signature

Date

Homeowner's Printed Name

Address

Homeowner's Signature

Date

City of Florissant Representative

Date



**CITY OF FLORISSANT
HOME IMPROVEMENT- MECHANICAL PROGRAM**

RELEASE

This release is made and entered into this _____ day of _____, 20_____, by and between _____, hereinafter referred to as “the Owner” of the property located at _____, and the City of Florissant (hereinafter referred to as “the City”).

In consideration of the Owner’s voluntary participation in the City’s Home Improvement-Mechanical Program (HIP-M), the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees and officers from all claims, damages or causes of action (including reasonable attorney’s fees) caused by or arising in any manner from the Owner’s participation in the City’s Home Improvement Program and any agreements or contracts between the Owner and home improvement contractors.

I/We, the Owner/Owners, have read and understand this release. I/We execute it voluntarily and with full knowledge of its significance the day and year written above.

Homeowner’s Signature

Date

Homeowner’s Signature

Date

Community Development Director

Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**CITY OF FLORISSANT
HOME IMPROVEMENT- MECHANICAL PROGRAM**

CHECKLIST

To satisfy the requirement for a complete application package, please complete and return the following documents during the aforementioned period:

- Four enclosed forms to complete:
 - "Household Information,"
 - "Declaration,"
 - "Release"
 - "Checklist"

- Documentation to attach:
 - a copy of your most recent filed **federal income tax return** including schedules and attachments or IRS Letter 1722 (if no taxes were filed (see attached IRS instructions)
 - proof of **all** sources of income
 - Four (4) most recent pay stubs (pay stubs need to reflect one week of pay)
 - W-2 forms
 - Child support letter or proof of no Child Support
 - Divorce decree (entire document)
 - Interest and/or Dividend statements (1099s required)
 - Pension statement
 - Annuities
 - Social Security statement
 - Unemployment compensation, etc. – *see* enclosed "Eligibility Certification" form
 - proof of ownership of your home [General Warranty Deed, Special Warranty Deed or Quit Claim Deed. **A Deed of Trust is not acceptable.** If the name of a deceased person appears on the deed, a death certificate is required. A copy of the Deed can be obtained in person at the St. Louis County Recorder of Deeds at 41 South Central 4th floor, Clayton, MO 63105.
 - a copy of driver's license(s)
 - copies of social security cards for all members of the household
 - a copy of most recent paid real property tax receipt
 - a copy of your paid Homeowner's Insurance
 - a copy of your most recent loan statement(s) [i.e. first mortgage, second mortgage, home equity, etc.]

THE ABOVE DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION. (IF APPLICABLE) FAILURE TO SUBMIT REQUIRED DOCUMENTATION MAY RESULT IN A DECLARATION OF INELIGIBILITY FOR THE PROGRAM. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF FLORISSANT COMMUNITY DEVELOPMENT OFFICE.

Falsification of any of the aforementioned documents will result in elimination from the program.

The undersigned Applicant hereby represents that he/she has read and understands the forgoing guidelines.

Applicant's Signature

Address

Date

Co-Applicant's Signature

Address

Date