LAYTON CITY Emergency Home Repair Program Information & Application

Objective:

Layton City has established the Emergency Home Repair 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 Layton 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 owneroccupied 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 Layton City. Multi-family units do not do not qualify. Mobile homes may be eligible in some extreme circumstances.

HOUSEHOLD SIZE	2022 MAXIMUM INCOME
1 Person	\$56,300
2 Persons	\$64,350
3 Persons	\$72,400
4 Persons	\$80,400
5 Persons	\$86,850
6 Persons	\$93,300
7 Persons	\$99,700
8 Persons	\$106,150

Income Limits (updated on a yearly basis on July 1st):

Eligible Applicants:

- All applicants must meet income guidelines.
- The property must be the applicant's primary residence.
- Homeowner must be current on mortgage, lot payment (if applicable) and taxes.
- Must not have a 2nd mortgage (original down payment mortgages are allowed) or any liens on the property.

Eligible Repairs:

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

- Furnace repair or replacement
- Burst pipes or water leaks
- Water Heaters
- Blocked drains
- Inoperative toilets
- Broken water service line
- Leaking roof
- Electrical
- Other safety hazards

Funding:

The fiscal year for the Emergency Home Repair Program 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. Grantees are to contribute 10% of the total cost of repair. In order to receive the maximum grant amount of \$3,000, the homeowner would need to contribute \$300.

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 may be delayed and other complete applications will be processed first. Please provide the most accurate information possible. All provided information is subject to verification.

If you have any questions or if you would like to schedule an appointment, please contact Shelly Pace, Special Programs Administrator at (801) 939-9198 or shelly@daviscommunityhousing.com

Once your application is completed, you can return it by mail or bring it to our office:

Davis Community Housing Authority 352 South 200 West, Suite 1 Farmington, UT 84025

You may also email the application to shelly@daviscommunityhousing.com.

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. Our office hours are 7:00 am – 5:30 pm Monday through Thursday.

Layton 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 receive priority if there are other applicants. All complete applications will be reviewed within ten business days of receipt by the Special Programs Administrator.
- 2. The Special Programs Administrator will reach out to the applicant to verify general questions regarding ownership and eligibility. If the homeowners are found to be eligible, the Special Programs Administrator will further explain the nature of the program process.
- 3. Once the applicant has been notified of program acceptance, the Special Programs Administrator will schedule a property inspection to determine if the repairs are necessary and appropriate.
- 4. After work has been approved, a minimum of three contractors will be invited to offer bids to complete the approved repair(s). The homeowner is encouraged to schedule appointments with contractors to offer bids. If the homeowner experiences difficulty in scheduling contractors, they will inform the Special Programs Administrator for additional assistance.
- 5. Based on a comparison of the bids, the Special Programs Administrator will approve a contractor and initiate a contract to be signed by the homeowner and contractor.
- 6. Upon completion of the work, the Special Programs Administrator and homeowner will complete a final inspection of the property. The homeowner will pay the contractor 10% of the amount that was agreed upon. The home owner will sign a Statement of Completion authorizing the housing authority to pay the contractor on their behalf for the completed work.
- 7. The contractor will submit an invoice to the Special Programs Administrator showing the payment made by the homeowner. The contractor will provide to the home owner all warranties for labor and materials. Payments will be made to the Contractor within 30 days after signed final inspection.
- 8. All files with no activity for 45 days will be closed. If the applicant is still interested in Emergency Home Repair, they must re-apply and submit all required paperwork once again.

DOCUMENTS REQUIRED:

Please attach the following documents to this application. All information will be presented to the Davis Community Housing Authority's Special Programs Administrator.

- Completed Layton City Application
- Current Property Tax Statement
- Mortgage Statement for current month
- Proof of Income for the previous 60 days (Pay stubs, SSI/SSA benefit letter, child support/alimony, retirement funds and pensions, unemployment benefits, disability compensation, worker's compensation, severance pay, Profit & Loss Statement [if self-employed], regular monies received from organization, etc.)
- Proof of Homeowners Insurance
- Most current Federal Tax Return
- □ Picture ID for household members 18 and older

REQUIRED INFORMATION:

Information for Government Monitoring Purposes

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.

Applicant/ <u>Mark all that apply</u>	Co-Applicant/Mark all that apply				
Ethnicity:	Ethnicity:				
Hispanic Non-Hispanic	Hispanic Non-Hispanic				
Race/National Origin:	Race/National Origin:				
White	White				
Black/African American	Black/African American				
Asian	Asian				
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native	American Indian/Alaskan Native				
Other/Multi-Racial	Other/Multi-Racial				
Sex:	Sex:				
🗖 Male 📮 Female	🗖 Male 🗖 Female				
Marital Status	Marital Status				
Married Separated	Married Separated				
Unmarried (incl. single, divorced, widowed)	Unmarried (incl. single, divorced, widowed)				
Disabled 🛛 Yes 🖵 No	Disabled 🖵 Yes 🗖 No				

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

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

Emergency Home Repair Program Application

Please complete the requested information below for all persons living in the household.

The information will be used solely to determine whether your household qualifies for this program and will only be used for verification pertaining to this application.

Applicant Information				Date		
Name (Last) F	irst (MI)		Phone			
Address (include Zip Code)				Number of	Years Owned	
Email				Self-Employ YES NO		
Name and Address of Employer:	ame and Address of Employer:			s. On Job: Business Phone No:		
Co-Applicant Information						
Name (Last) F	irst	(MI)		Phone		
Email				Self-Employ YES NO	/ed:	
Name and Address of Employer		No. of Yrs.	on job			
Household Members:						
Name	Relation	Relationship Date		Of Birth	Age	Sex
	Head of Ho	Head of Household				

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

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

Monthly Income

ASSETS

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

Home Repairs and Concerns

Please list and describe what you believe needs to be done in your home:

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 is discovered after the work is completed, I may be held personally and financially liable for the cost of the work performed.

Applicant	Date	Co-Applicant	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.