

Attention Homeowners!

Available Home Repair Funds

\$25,000	Comprehensive (whole-house) repairs	Addressing issues throughout the house
\$5,000	Emergency & Accessibility Modifications	Emergency: Heat, A/C, Sewer line, Roof, etc.
\$2,500	Mobile Home Emergency & Accessibility Repair	Accessibility: Ramps, handrails, showers, doorways, etc.



Plumbing



Age-in-Place Improvements



Structural Repairs



Painting



Heating & A/C



Electrical



Doors & Windows



Accessibility Upgrades



Roofing

Plus – Radon Testing & Abatement and Lead-Based Paint Mitigation



Return Application to:

Manhattan City Hall, 1101 Poyntz Ave.

For questions contact:

Community Development Department

Phone: 785-587-2412

Email: shaun.linenberger@cityofmhk.com

For more information about the program:

www.cityofmhk.com/HousingRehab

Income Guidelines

1 person	\$43,350
2 people	\$49,550
3 people	\$55,750
4 people	\$61,900
5 people	\$66,900
6 people	\$71,850

CERTIFICATION OF CLERK

I, Brenda K. Wolf, the duly appointed, qualified, and Deputy City Clerk of Manhattan, Kansas, do hereby certify that the foregoing Amended Administrative Plan was duly adopted at a meeting of the City of Manhattan, Kansas, held on the 17th day of April, 2018, and that said Amended Administrative Plan has been compared by me with the original thereof on file and of record in my office, is a true copy of the whole of said original.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the City of Manhattan, Kansas, this 18th day of April, 2018.



Brenda K. Wolf

Brenda K. Wolf, CMC, Deputy City Clerk

**ADMINISTRATIVE PLAN
MANHATTAN HOUSING REHABILITATION PROGRAM (CDBG)
City of Manhattan, Kansas**

Section 1. INTRODUCTION AND PURPOSE

Decent, safe and sanitary housing is critical to the physical and emotional health of the residents of the City of Manhattan. The Manhattan Housing Rehabilitation Program, hereinafter called “the Program,” is funded by and subject to the requirements set forth by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Program. The Program is administered by the Community Development Department of the City of Manhattan. The purpose of the Program is to provide low and moderate income persons with assistance in the rehabilitation of their homes and to complete repairs necessary to meet local building codes, HUD’s Section 8 Housing Quality Standards and the requirements of this Administrative Plan for the City of Manhattan Housing Rehabilitation Program. Additionally, the Program aims to conserve the City’s existing housing stock.

Section 2. GENERAL REQUIREMENTS

- The primary beneficiaries of the Program shall be low and moderate income applicants, as defined by HUD, based on the Manhattan, Kansas, Metropolitan Statistical Area.
- City building codes, HUD Housing Quality Standards, the requirements of this Administrative Plan for the City of Manhattan Housing Rehabilitation Program and all applicable federal, state and local laws shall be followed in all work performed.
- Property located in a floodplain will be reviewed on a case-by-case basis for emergency and/or accessibility rehabilitation projects only.
- Qualified and licensed contractors shall perform and complete all work.
- The City shall select the contractor(s) required for the project, pursuant to its ordinances and policies.
- Before payment is remitted to the contractor(s), the City shall inspect construction work to ensure that the contractor(s) fulfilled the requirements of the Program.
- If an applicant is a City Commission member, an administrator of this Program, or is a City official who exercises any influence over the administrators of the Program, that applicant must apply for and be granted a waiver from HUD to be eligible for the Program. .
- No Comprehensive Housing Rehabilitation funding will be made available for the repair of mobile homes; however, applicants may apply for emergency repairs and/or accessibility modifications to owner-occupied mobile homes.
- To receive an amount of \$1,000.00 or more through the Program, the current appraised value of the property, as reflected in a recent professional independent appraisal or the current Riley County Appraisal Valuation Notice, plus the cost of the rehabilitation project, shall not exceed applicable HUD Purchase Price Limits for single-family property.
- To receive an amount of \$1,000.00 or more through the Program, the property must not be subject to a reverse mortgage.
- The total indebtedness on the property, including any indebtedness resulting from the proposed rehabilitation project, shall not exceed the total of the current appraised value of the property.
- The requested work must be an eligible rehabilitation activity, pursuant to this plan.

Section 3. TARGET AREA

The project area for the Program is within the City limits of Manhattan. Projects located in a city identified redevelopment area will be considered on a case-by-case basis.

Section 4. ELIGIBLE APPLICANTS

This is a voluntary program. **To be eligible, applicants must own and reside in the residential dwelling, for at least one year before date of application**, for which a Housing Rehabilitation Program Application is submitted. Properties that include a rental unit or rent space to unrelated individuals are not eligible for the Program.

Eligible applicants must submit an application on the forms provided by the Program within established timeframes. Applications will be considered on a first come, first served basis.

To be eligible, an applicant's annual gross household income cannot exceed eighty percent (80%) percent of the median-income limits, based on the Manhattan, Kansas MSA, as published annually by the U.S. Department of Housing and Urban Development (current limits attached as Exhibit 1).

Applicants who have received Comprehensive Rehabilitation Housing assistance, with a final completion date for such assistance in the past five years, will not be considered for additional Comprehensive Rehabilitation assistance, unless the total number of applicants is inadequate to use the total Program funding and the condition of the property has deteriorated since the last rehabilitation project, not due to the actions or negligence of the applicant.

Section 5. ELIGIBLE AND INELIGIBLE ACTIVITIES

Note: Only emergency and/or accessibility modifications can be considered for Mobile Homes (see Section 6 below for definition of Mobile Home).

Comprehensive Housing Rehabilitation:

Rehabilitation activities must meet the requirements of local building codes, HUD Housing Quality Standards and the requirements of this Administrative Plan for the City of Manhattan Housing Rehabilitation Program. Any activity that does not contribute to the rehabilitation of eligible housing by improving the health and safety of the residents, contribute to energy conservation or decrease the blighting influence of the property is considered ineligible. If other energy efficiency and/or weatherization funding is available to an applicant through another agency, such as the North Central Regional Planning Commission's Weatherization Program, those avenues must be explored first, before the Program will consider an application to address energy efficiency and/or weatherization needs. Cosmetic renovation or upgrades will not be eligible for funding.

Emergency Housing Repairs:

Emergency funds will be provided to address activities that correct emergency housing repairs, as enumerated below, provided that the dwelling is suitable for rehabilitation. "Suitable for Rehabilitation" is defined as a dwelling in which the correction of the emergency housing repair is technically and financially feasible under this Program to restore the safety of the dwelling. If a question is raised as to whether a dwelling is suitable for rehabilitation, the Program may consult with the Code Inspection Division of the Manhattan Fire Department, in addition to evaluating the financial constraints of the Program.

Emergency housing repairs include:

1. Furnace repairs and/or replacement.
2. Plumbing repairs and/or replacement.
3. Electrical repairs and/or replacement.
4. Any other improvement deemed necessary by the Program to correct an emergency situation.

Accessibility Modifications:

Accessibility modification funds will be provided to assist eligible homeowners in making improvements needed to remove physical barriers within the home for persons with mobility or other physical impairments.

Accessibility modifications include:

1. Installation of grab bars.
2. Wheelchair access ramps and railings.
3. Installation of devices for the hearing impaired.
4. Any other accessibility improvement deemed necessary by the Program.

Section 6. FUNDING LIMITATIONS

Comprehensive Housing Rehabilitation:

The maximum funding for a comprehensive rehabilitation will be \$25,000, including a maximum of \$5,000 for lead-based paint hazard-reduction activities and any relocation costs.

Emergency Housing Repairs:

The maximum one-time funding for emergency housing repairs will be limited to \$5,000 per occurrence; however, no household shall receive more than \$8,000 over a five-year period.

Accessibility Modifications:

The maximum lifetime funding amount for accessibility modifications will be limited to \$5,000.

Mobile Home (i.e. has a permanent chassis, and is transportable in one or more sections): The maximum funding amount for emergency and/or accessibility modifications is \$2,500 per project, with a \$4,000 maximum over a five-year period. To qualify, a mobile home must have been manufactured in 1980 or later.

These requirements may be waived by the Program under extreme circumstances at the discretion of the City of Manhattan.

A homeowner may contribute funds to a rehabilitation project at the discretion of the City of Manhattan.

Section 7. APPLICANT SELECTION PROCESS

The availability of funds will be publicized to residents of the City of Manhattan through the local media and other appropriate means. Application forms will be developed by the Program and will be available at City Hall, Riley County Seniors Service Center, the Manhattan Public Library, and other locations accessible to applicants. The City will advertise a time period upon which applications will be accepted for funding requests. Completed applications will be processed and ranked on a first come, first served basis.

A completed application is defined as an application in which the applicant provides all information requested in the application form at the time of submission.

Section 8. APPLICANT APPROVAL PROCESS

Once an applicant has been preliminarily qualified for the Program, the City of Manhattan will perform the necessary inspections and obtain a Lead Risk Assessment for the subject property, if needed. If the Lead Risk Assessment meets the criteria for participation, the Program will solicit bids from contractors for the improvements to the Property.

If the Program receives and awards an acceptable contractor bid, a Rehabilitation Agreement will be executed between the applicant and the City that sets forth the responsibilities of the parties under the Program. Upon execution of the Rehabilitation Agreement, the applicant has been approved for participation in the Program.

Section 9. LEAD-BASED PAINT AND RADON GAS

The use of lead-based paint in Program projects is strictly prohibited. The Program will maintain compliance with Federal Requirements regarding lead-based paint as per 24 CFR Part 35.

Unless an exception can be met, each property selected for comprehensive rehabilitation that was constructed prior to 1978 shall receive a Lead-Based Paint Risk Assessment, performed by a Risk Assessor licensed by the Kansas Department of Health and Environment. Results of the Risk Assessment will be provided to the occupants.

Work specifications will include all rehabilitation work needed to perform interim controls and reduce lead hazards. Clearance testing will be required after the completion of the rehabilitation work, or sooner if needed to clear the property prior to re-occupancy by residents. Protections will be taken as per federal requirements to inform and protect occupants. (See Section 10. RELOCATION).

All comprehensive projects will be tested for radon levels. The Program will comply with State and Federal requirements for testing and mitigation of Radon gas.

Section 10. RELOCATION DUE TO LEAD BASED PAINT HAZARDS

In accordance with Federal regulations, it may be necessary to temporarily relocate occupants to protect them from lead-based paint hazards. The Program will take appropriate actions to protect occupants as per 24 CFR Part 35..

Occupants will be informed of the potential for temporary relocation through personal interviews with representatives of the Program. Occupants shall receive a copy of the EPA pamphlet *Protect Your Family from Lead in your Home*. They will also receive written disclosure of the nature of the work to be performed and whether rehabilitation activities will disturb lead based paint.

Occupants 62 years of age or older may waive their rights to temporary relocation and refuse to relocate. In this case, the Program may ask to see a driver's license or government issued ID card to confirm age. In those cases, the owner must execute a waiver form and agree to not allow small children or pregnant women in the home while lead-based paint related work is being performed.

If temporary relocation is required, occupants will be required to move to a lead-safe location.

Typically, this will be to a local hotel/motel with all arrangements made beforehand by the Program Administrators. In cases where an owner has family or friends at a nearby location with adequate room for the occupants needing to be relocated, the Program will consider that location, provided the house was built after 1978. Prior to moving to the relocation site, representatives of the Program will verify that the relocation site meets the lead-safe requirement. The Program reserves the right to decline a proposed temporary relocation site.

If temporary relocation becomes necessary, the Program will provide per diem assistance to the affected residents as follows:

One Adult:	\$85 per day for meals and lodging
Two Adults:	\$125 per day for meals and lodging
Each Child:	\$25 per day for meals and lodging

Note: The maximum total payment for lead based paint mitigation and relocation assistance is \$5,000.

If it becomes necessary to remove the occupant's belongings from the dwelling, the occupant will be responsible for packing and moving their property to a safe and secure location of their choosing, until lead clearance has been achieved. A stipend of \$400.00 will be paid to the occupant for moving expenses. During temporary relocation, the property and the rehabilitation worksite shall be secured against unauthorized entry and occupants will not be permitted to enter until lead clearance has been achieved.

Occupants may waive the payment of temporary relocation and moving costs, in which case the owner must execute a waiver form.

Occupants will not be required to temporarily relocate if:

- Treatment will not disturb lead-based paint, dust-lead hazards or soil-lead hazards.
- Only the exterior of the dwelling unit is treated, and windows, doors, ventilation intakes and other openings in or near the rehabilitation worksite are sealed during hazard control work and cleaned afterward, and an entry free of dust-lead hazards, soil-lead hazards, and debris is provided.
- Treatment of the interior will be completed within one period of 8-daytime hours, the worksite is contained so as to prevent the release of leaded dust and debris into other areas, and treatment does not create other safety, health or environmental hazards.
- Treatment of the interior will be completed within 5 calendar days; the worksite is contained so as to prevent the release of leaded dust and debris into other areas; treatment does not create other safety, health or environmental hazards; and, at the end of work on each day, the worksite and the area within at least 10 feet of the containment areas is cleaned to remove any visible dust or debris, and occupants have safe access to sleeping areas, and bathroom and kitchen facilities.

Occupants may choose to relocate from the property during the completion of the rehabilitation work, even though temporary relocation is not required. In these cases, the Program will not review the relocation site to verify a date of construction nor pay any temporary relocation or moving costs.

If the occupants do not comply with the relocation requirements, the Program may terminate the rehabilitation project.

Section 11. WORK WRITE-UPS AND COST ESTIMATES

After the applicant is preliminarily qualified for assistance, an inspection of the property will be provided and a list of work specifications and cost estimates developed to determine the feasibility of the project. Work specifications shall be consistent with HUD Housing Quality Standards, City of Manhattan building codes and the requirements of this Administrative Plan for the City of Manhattan Housing Rehabilitation Program.

If cost estimates for rehabilitation projects exceed the maximum limits for expenditure as outlined in *Section 5. ELIGIBLE AND INELIGIBLE ACTIVITIES*, the project may be deemed unfeasible and will be rejected. The Program will notify the owner as soon as possible as to the inability to provide assistance.

A homeowner may contribute funds to a project at the discretion of the City of Manhattan.

Section 12. BID PROCUREMENT

The Program will solicit bids or quotes for the rehabilitation project, pursuant to City ordinances and policies. The Program reserves the right to reject any and all bids, bidders and/or quotes. The Program reserves the right to divide a project into two or more construction phases and solicit bids or quotes for each phase from specialty contractors, such as roofers, electricians, plumbers/HVAC, or concrete/flat work, in order to reduce overall costs of a rehabilitation project.

Awards shall be made only to responsible contractors that possess the potential ability to perform successfully under the terms and conditions of a proposed procurement. The certification of workers in safe work practices in the area of lead based paint interim controls will be a requirement. Bids will be reviewed by the Program and a recommendation for award of the project will be processed as per the City of Manhattan's procurement policy. In the event that an insufficient number of bids are received, or the bids are unacceptable, the Program may, at its option, re-bid the project, select an alternative procurement procedure, or terminate the project.

The City will execute a contract with the contractor for the rehabilitation and repairs for the benefit of the property owner. **Property owners and contractors shall not make any other agreements outside of the contract between the City and the contractor, and the Program will not be bound by any such agreement. Any agreements contrary to the contracted work description will subject the contract to cancellation, at the discretion of the Program.**

The property owner, contractor and the City shall sign a Certificate of Completion to provide final approval of the work.

Section 13. OWNER RESPONSIBILITIES

In order to participate in the Manhattan Housing Rehabilitation Program, property owners must agree to the following conditions:

- Sign a Rehabilitation Agreement with the City regarding the responsibilities of the parties under the Program, which includes complying with this Administrative Plan.
- Complete a Note and Mortgage, if the rehabilitation assistance exceeds \$1,000.
- Provide access to the property for the Contractor to conduct the work.
- Provide access to the property for the City to conduct inspections of the work before, during and after the completion of the repair(s), until the expiration of the Note and Mortgage.
- Approve, in writing, final inspection of the repair work.
- **Occupy and continue ownership of the property for five (5) years from the date of completion, without leasing, renting or subletting any portion of the property.**
- Provide continuing hazard insurance on the property.
- Pay all real estate taxes when due.
- Comply with all City and state laws regarding maintenance of the property.
- Maintain utilities and pay all utility accounts when due. If a payment agreement is in force, payments must be made in compliance with such agreement.
- **Notify the Program if requests for rehabilitation assistance have been, or are intended to be submitted to other agencies.**

Requirements for hazard insurance may be waived for Emergency Housing Repairs if the homeowner is considered to be very low income (30% of median income per the Manhattan, Kansas MSA).

Section 14. REPAYMENT REQUIREMENTS

Rehabilitation assistance which totals five thousand dollars (\$5,000) or more will be provided in the form of a zero percent (0%) interest loan, fifty percent (50%) of which will be forgiven on an annually prorated basis, as long as the recipient complies with the owner responsibilities in Section 13, for five years after the completion of the rehabilitation project. In other words, ten percent (10%) of the loan amount shall be forgiven on the anniversary of the date the recipient received the loan each year for five years, for a maximum potential loan forgiveness of fifty percent (50%). The remaining fifty percent (50%) of the loan is due in full if the recipient does not comply with the owner responsibilities, including upon transfer of the property. **No repayment of any kind is required so long as the recipient continues to comply with such responsibilities, including owning and occupying the property.**

The terms of the loan shall be set forth in the Note and Mortgage that is signed by the recipient; and such Note and Mortgage shall include a provision requiring the recipient(s) to comply with the owner requirements for five full years after the completion of the rehabilitation repairs. If the recipient does not do so, the owner must repay the outstanding portion of the loan not yet forgiven at such time.

Rehabilitation assistance which totals more than one thousand dollars (\$1,000) but less than five thousand dollars (\$5,000) will be provided in the form of a zero percent (0%) interest loan, which will be forgiven on a prorated basis so long as the recipient remains owner and residential occupant of the property for five years after the completion of the rehabilitation repairs. In other words, twenty percent (20%) of the loan amount shall be forgiven on the anniversary of the date the recipient received the loan each year for five years. The terms of the loan shall be set forth in the Note and Mortgage that is signed by the recipient; and such Note and Mortgage shall include a

provision requiring the recipient to remain the owner and residential occupant for five full years after the completion of the rehabilitation repairs. If the recipient does not remain owner and residential occupant for the full five years, the owner must repay the outstanding portion of the loan not yet forgiven at such time.

Rehabilitation assistance which totals \$999.99 or less will be considered a grant to the homeowner; therefore, a Note and Mortgage will not be required.

Mobile Homes: Rehabilitation assistance which totals \$1,000 or more will be forgiven after three years, in other words (33.3%) of the loan amount shall be forgiven on the anniversary of the date the recipient received the loan each year for three years. The loan shall be secured with a title lien executed in the City's favor and filed at the Department of Motor Vehicles in the amount of the rehab project cost, which will be released by the City three years from the date of completion of the rehab project. If the recipient does not remain as an owner and occupant for three years, the balance of the loan must be repaid to the City.

If, after the Rehabilitation Agreement is executed, the recipient breaches the Rehabilitation Agreement, or related documents, the recipient may be responsible for any costs associated with the rehabilitation of the Property that have been incurred following the execution of the Rehabilitation Agreement, both before and after the breach.

In unusual extenuating circumstances, Program Administrators and City Management may consider forgiving an outstanding loan obligation, at their discretion.

Section 15. LOAN SUBORDINATION POLICY

The Program will consider subordination of a Housing Rehabilitation Program Loan (Program Loan) on a case-by-case basis based upon financial hardship and the need to reduce the homeowner's monthly housing costs, in accordance with the Loan Subordination Policy adopted by the Program in accordance with this Plan.

The Director of Community Development is authorized to execute the documentation necessary to effectuate a loan subordination in accordance with the Loan Subordination Policy.

Section 16. CIVIL RIGHTS

The administration of the Program will be consistent with the civil rights requirements of the Community Development Block Grant Program.

Section 17. APPEAL PROCEDURES

Appeals may be filed in regard to any requirement of the Program and will be initially addressed through the Program's Housing Rehabilitation Inspector. All appeals will be answered in writing within fifteen (15) working days of receipt. Appeals regarding decisions made by the Rehabilitation Inspector will be further addressed by the Director of Community Development, and the City Manager, whose decision is final.

Section 18. AMENDMENTS TO ADMINISTRATIVE PLAN

The provisions of the Manhattan Housing Rehabilitation Program Administrative Plan may be amended by the Manhattan City Commission.

PASSED AND APPROVED by the Governing Body of the City of Manhattan, Kansas, this 17th day of April, 2018.



ATTEST:

Brenda K. Wolf
Brenda K. Wolf, CMC, Deputy City Clerk

Linda Morse
Linda Morse, Mayor

Exhibit 1

INCOME GUIDELINES
Manhattan Housing Rehabilitation Program
 Based on Median Income for Manhattan, Kansas

People In Household	Income Less Than
1 Person	\$43,350
2 Person	\$49,550
3 Person	\$55,750
4 Person	\$61,900
5 Person	\$66,900
6 Person	\$71,850
7 Person	\$76,800
8 Person	\$81,750

* Limits are adjusted annually by the Department of Housing and Urban Development.
 Current rates effective 4/2/21.



CITY OF MANHATTAN CDBG HOUSING REHABILITATION PROGRAM APPLICATION

A. APPLICANT INFORMATION					
Applicant Name: (Last, First, Middle)			Email:		
			Home/Cell Phone:		
Social Security Number:			Applicant's Date of Birth:		
Present Street Address & <u>Mailing Address</u> (i.e. PO Box)			City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated If unmarried, check: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner				Number of Dependents	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name(s):					
Employer Address(es):					
Business Phone(s): ()			Position/Title(s):		
If not employed, are you?: <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Other (specify): _____					
B. CO-APPLICANT INFORMATION					
Applicant Name (Last, First, Middle)			Email:		
			Home/Cell Phone:		
Social Security Number:			Applicant's Date of Birth:		
Present Street Address & <u>Mailing Address</u> (i.e. PO Box)			City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated If unmarried, check: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner				Number of Dependents	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name(s):					
Employer Address(es):					
Business Phone(s): ()			Position/Title(s):		
If not employed, are you?: <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Other (specify): _____					
C. HOUSEHOLD COMPOSITION (List the Head Of Household (HOH) as number 1, and all others who live in your home. Give relationship of each family member to the head, each member's age, the last 4 digits of their social security number and indicate whether disabled.)					
Member #	Full Name	Relationship	Age	Last 4 of SSN	Disabled Y/N
1 (HOH)					
2					
3					
4					
5					
6					
7					
8					
D. HOW DID YOU HEAR ABOUT THIS PROGRAM:					
<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Community Official <input type="checkbox"/> Public Meeting <input type="checkbox"/> Utility Bill <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Poster/Brochure Other: _____					
PLEASE SPECIFY WHICH PROGRAM YOU ARE APPLYING FOR:					
<input type="checkbox"/> Comprehensive Rehabilitation <input type="checkbox"/> Emergency or Accessibility Rehabilitation <input type="checkbox"/> Mobile Home Emergency or Accessibility Rehabilitation					

E. ANNUAL INCOME						
Source	Applicant		Co-Applicant		Other Household Member(s) 18 years or older	
Salary						
Overtime Pay						
Commissions						
Fees						
Tips						
Bonuses						
Interest and/or Dividends						
Net Income from a Business						
Net Rental Income						
Social Security (including SSI or SSD)						
Pension(s)						
Retirement Funds						
Unemployment Benefits						
Workers Compensation, etc.						
Alimony and/or Child Support: Please provide the Case Number and County where alimony and/or child support court order was filed. Please provide a copy of divorce decree that outlines child custody and support payments.	Amount/Mo.:	\$	Amount/Mo.:	\$	Amount/Mo.:	\$
	Case #:		Case #:		Case #:	
	County:		County:		County:	
	<input type="checkbox"/>	Check if Child Support	<input type="checkbox"/>	Check if Child Support	<input type="checkbox"/>	Check if Child Support
	<input type="checkbox"/>	Check if Alimony	<input type="checkbox"/>	Check if Alimony	<input type="checkbox"/>	Check if Alimony
Welfare Payments (TANF, Food Stamps, ADC, etc.)						
Other						
TOTALS:						

F. ASSETS				
Type	Current Estimated Cash Value of Acct	Annual Income (i.e. interest, dividends)	Bank or Investment Company Name & Address	Account #
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Certificate(s) of Deposit				
Stocks, Bonds, IRAs, etc.				
401(k) or other retirement/pension accounts				
Life Insurance Policies				
Other Assets/Investments				
Home Mortgage Balance:		Estimated Value of Home:		

G. LIABILITIES & UTILITIES (List outstanding obligations (your debts) including auto loans, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans. Also list your monthly utilities, with average payment amount. Please attach a separate piece of paper if necessary.)

Type	Creditor's Name	Utilities (Gas, Electric, Cable, Trash)	Monthly Payment	Unpaid Balance	Due Date

H. MONTHLY HOUSING EXPENSES

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment	Balloon Amount \$ _____	Date Due
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. First Mortgage (P & I)	\$ _____	\$ _____	Describe any special circumstances relative to your housing or its financing:		
b. Other Financing secured by property (P & I)	\$ _____	\$ _____			
c. Hazard & Flood Insurance	\$ _____	\$ _____			
d. Real Estate Taxes	\$ _____	\$ _____			
e. Other (Please Specify)					
f. TOTAL	\$ _____	\$ _____			

List the modifications, updates and repairs you feel are needed for your property:

I. OTHER PERSONS: Please identify anyone who will advise or assist you regarding the Rehabilitation application and processes:
 Name: _____ Best Contact: _____ Relationship _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification, and that it may be a federal crime to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Applicant

Date

Co-Applicant

Date



I. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, whether you choose to furnish it or not. ***If you furnish the information, please provide both ethnicity and race.*** For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below. Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject to under applicable state law for the particular type of loan applied for.

<u>BORROWER</u>	<u>MEMBER # 2 or CO-APPLICANT</u>
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>
<u>MEMBER #3</u>	<u>MEMBER #4</u>
<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>	<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>

I. INFORMATION FOR GOVERNMENT MONITORING PURPOSES (Continued)

MEMBER #5

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #6

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #7

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #8

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**