



# HOME IMPROVEMENT MECHANICAL PROGRAM APPLICATION PACKAGE 2021-2022

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 rehabilitation of private properties. The Home Improvement Program-M is available to eligible residents to make necessary HVAC replacements to owner occupied property.



## 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:

	Income
One-Person Household	\$47,550
Two persons	\$54,350
Three persons	\$61,150
Four persons	\$67,900
Five persons	\$73,350
Six persons	\$78,800
Seven persons	\$84,200
Eight persons	\$89,650

### **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](http://www.florissantmo.com/cd/blockgrant.shtml)



### **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.*

### **D. Initial Meeting**

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**

**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 replacement 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**



**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
    - 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 4<sup>th</sup> 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