



## 2019-2020 HOUSING MAINTENANCE PARTNERSHIP GRANT APPLICATION

The program is designed to assist single family owner occupants, who meet program guidelines, complete limited improvements and beautification projects (exterior paint, windows, clean-up, safety improvements, etc.). The grant provides up to \$2,500 per property toward repair cost. This limit may be exceeded only upon recommendation by contractors and/or City staff. All applicants must meet income guidelines to participate in the City grant programs. Other restrictions may apply.

- Household gross income must be at or below the federally established income limits (see income chart below)
- Property must be owner-occupied
- Property taxes must be current or in an approved City repayment plan
- Provide all financial and supporting documentation required.

Persons in Household	Maximum Income*
1	\$30,900
2	\$35,300
3	\$39,700
4	\$44,100
5	\$47,650
6	\$51,200
7	\$54,700
8	\$58,250

\*FY 2019 HUD Income Limits for Bristol MSA

- Eligible homeowners can only receive grant assistance ONCE for every two-year cycle.
- Maintenance grant funds shall not exceed \$2,500 per property. Required homeowner contribution of 5% or 10% (dependent on income level) is based on total project cost.
- All approved repair projects must be completed by currently registered contractors with the City of Bristol and hold valid licenses in Virginia.

### APPLICATION PROCESS:

1. Complete application in its entirety and sign application form
2. Provide all required supporting documentation
3. Mail OR deliver complete application package to: Attention: Community Development Block Grant Coordinator at the address below.

Questions or need assistance with application? Please contact Lauren Calhoun at 276-645-7473.

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City of Bristol, Virginia  
Community Development & Planning Department  
300 Lee Street  
Bristol, VA 24201

2019-2020 HOUSING MAINTENANCE PARTNERSHIP GRANT APPLICATION

**NAME OF HOMEOWNER(S):** \_\_\_\_\_  
**DATE:** \_\_\_/\_\_\_/\_\_\_  
**PROPERTY ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**EMERGENCY CONTACT NAME** \_\_\_\_\_  
**PHONE#** \_\_\_\_\_

How did you hear about the program? City Staff Internet Brochure Other  
 Have you ever received City of Bristol home repair grant funding? Yes No  
 If yes, what year? \_\_\_\_\_ What program(s)? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

How many people reside in the home? \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

List below all persons living in the house and indicate income received for all occupants over 18 years of age. All occupants over age 18 must sign.

NAME	BIRTHDATE (mm/dd/yyyy)	PAY FREQUENCY (Weekly, bi-weekly, 2x month, monthly)	MONTHLY GROSS INCOME (Amount BEFORE taxes and deductions)

\*Use an additional sheet of paper if more space is needed.

I certify that the information provided above is true and correct to the best of my knowledge and I understand any false statement will be grounds for the immediate termination of my application and subject me to civil and criminal liability.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(See reverse side for list of supporting documents needed to complete application)

## **Repayment Clause:**

To prevent owners from simply selling the property and profiting from the CDBG-funded improvements, the owners must repay the program if they sell the property within five years. Part of the owner's obligation is forgiven each year they live on the property.

Repayment of the rehabilitation grant on relocation shall be based on a twenty percent (20%) reduction of the amount to be repaid per year, according to the following schedule:

- 0 – 12 months: 100% repayment
- After one (1) year: 80% repayment
- After two (2) years: 60% repayment
- After three (3) years: 40% repayment
- After four (4) years: 20% repayment
- After five (5) years: 0% repayment

If the property is inherited by a blood relative or sold to an eligible person under the guidelines, repayment may be transferred to the eligible party(s) upon City Council approval. If the owner dies during the five year period of the grant and the heir(s) sell the dwelling, then repayment will follow the same schedule as if the owner were alive and selling the dwelling.

## **SUPPORTING DOCUMENTS CHECKLIST:**

- Proof of Income: Every household member over the age of 18 must provide proof of income AND complete the Declaration of Income Statement. If "No Income": 1. Notarized statement of no income AND 2. Previous year tax return OR 3. IRS Form 4506-T
- 90 days of consecutive pay stubs; rental receipt(s)/signed lease; pension and/or social security statements showing current monthly benefit amount; proof of other income (e.g. dividends from stocks, alimony, child support, etc.).
- Self-employed: Most recently filed 1040 including all schedules
- Proof of Ownership: (e.g. mortgage statement, copy of deed, tax bill, etc.)
- Proof of Residence: (e.g. copy of most recent gas, electric, or phone bill); must show YOUR name and address
- Proof of property taxes status (e.g. tax bill); if taxes are delinquent, must provide proof of City approved payment agreement
- Signed Homeowner Responsibilities/Certifications Page
- Signed application with ALL information completed

## DECLARATION OF INCOME STATEMENT

ALL household members aged 18 years of age or above must complete a separate statement.

**All questions must be answered yes or no. Do NOT leave any question unanswered.**

Name: \_\_\_\_\_ Social Security# (last 4): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INCOME SOURCE	RESPONE (Circle One)		MONTHLY AMOUNT RECEIVED	SOURCE NAME
JOB #1	Yes	No	\$	
JOB #2	Yes	No	\$	
SELF EMPLOYMENT	Yes	No	\$	
RENTAL INCOME	Yes	No	\$	
SOCIAL SECURITY	Yes	No	\$	
SSI	Yes	No	\$	
PENSION	Yes	No	\$	
VA	Yes	No	\$	
TANF	Yes	No	\$	
UNEMPLOYMENT	Yes	No	\$	
WORKMAN'S COMP	Yes	No	\$	
CHILD SUPPORT	Yes	No	\$	
ALIMONY	Yes	No	\$	
CASH ASSISTANCE (Money from someone outside the home)	Yes	No	\$	
REVERSE MORTGAGE	Yes	No	\$	
OTHER:	Yes	No	\$	
<b>TOTAL MONTHLY INCOME</b>			<b>\$</b>	

I certify that the information provided above is true and correct to the best of my knowledge and I understand any false statement will be grounds for the immediate termination of my application and subject me to civil and criminal liability.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

DECLARATION OF INCOME STATEMENT

ALL household members aged 18 years of age or above must complete a separate statement.

**All questions must be answered yes or no. Do NOT leave any question unanswered.**

Name: \_\_\_\_\_ Social Security# (last 4): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INCOME SOURCE	RESPONE (Circle One)		MONTHLY AMOUNT RECEIVED	SOURCE NAME
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<b>TOTAL MONTHLY INCOME</b>			\$	

I certify that the information provided above is true and correct to the best of my knowledge and I understand any false statement will be grounds for the immediate termination of my application and subject me to civil and criminal liability.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HOMEOWNER RESPONSIBILITIES/CERTIFICATIONS**

1. Complete application & submit with ALL required documentation to Community Development & Planning.
2. Agree upon grant scope of work with Community Development Block Grant Coordinator.
3. Pay required down payment to contractor. (Work will not begin until payment is completed.)
4. Monitor work.
5. Contact Community Development Block Grant Coordinator (276-645-7473) if you have any concerns while work is underway. Don't wait until the job is complete!

I CERTIFY THAT I RECEIVED & UNDERSTOOD THE LEAD HAZARD INFORMATION PAMPHLET.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I have read the above and understand my responsibilities to participate in the City's Housing Maintenance Partnership Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Racial information** (required information as per the funding source for this program)

**Please circle all the appropriate answers.**

**Head of Household**

**Racial Composition**

single or multiracial

**Ethnicity:**

Hispanic or non-Hispanic

**Race:**

White

Black/African American

Asian

American Indian

Hawaiian/Pacific Islander

Am. Indian/Alaskan & White

Asian and White

Black/African American & White

Amer. Indian/Alaskan & Black

Other multi-racial combination

**Spouse/Other Adult(s)**

**Racial Composition**

single or multiracial

**Ethnicity:**

Hispanic or non-Hispanic

**Race:**

White

Black/African American

Asian

American Indian

Hawaiian/Pacific Islander

Am. Indian/Alaskan & White

Asian and White

Black/African American & White

Amer. Indian/Alaskan & Black

Other multi-racial combination