



Emergency Repair PRE-Application **Program Information** **June 2018**



THIS PACKAGE INCLUDES:

PROGRAM TERMS AND CONDITIONS

The City of Hanford Emergency Repair Program is designed to assist low to moderate income persons make emergency/minor repairs and/or disability accessibility modifications to their home. Emergency repairs are those repairs which are necessary to safeguard against imminent danger to human life, health or safety, or to protect property from further structural damage. All projects are subject to an Environmental Review. **Incomplete or unsigned applications will not be processed.**

THE APPLICATION PROCESS

Notices of available funding will be sent to those on the program's interest list, completing the attached form will place you on the interest list. Unfortunately, there is NEVER enough funding to fund everyone on the list and not everyone will actually qualify for the program.

Because funds are limited priority will given:

1. According to the seriousness of the emergency repairs as determined by City staff.
2. Senior Citizen and/or permanently disabled homeowners.

DETERMINING INCOME ELIGIBILITY

To determine income eligibility, the city will use "**projected income**", which means we will take the current pay amount and project it forward 12-months. Income verification applies to all adults (18 YEARS OR OLDER) that live in the home, whether or not they will be named on the loan.

Please return the completed information to:

City of Hanford
Community Development Housing
317 North Douty St.
Hanford, CA 93230

For additional information, contact the City's Housing Specialist at
(559) 585-2587 or (559) 585-4766
TDD/TYY, Dial 711

The CITY OF HANFORD is an equal opportunity provider. No person shall be denied benefits or be subject to discrimination based on race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation.



EMERGENCY REPAIR PROGRAM TERMS AND CONDITIONS

CITY ASSISTANCE

- ⇒ Up to **\$10,000** in financing for EMERGENCY REPAIRS ONLY per household. Assistance for this program is provided on a one-time basis. All persons receiving assistance under this program are ineligible to receive future assistance from this program.

HOW DOES IT WORK

- ⇒ AFTER initial eligibility is determined, homeowner will be asked to submit at least 2 estimates from a qualifying business or contractor for the repair(s)
- ⇒ Business/Contractor is paid directly by City of Hanford for actual cost of repairs
- ⇒ A Three-Year grant agreement is recorded against the property conditioning the owner to live in the property for at least 3 years after the assistance
- ⇒ A Release of the Three Year Grant Agreement is recorded after 3 years, provided the owner still resides in the home
- ⇒ If the owner sells or vacates the property during the 3 year period (after assistance), they will be required to repay the full amount of the assistance through the Emergency Repair Program.

HOMEOWNER QUALIFICATIONS

- ⇒ Must be a U.S. citizen or legal resident of the U.S.
- ⇒ Must be the owner of record and live in the home that will be repaired
- ⇒ Must be current on mortgage and property tax
- ⇒ Must have an emergency repair need
- ⇒ **Household** income cannot exceed the limits allowed for family size, as illustrated below:

<u>Family Size</u>	<u>Maximum Annual Income</u>
1	\$33,450
2	38,200
3	43,000
4	47,750
5	51,600
6	55,400
7	59,250
8	63,050

QUALIFYING REPAIRS

- ⇒ Repair/Replace a leaking roof
- ⇒ Repair/Replace non-working heating or cooling unit
- ⇒ Repair faulty electrical
- ⇒ Repair bad plumbing
- ⇒ Replace broken windows

THE HOUSE

- ⇒ The house must be sound and **NOT** in need of major rehabilitation to qualify for the ERP program
- ⇒ Residential alterations done to property must be in compliance per the Building Department of The City of Hanford. **(Grant will not be permissible without required permits on record)**

For a complete set of program guidelines contact the City's Housing Specialists at
559-585-2587 or 559-585-4766

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**CITY OF HANFORD
CDBG HOME REPAIR APPLICATION
PRE-APPLICATION**



Upon completion and submittal of this application, you will be placed on the program's interest list.

Applicant's Name: _____

Co-Applicants Name: _____

Mailing Address: _____

How long have you lived at this address? _____ Yrs _____ Months

Are you the sole owner? Y N Year House Built: _____

If No, Name Additional Owners: _____

Telephone Numbers: Home _____ Cell _____

Household Size: _____ Total Household Annual Income: \$ _____

Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
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How did you hear about our program?

Mail _____
Newspaper AD _____
Local Business _____
Neighbor/Friend _____

Code Enforcement _____
City Library _____
City Website _____

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EMERGENCY REPAIR(S): EVALUATION

Please indicate the type of repair with an explanation of the existing problem. Include a brief description of the work to be done (repair/modification) under the CDBG Emergency/Repair Program. Emergency repairs are those repairs which are necessary to safeguard against imminent danger to human life, health or safety, or to protect property from further structural damage. Check ONLY the items that are a risk to your health and safety and should be addressed immediately. Please note that assistance is limited to emergency repairs ONLY and cannot exceed (\$10,000.00) in total cost.

✓	HEALTH & SAFETY ITEM	YES	NO	PLEASE SPECIFY
	ROOF LEAKING ROOF HOW LONG LEAKING			
	ELECTRICAL WIRING			
	PLUMBING/SEWER			
	HEATING SYSTEM (SEASONAL)			
	COOLING SYSTEM (SEASONAL)			
	HOLES IN FLOOR			
	DISABILITY ACCESSIBILITY/ MODIFICATIONS SUCH AS A RAMP, BATHROOM, BEDROOM DOORS WIDER ETC.			
	OTHER (specify)			

For purposes of participating in the program I (we) will allow the City of Hanford Representatives to my (our) home, including a photographic record, as may necessary for the administration, monitoring and completion of this of project under the City's Emergency Repair Program. I (we) certify that I am the owner(s) of this property, that the statements contained in this pre-application are true and correct.

Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
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BACKGROUND INFORMATION: The City of Hanford does not discriminate against persons on the basis of race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation. To demonstrate that we meet equal opportunity and fair housing requirements, we must report statistical information about applicants to the Department of Housing and Urban (HUD) Development. Your participation is voluntary and would be greatly appreciated. THIS INFORMATION WILL BE KEPT SEPARATE AND CONFIDENTIAL AND WILL NOT BE USED IN ANY WAY TO MAKE LOAN SELECTION DECISIONS.

Please complete **a, b and c** of the following:

a. ETHNICITY, SELECT ONLY ONE OF THE FOLLOWING:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

b. RACE, SELECT ONE OR MORE OF THE FOLLOWING:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

c. DISABILITY Definition: Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, such as difficulty in securing, retaining or advancing in employment; OR, any person who has impairment of sight, hearing or speech, or impairment which requires special education or related services.

- I HAVE a disability which meets the definition above
- I DO NOT have a disability

- Is this a female-headed household? Yes No

Please check off one of the following:

AGE
<input type="checkbox"/> 0 to 18
<input type="checkbox"/> 19 to 24
<input type="checkbox"/> 25 to 44
<input type="checkbox"/> 45 to 64
<input type="checkbox"/> 65 +

STAFF ONLY BELOW THIS LINE

Complete When Observer Identification Method is Used

ETHNICITY, Select only one of the following:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

RACE, SELECT ONE OR MORE OF THE FOLLOWING:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Determined By: _____ Date: _____