

Emergency Home Repair (EHR) Information & Application

Objective:

Clearfield City has established the Emergency Home Repair (EHR) Program to provide lower income homeowners up to \$3,000 in grant money to immediately correct an emergency condition that has been determined to present an imminent danger to health and safety of the occupants or residential property in Clearfield City. Homeowners may be assisted only for those repairs urgently required to make the home safe. This program is limited to owner-occupied residences.

Target Population:

Funds are targeted to assist single family homes, town homes and condominiums that are owner-occupied which have a household income at or below 80% of the area median income as determined by the U.S. Department of Housing and Urban Development (HUD) and adopted by Clearfield City. Mobile homes do not qualify.

HOUSEHOLD SIZE	MAXIMUM INCOME
1 Person	\$42,950
2 Persons	\$49,050
3 Persons	\$55,200
4 Persons	\$61,300
5 Persons	\$66,250
6 Persons	\$71,150
7 Persons	\$76,050
8 Persons	\$80,950

Eligible Applicants:

- The applicant must have owned and occupied the home for at least one year prior to requesting assistance.
- The applicant's home must be deficient in at least one aspect of the Uniform Housing Code (UHC) or must fall below the minimum Housing Quality Standards (HQS). The HQS checklist can be used to ensure that a property meets HUD's Housing Quality Standards and can be found at:
<http://portal.hud.gov/hudportal/documents/huddoc?id=52580.pdf>
- An applicant is not eligible to receive EHR assistance if they received assistance within the past 12 months, from the date of final inspection.
- Homeowner must be current on mortgage and taxes.
- The property must be the applicant's primary residence.
- All applicants must meet income guidelines.

Eligible Repairs:

Eligible repairs include, but are not limited to the following:

- Total loss of heating between October 1st and May 15th
- Burst pipes
- Major water leaks where the leak cannot be contained
- Blocked toilet where it is the only one in the property
- Blocked drain causing water to surge in basin, bath, sink or toilet
- Broken water service line
- Leaking roof

Funding:

The fiscal year for the EHR grant program begins July 1st of each year. Funds are processed and disbursed on a first come, first served basis until the fiscal year's funds are depleted. Grants from the EHR shall not exceed \$3,000.

Forgiveness Period:

A trust deed, listing Clearfield City, will be recorded with the Davis County Recorder's Office for the grant amount received.

The grant must be repaid in full if the homeowner sells, transfers title, obtains a second mortgage or decides to refinance for any reason within 1 year from the completion of work. The homeowner(s) will be required to provide proof of residency in the form of utility billings and property tax notices for one full year following completion of work, at which time the release of trust deed will be prepared and recorded with the Davis County Recorder's office. These documents are to be submitted to the Clearfield City, Community Development Department.

Application Process:

Applicant must complete and submit the following application to the Davis Community Housing Authority. This application will assist the Davis Community Housing Authority staff to evaluate your eligibility to participate in this program. Incomplete applications will not be accepted. Please provide the most accurate information possible, all information is subject to verification. Applications will be processed on a first come, first served basis.

Once your application is completed, please call (801) 939-9198 to schedule an appointment with the Special Programs Administrator. The Special Programs Administrator will review your application, explain the program and answer any questions you might have. Notification of program acceptance or denial normally occurs within two weeks of your appointment.

Clearfield City Emergency Home Repair Process

1. All applicants must begin by submitting an application to the Davis Community Housing Authority, Special Programs Administrator. An incomplete application will **not** be accepted.
2. The applicant must schedule an appointment with the Special Programs Administrator to review the application.
3. A short and informal interview of general questions regarding ownership and eligibility will be conducted. At the end of the interview, the Special Programs Administrator will further explain the nature of the program and application process.
4. The Special Programs Administrator will notify the applicant within two weeks of submitting the application.
5. Once the applicant has been notified of program acceptance, the Special Programs Administrator will schedule the property inspection.
6. The inspection of the property will be conducted by a Clearfield City Building Inspector and the Special Programs Administrator to determine repairs and be able to select a contractor to complete the work. All items that require repair or replacement and any Uniform Housing Code (UHC) or Housing Quality Standards (HQS) violations will be listed on the Description of Work document.
7. An approved contractor will be sent to perform the work required.
8. Upon completion of the work, the Building Inspector, Special Programs Administrator and homeowner will complete a final inspection of the property. The final inspection must be signed by the homeowner, the Building Inspector and Special Programs Administrator.
9. The contractor will submit an invoice with lien waivers for all labor and materials (including all sub-contractors) for the work to the Special Programs Administrator. Payments will be made to the Contractor within 30 days after signed final inspection.
10. All files with no activity for the last 6 months will be automatically closed. If the applicant is still interested on EHR, he or she must re-apply and submit all required paperwork once again.

Please sign below stating that this information was reviewed to you and or spouse by the Davis Community Housing Authority's Special Programs Administrator and you understand the requirements and procedures of the Home Rehabilitation Grant.

Applicant/Date Date

Co-Applicant/Date Date

Household Member over 18 Date

Household Member over 18 Date

DOCUMENTS REQUIRED:

Please attach the following documents to this application. Incomplete applications will not be processed. All information will be presented to the Davis Community Housing Authority's Special Programs Administrator.

- Completed Clearfield City Application
- Current Property Tax Statement
- Mortgage Statement for current month
- Proof of Income for the previous **60 days** (Possible source of income include, but are not limited to: Pay stubs, SSI/SSA yearly statement, Profit & Loss Statement (if self-employed), child support, alimony, etc.)
- Proof of Homeowners Insurance
- Federal Tax Returns (complete) for **last two years**

NOTE: All household members 18 years and older who receive an income must supply the information listed below. All requested information will be used solely to determine applicant and property qualification.

REQUIRED INFORMATION:

Information for Government Monitoring Purposes	
<p>Please read this statement before completing the box below: The following information is requested by the federal government for loans/grants related to CDBG funded programs, in order to monitor the City's compliance with equal credit opportunity and fair housing laws. You are required to furnish this information. The law provides that the City/Housing Authority may neither discriminate on the basis of this information. However, if you choose not to furnish it, under federal regulations the City/Housing Authority is required to note race and sex on the basis of visual observation or surname. The City/Housing Authority must review the above material to ensure that the disclosures satisfy the requirements to which the City is subject under applicable state law for the program applied for.</p>	
Applicant/Mark all that apply	Co-Applicant/Mark all that apply
<p>Ethnicity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <p>Race/National Origin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other/Multi-Racial <p>Sex:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <p>Marital Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) 	<p>Ethnicity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <p>Race/National Origin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other/ Multi-Racial <p>Sex:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <p>Marital Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

NOTE: All household members 18 years and older who receive an income must supply the information listed below:

Monthly Income

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	TOTALS
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Net Business Income				
Net Rental Income				
Pension/ Retirement				
Unemployment Benefits				
Workers Compensation				
Alimony, child Support				
Welfare Payments				
Other:				
TOTALS:				

ASSETS

Type	Cash Value	Type	Cash Value
Checking Account		Other	
Savings Account		Other	
Stocks/Bonds, IRA'S		Other	
Recreational Items		Other	
Home Equity		Total	\$

Liabilities

List current obligations (debts) including auto loans, credit cards, charge accounts, credit unions loans, personal loans, etc.

Creditor	Original Balance	Current Balance	Monthly Payment	Past Due Amount
1 st Mortgage				
2 nd Mortgage				
Car Payment				
Student Loan				
Consolidation Loan				
Credit Card				
Other				
Other				
Other				
Other				
Total:				

I certify under penalty of perjury that the information in this application is true and correct to the best of my knowledge. I hereby authorize the Davis Community Housing Authority to verify all information provided using whatever verification methods and documentation as necessary. I understand that false or misleading information provided by me may cause this application to be denied and or legal action may be taken against me. I understand that if any false or misleading information provided in this application is discovered after the work is completed that I will be held personally and financially liable for the cost of the work performed plus interest at twelve percent (12%) per annum plus any additional attorney's fees.

In addition, I hereby certify that I have not received any financial assistance from other Clearfield City Grant Program(s) within the last twelve (12) months.

_____ Applicant/Date	_____ Date	_____ Co- Applicant/Date	_____ Date
_____ Household Member over 18	_____ Date	_____ Household Member over 18	_____ Date

WARNING: Section 1001 of Title 18 of the U.S. Code making it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.