



Home Repair Program Application

Community Development Department
 215 D Street/PO Box 617
 Lewiston, Idaho 83501
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 tbrocke@cityoflewiston.org

Program Overview & Eligibility

Thank you for your interest in the City of Lewiston’s Home Repair Program (HRP) funded by the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant (CDBG). The HRP is designed to expand the supply of decent, safe, sanitary and affordable housing, to correct health and safety hazards, and to extend the useful life of existing housing units.

Please fill out the application information to the best of your abilities and read the Home Repair Policies & Guidelines before completing. Applications are accepted and processed on a first come, first served basis.

QUALIFICATION CHECKLIST: If you cannot check **YES** to all questions, you do not qualify.

(1) Is your household income below the 80% area median income level?

- Yes
- No

Household Size	1	2	3	4	5	6	7	8
Income	\$38,150.00	\$43,600.00	\$49,050.00	\$54,500.00	\$58,900.00	\$63,250.00	\$67,600.00	\$71,950.00

(2) Is your mortgage paid off or current?

- Yes
- No

(3) Is your property tax and assessment current?

- Yes
- No

(4) Do you have homeowner's insurance?

- Yes
- No

(5) Are you located in the City of Lewiston?

- Yes
- No

(6) Are you willing to incur a lien, if required, for assistance?

- Yes
- No



IF YOU ANSWER NO TO ANY OF THESE QUESTIONS, YOU ARE NOT ELIGIBLE FOR THE HOME REPAIR PROGRAM.

A. Contact Information

Please provide the following information.

APPLICANT INFORMATION

A.1. First Name:

A.2. Last Name:

A.3. Address:

A.4. Phone:

A.5. Email:

CO-APPLICANT INFORMATION

A.6. Co-App First Name:

A.7. Co-App Last Name:

A.8. Co-App Address:

A.9. Co-App Phone:

A.10. Co-App Email:

B. Household Members

List ALL Household members. Total Household Members: _____

1. PRIMARY HOUSEHOLD MEMBER

Name: _____
First Middle Last

Birthdate: _____ SSN: _____

Employed: Yes No

Employer: _____

Start Date: _____

Phone: _____

Address 1: _____

Address 2: _____

City, State, and Zip Code: _____

DEMOGRAPHICS:

Relationship to Applicant: _____

Race: _____

Ethnicity: _____

Marital Status: _____

Female Head of Household: Yes No

Disabled: Yes No

Elderly: Yes (62+) No

Gender: _____

Education: _____

2. HOUSEHOLD MEMBER:

Name: _____
First Middle Last

Birthdate: _____ SSN: _____

Employed: Yes No

Employer: _____

Address 1: _____

Start Date: _____

Address 2: _____

Phone: _____

City, State and Zip Code: _____

DEMOGRAPHICS:

Relationship to Applicant: _____

Race: _____

Ethnicity: _____

Marital Status: _____

Female Head of Household: Yes No

Disabled: Yes No

Elderly: Yes (62+) No

Gender: _____

Education: _____

3. HOUSEHOLD MEMBER:

Name: _____
First Middle Last

Birthdate: _____ SSN: _____

Employed: Yes No

Employer: _____

Address 1: _____

Start Date: _____

Address 2: _____

Phone: _____

City, State and Zip Code: _____

DEMOGRAPHICS:

Relationship to Applicant: _____

Race: _____

Ethnicity: _____

Marital Status: _____

Female Head of Household: Yes No

Disabled: Yes No

Elderly: Yes (62+) No

Gender: _____

Education: _____

4. HOUSEHOLD MEMBER:

Name: _____
First Middle Last

Birthdate: _____ SSN: _____

Employed: Yes No

Employer: _____

Start Date: _____

Phone: _____

Address 1: _____

Address 2: _____

City, State and Zip Code: _____

DEMOGRAPHICS:

Relationship to Applicant: _____

Ethnicity: _____

Female Head of Household: Yes No

Elderly: Yes (62+) No

Education: _____

Race: _____

Marital Status: _____

Disabled: Yes No

Gender: _____

5. HOUSEHOLD MEMBER

Name: _____
First Middle Last

Birthdate: _____ SSN: _____

Employed: Yes No

Employer: _____

Start Date: _____

Phone: _____

Address 1: _____

Address 2: _____

City, State and Zip Code: _____

DEMOGRAPHICS:

Relationship to Applicant: _____

Ethnicity: _____

Female Head of Household: Yes No

Elderly: Yes (62+) No

Education: _____

Race: _____

Marital Status: _____

Disabled: Yes No

Gender: _____

C. Household Asset Verification

List all household member assets.

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income

ASSETS TO INCLUDE	ASSETS TO NOT INCLUDE
<ul style="list-style-type: none"> ✓ Cash held in savings and checking accounts: current monthly statement, safety deposit boxes, homes, etc. ✓ Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds and other investment accounts. ✓ Equity in real property or other capital investments. Include current market value less an unpaid balance on any loans secured by the property and any reasonable costs that would be incurred in selling the asset, such as prepayment penalties or broker fees. ✓ The value of land ✓ Cash value of trusts that are available to the household; cash value of Whole Life Insurance Policies. ✓ Individual Retirement Accounts (IRAs) and Keogh Accounts. ✓ Retirement and Pension funds. ✓ Lump sum receipts should include inheritances, capital gains, one-time lottery winnings, settlements on insurance, and other claims. ✓ Personal property held as an investment such as gems, jewelry, coin collections, antique cars, paintings, etc. ✓ Assets owned by more than one person should be prorated according to the percentage of ownership. 	<ul style="list-style-type: none"> ✓ Necessary personal property (e.g., clothing, furniture, automobiles, etc). ✓ Vehicles specially equipped for the disabled. ✓ Interest in Indian Trust Land. ✓ Assets held in applicant's name but which are actually owned by someone else. ✓ Assets not accessible to and that provide no income for the applicant.

D. Household Income Verification

List all permanent household members, including all **annual** income for household members 18 years of age or older.

- | | | |
|---|---------------|--------------------|
| 1 | Name:
Age: | Total:
\$ _____ |
| 2 | Name:
Age: | Total:
\$ _____ |
| 3 | Name:
Age: | Total:
\$ _____ |
| 4 | Name:
Age: | Total:
\$ _____ |
| 5 | Name:
Age: | Total:
\$ _____ |
| 6 | Name:
Age: | Total:
\$ _____ |

Applicant Signature:

Co-Applicant Signature:

E. Property Information

Please complete all sections of the property questionnaire. If you have any questions or need assistance, contact Tanya Brocke at 208-746-1318 x 7265 or tbrocke@cityoflewiston.org.

E.1. Property Type:

E.2. Number of Bedrooms:

E.3. Number of Bathrooms:

E.4. Property Zoning:

E.5. Year Property Built:

E.6. If your property was built in 1978 or prior, has your property been tested for lead based paint?

Yes No

E.7. Is the property listed on this application located within the City limits?

Yes No

E.8. Are you paying a mortgage on this residence?

Yes No

If you answered YES to the above question, please put the name of your mortgage holder:

E.9. Is the property listed on this application your primary residence?

Yes No

E.10. Is Owner(s) willing to incur a lien if required for assistance?

Yes No

E.11. Has owner received HUD funding in the past?

Yes No

E.12. Does any occupant have handicap needs?

Yes No

If you answered YES to the above question, please name the type of handicap need:

E.13. Do you have flood and/or hazard insurance?

Yes No

If you answered YES to the above question, please list the name of the Insurance Company:

E.14. Does the owner or any immediate family member have any ties to anyone employed by the City of Lewiston?

Yes No

F. Required Documents

Please provide the following information.

Documentation

- Copy of driver's license or other form of picture identification (all household members over 18 years old) ***Required**
- Copy of Federal Income Tax Return ***Required**
- Documentation of Income four (4) most recent paycheck stubs, Certification of No Income, or Any documentation which supports additional/other income ***Required**
- Property Deed ***Required**
- Utility Bill - (Most Recent) ***Required**
- Renovate Right Handbook & Signed Acknowledgement ***Required**
- School/College Documents - for full time students living in the home over 18.
- Proof of Citizenship: US birth certificate OR Naturalization papers OR Alien registration card ***Required**
- Copy of Social Security Cards (all household members) ***Required**
- Paid Property Tax Receipt OR Copy of Cancelled Check ***Required**
- Homeowner's Insurance, including Flood Insurance (Declaration Pages) ***Required**
- Mortgage Statement (if active mortgage on property)
- Last two (2) months bank statements ***Required**

CERTIFICATIONS BY APPLICANT(S)

- 1.** The Owner(s) understand that this application is for a U.S. Department of Housing and Urban Development (HUD) funded program through the City of Lewiston Community Development Department (City) and is subject to all applicable HUD rules and regulations.
- 2.** The Owner(s) certify that all the information, and all information furnished in support of this application, is given for the purpose of obtaining funds from the Home Repair Program under the Community Development Block Grant (CDBG) Program and is true and complete to the best of the Owner(s) knowledge and belief.
- 3.** The Owner(s) agree to permit the Community Development (CD) staff to verify any of the information contained in this application and if they fail to comply with the requirements of the City for any reason, their application will be canceled, and a new application shall be required. The new application acceptance and approval will be based on availability of funding and all other current requirements.
- 4.** The Owner(s) certify that he/she is the owner and primary resident of the property described in this application and acknowledges that the Home Repair funds will be used for the labor and materials necessary to correct all eligible repair items. If it is determined that the loan cannot or will not be used for the purposes described in the Rehabilitation Agreement (Agreement), the proceeds shall be returned forthwith, in full, to the City of Lewiston.
- 5.** The Owner(s) understands that if the cost to repair all items classified in the scope of work exceeds the program limit of \$25,000.00, or if the house is structurally infeasible to make a repair investment, the dwelling unit will be disqualified from participation in the program.
- 6.** The Owner(s) acknowledge that, as a requirement of receiving funding, an Agreement and Lien shall be placed on the structure for a termed period depending on the amount of award received.
- 7.** The Owner(s) agree that after signing the Agreement and Lien, the City may reserve the right to cancel, adjust, modify, and postpone the project at any stage to investigate any discovery of ineligibility or missing documents or any non-compliance issue.
- 8.** The Owner(s) certify that they have received, read, and understand the City's Home Repair Program Required Reading General Conditions and Expectations for the Property Owner and agree to comply with all the terms and obligations.
- 9.** The Owner(s) certify that they have received, read, and understand the City's Conflict of Interest Regulations and Compliance Guidelines for HUD funded projects and program and agree to comply with all the terms and obligations.
- 10.** The Owner(s) certify that they have received, read, and understand the City's Temporary Relocation Regulations and Compliance guidelines for HUD funded projects and programs and agree to comply with all of the terms and obligations.
- 11.** The Owner(s) certify that they have received, read, and understand the EPA Lead Pamphlet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools", provided by CD and agree to comply with all the terms and obligations of the Lead rules and regulations.
- 12.** The Owner(s) agree that the City is not the Agent of the Owner nor the Contractor and that the City does not warranty the work of the contractor nor the quality of construction. Owner(s) holds the City and Community Development staff harmless for any act or omission on the part of the contractor.

13. The Owner(s) understand that pursuant to Title VI of the Civil Rights Act of 1964, there will be no discrimination upon the basis of race, color, creed, national origin, or handicap/disability in the sale, lease, rental, or occupancy of the property that is repaired with HUD funds that is facilitated through the City.

14. The Owner(s) under the PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both".

15. The Owner(s) agree that the City may cancel, adjust, modify, and postpone the Home Repair Program at any time and all applicants for funding may be cancelled.

16. The Owner(s) agree that the City may require full payment of funds at any time if the Owner(s) received funding in violation of HUD rules and regulations with or without knowledge or intention.

Signature of Primary Owner/Applicant

Date

Signature of Secondary Owner/Applicant

Date

**OFFICE USE ONLY
APPLICATION COMPLETION STAMP & TIME**