

Town of **Wilna**

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<http://www.townofwilna.com>

HOUSING REHABILITATION PROGRAM

TABLE OF CONTENTS

A. The Handbook's Purpose.....	2
B. 2016 CDBG Rehabilitation Program	2
C. How the Program Works	3
D. Qualifying for the Program	4
E. Financing	5
F. Repairs That Can Be Done.....	6
G. Hiring a Contractor	6
H. Required Documentation.....	7
I. The Application.....	attached



A. The Handbook's Purpose

The Town of Wilna's Housing Rehabilitation Program is intended to provide assistance to homeowners to perform rehabilitation activities that are necessary to help alleviate substandard conditions in their homes. The Town of Wilna Program has received funding through HUD Small Cities Community Development Block Grant (CDBG) dollars, administered through the NYS Office of Community Renewal and/or the New York State HOME Program, administered by the New York State Housing Trust Fund Corporation (HTFC). **Only properties that are determined to be substandard are eligible to be assisted under this program.** This handbook will explain the Town's rehabilitation program and how it works. It is meant to be a guide to the program, not a definitive presentation of the program's policies.

B. Town of Wilna Single-Family Rehabilitation Program

1. The Town of Wilna (Town) has received funding from the NYS Office of Community Renewal Community Development Block Grant Program (CDBG) to assist approximately 10-12 eligible single family homes located in the Town of Wilna. In order to qualify for the program, the family must meet the criteria found on page 4, section D of this Handbook, "Qualifying for the Program".
2. The Town has entered into a Sub-recipient Agreement with the Development Authority of the North Country (Authority) to assist with the administration and program delivery of the Single-Family Rehabilitation Program. Staff from the Authority will work with eligible homeowners throughout the project.
3. As part of the selection process, priority will be given to the following:
 - i. First Priority - Households located within the Town of Wilna that have been predetermined to be income eligible and homeowners have allowed property inspections to be performed as part of case studies included in the funding applications.
 - ii. Second Priority- Properties within the Town with families having the lowest incomes, and that are comprised of frail, elderly or disabled persons, and the level of improvements needed are determined to be within the program's parameters.
4. Additional funds for energy efficiency items may be available to eligible homeowners through the Community Action Planning Council (CAPC). To be eligible for CAPC funding the family income must be below 60% area median income. If determined to be eligible for the CAPC grant, a separate home inspection by CAPC will be required. A separate contract for work to be completed may also be required to be signed by the homeowner. Authority

staff will work with CAPC in these instances to coordinate work as much as possible on behalf of the homeowner. CAPC will have its own program guidelines for these funds.

C. How the CDBG Program Works

1. Complete an application and deliver or mail it to the Carthage Chamber of Commerce located 120 South Mechanic Street, Carthage. The application is attached to the back of this handbook. All information is voluntary and will be kept strictly confidential. Complete applications will be reviewed by Authority staff for eligibility on a first-received basis.
2. Once income eligibility is verified, and the property is selected by the Town for possible assistance, the homeowner will be contacted by Authority staff for an appointment to inspect the home to determine its condition. The inspection will involve Authority staff. The preliminary inspection will look to identify health and safety deficiencies as well as areas for energy efficiency and verify the substandard condition of the home. The inspection will identify a rough cost estimate of the work needed to be completed to bring the house up to local, state and federal standards.
3. If selected for the program, the Authority will prepare a detailed scope of work for the homeowner's review and signature. The Authority will then advertise the Bid Package to contractors.
4. Once the bids for rehabilitation are received they will be reviewed to ensure that they are responsible bids. The Authority will review the bids with the homeowner and lowest responsible bid will be awarded. If the homeowner decides he/she would like to utilize another contractor other than the low bid, the homeowner will be required to pay the difference in the price. ***The Agreement for all rehabilitation work completed through this CDBG program is between the Homeowner and the Contractor, the Town is strictly the funder for such improvements.***
5. Authority staff will inspect the work in-progress at appropriate times; however, the homeowner bears the final responsibility for ensuring that the contractor's work meets generally accepted standards. The homeowner must understand that the contractor will need access to the property to complete work in a timely manner. The Authority's role is to ensure that the Contractor completes the work in a quality manner as agreed to by the homeowner in the Scope of Work signed by the homeowner and contractor. Any changes to the Scope of Work must be coordinated with and approved by Authority staff and also be agreed to by the homeowner and contractor.
6. The final payment for contracted work will occur *only* after a determination by Authority's inspector that the work was completed according to contract. This determination will include the homeowner's signature on a FINAL inspection form indicating that the homeowner is satisfied with the work. It is important that the homeowner conduct a final inspection as well, before signing the inspection form. Upon signing the FINAL inspection form, the project is completed; the contractor will be paid; and the note and mortgage/lien document will be filed. Any issues that arise *after* the FINAL inspection form has been signed by the homeowner will be between the homeowner and contractor.

The Town will not be liable for any issues that arise after the FINAL inspection form has been signed.

7. Please note that your property value may increase due to the repairs made to your home. This may have an impact on your property taxes.

D. Qualifying for the Program

1. To qualify for the program your home and property must be owner-occupied, substandard, single-family, and located in the Town of Wilna.
2. Proof of ownership must be on file at the County Clerk's office and you must provide a recorded copy of the deed or life use agreement. Land contracts are not an eligible form of ownership. Mobile homes are ineligible.
 - a. If you have "life use" of the property, you must provide a copy of the legal document verifying that the applicant has "life use," and the owner of record must agree to sign the lien agreement(s).
3. All property taxes and utilities (water & sewer), if applicable, must be current and you must provide a **copy of each tax and water and sewer bills and receipts showing they are paid.**
4. You must have fire insurance coverage on your property and flood insurance coverage where applicable, and you must provide a copy of the insurance certificate showing current coverage and that the insurance policy is paid.
5. If you have "life use" of the property, you must provide a copy of the legal document verifying that the applicant has "life use", and the owner of record must agree to sign the lien agreement as stated above.
6. Homes that are structurally unsound or exceed the amount of funds available will be ineligible.
7. Your adjusted gross income must not exceed the following limits for the size of your household.

1	2	3	4	5	6	7	8
\$35,500	\$40,600	\$45,650	\$50,700	\$54,800	\$58,850	\$62,900	\$66,950

Updated 3/28/2016

8. Your annual income for determining eligibility includes income from all sources from all adult members of your household, including:
 - a. All wages and salaries, commissions, overtime pay, fees, tips and bonuses, and other compensation for personal services (before any payroll deductions).
 - b. Net Business or farm income (Net business or farm losses and depreciation will not be deducted from other sources of income when calculating total household income).
 - c. Interest, dividends, and other net income of any kind from real or personal property.

- d. All taxable periodic payments received from social security, workers' compensation, pensions, disability, child support, alimony or unemployment benefits, and welfare assistance and other similar types of periodic receipts.
- e. All regular pay, special pay, and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is head of the family, spouse, or other person whose dependents are residing in the unit.

9. Income calculations shall not include:

- a. Income from the employment of children (including foster children) under the age of 18 years.
- b. Cash value of food stamps, real estate tax exemptions, earned income tax credit, or similar types of assistance.
- c. Payments received for foster care and certain public volunteer, service and training programs.
- d. Lump sum additions to family assets (e.g. inheritances, insurance policy death benefit payments, settlement for personal/property losses, and medical expense reimbursements).
- e. Income of a live in aide.
- f. The special pay to a household member serving in the Armed Forces who is exposed to hostile fire.
- g. Temporary, nonrecurring, or sporadic income (including gifts).
- h. Lump sum payments of SSI and Social Security benefits.
- i. Amount of educational scholarships paid directly to a student, educational institution, or a veteran.

E. Financing

- 1. A deferred payment loan for 100% of the rehabilitation costs of approximately \$30,000 per unit in CDBG funds for those homeowners whose adjusted gross income is at or below 80% of the Jefferson County median income. The CDBG loan will be secured with a note and mortgage/lien document which is forgiven at 20% per year over a five-year period.

F. Repairs That Can Be Done

- 1. The purpose of this program is to improve the health, safety, and energy efficiency of your home. Grant money is not intended to be used for improvements that only make your house look nicer, or that make it more convenient. The following is a priority list of repairs eligible for assistance. Any items that would cause your home to violate HUD Housing Quality Standards or local and state building codes must be addressed first.

First Priority: Lead Based paint hazard controls &

- | | | |
|------------------------|-------------------------|----------------------|
| a. Roof | f. Heating equipment | k. Chimney |
| b. Electrical service | g. Sewer lines | l. Plumbing fixtures |
| c. Wiring | h. Waterlines & service | m. Handicap access |
| d. Stairs and railings | i. Broken glass | |
| e. Insulation | | |

Second Priority:

- | | | |
|------------------------------|-------------------------|-------------------|
| a. Windows | e. Cornices and eaves | i. Porches |
| b. Doors | f. Siding | j. Sidewalks |
| c. Additional electrical | g. Additional heat runs | k. Interior doors |
| d. Rodent/vermin infestation | h. Ceiling/wall repair | l. Painting |
| m. Minor Structural | n. Minor Foundation | |

2. All rehabilitation projects shall include installation of appropriate smoke and carbon monoxide detectors if such equipment is not currently installed.
3. **The grant will not pay for or reimburse for any work completed prior to the rehabilitation program.**
4. **The grant will not pay for any work that isn't under contract through this rehabilitation program.**

G. Hiring a Contractor:

The Development Authority staff will prepare a complete bid package for each project that will be advertised to contractors to submit bids. The bids will then be submitted to the Development Authority staff for review for completeness and responsiveness. Once reviewed, a bid summary will be prepared by Authority staff and reviewed with the homeowner. Low bidders must be selected if all bids deemed reliable. In the event the homeowner wishes to select a contractor that is not the low bid, the homeowner must fund the difference between the low bid and the price submitted by the contractor they choose. In these instances, the homeowner will deposit their funds into an escrow account before the project starts and these funds will be the first monies used in paying the contractor.

To be eligible to bid on CDBG projects, contractors must provide evidence of comprehensive general liability (general aggregate) and property damage insurance with a minimum coverage of seven hundred fifty thousand dollars (\$750,000); and such insurance will be maintained in force during the course of the project. In addition, the Contractor must show evidence that he/she has workers' compensation insurance (waivers will not be accepted), and disability benefits insurance as required by New York State Law; is certified in Lead Based Paint related activities (or a certified lead based paint subcontractor); able to demonstrate a history of similar successful projects; able to complete the project within the specified timeframe.

Development Authority Staff will meet with the homeowner and the selected contractor at the homeowner's home to review the scope of work, plan and discuss the job together. Once the

homeowner is comfortable with the work items and program detail he/she will be asked to sign the construction contract which is between the homeowner and the contractor. The most important thing to remember is that **the contract for doing the work is between you and the contractor.** The Town of Wilna will assist you in improving your home, but ultimately you, the homeowner, are responsible for the improvements to your home and maintaining them long term.

H. Required Documentation – This CDBG Program will be utilizing the HUD Approved - IRS Form 1040 Definition of Income to determine household income eligibility.

The following documents must be submitted with your application:

1. A signed copy of your **2016** Federal Income Tax return and all applicable schedules with the W-2s.
2. Copy of all household members social security card (SSN), birth certificate or green card reinforcing that all household members are U.S. citizens or resident aliens
3. Payroll stubs (last 8 consecutive weeks) – showing year-to-date earnings.
4. Proof of any other income (including but not limited to annual social security statement from the Social Security Office annual SSI statement from SSI office, pensions, unemployment benefits, welfare, child support, alimony, etc.)
5. The deed or recorded life use document to your property.
6. Latest property tax (Town, County & School) and utility bills (water & sewer), if applicable, along with receipts of each showing that all are current and paid.
7. Proof of homeowner's insurance.
8. Bank books or latest bank statements for all checking and savings accounts and proof of all asset income.
9. Mortgage statement, if applicable.

TOWN OF WILNA
REHABILITATION PROGRAM
APPLICATION

Applicant's Name	Social Security Number	Year of birth
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Co-Applicant's Name	Social Security Number	Year of birth
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Dependents: (Name, Age, Relationship)

Other Adult Members of Household (Non-Dependent): (Name, Age, Relationship)

Address: (Street, Township, Zip Code)	Telephone Number
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How long at the above address? _____

Earned Income (Include employment and self-employment income for all household members for the **last tax year**):

Name	Employer	Annual Gross Wages	Date

2016 Income – List all income

Other Income Sources (Veterans, SSI, Pension, Rental Income, Interest, Child Support, Alimony, etc.):

	\$		per

Bank Accounts:

Name/Address of Bank(s)

___ Yes ___ No Checking \$ _____

___ Yes ___ No Savings \$ _____

Other Assets - Please list your assets and estimate the value of: home, car(s), other real property, mutual funds, stocks, bonds, etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Debts - Please list your debts and the amounts: mortgage installment accounts, auto and other loans.

DEBTOR PAYMENT	PURPOSE	DATE INCURRED	AMOUNT	BALANCE

Home Improvement – Have you owned and occupied your residence for one year or longer?

YES _____ or NO _____

Number of Rooms

Number of Bedrooms

Number of Baths

Directions to the Home: _____

Name of Title/Deed Holder(s): _____

What is your current property tax assessment? _____

Type of Home (i.e. single, multi-family, mobile, farm, etc.): _____

Year Built (approximate): _____ **Date of Mortgage** (approximate): _____

HOUSE ASSESSMENT

Foundation:

What type of foundation does your house have?

Condition?

GOOD

FAIR

POOR

Roof:

What type of roof (asphalt shingle, metal roll)?

Condition?

Exterior:

What type of siding?

Condition?

Doors and Windows:

How many doors? _____

Condition?

Windows? _____

Condition?

Plumbing:

Type of plumbing? _____

Condition?

Electrical:

What size electrical entrance? _____ amps

_____ Fuse Type?

_____ Breakers?

Do you use many extension cords? _____

Heating System:

What type of heating system? _____

How old is the heating system? _____ Years

What specific home improvements do YOU feel are most necessary?

Privacy Act Notice

This information in this application is to be used by the entity collecting it or its assignees in determining your qualifying for rehabilitation assistance under its program(s). It will not be disclosed outside the agency except as required by law. You do not have to provide this information, but if you do not your application for approval as a recipient under its program(s) may be delayed, limited, or rejected.

Authorization & Consent

I (we) hereby apply for Rehabilitation financial assistance from the Town of Wilna and the Community Action Planning Council for funds toward the cost of improvements to our existing owner-occupied home. I (we) have read the accompanying Handbook and if selected, agree to sign a "5-year declining lien agreement" for the amount of the cost of the rehabilitation work done to my (our) home; and agree to the conditions of the maintenance declaration form to maintain the improvements to my property and allow inspections by the Town Code Enforcement Officer annually for a period of 5 years from the date of project completion.

I (we) hereby certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant will disqualify the applicant from participation in the program and may be subject to prosecution.

I (we) hereby consent and authorize the Town of Wilna and its authorized agent(s) to:

- (a) obtain verification of information required for compliance within the regulations of this program, including expenses, employment, property appraisal and contractor estimates;
- (b) upon giving reasonable notice, to enter the applicant's property for the purpose of determining what improvements are needed and to inspect completed work.
- (c) to disclose information contained in my/our confidential file to nonprofit organizations or unaffiliated third parties involved in community development, that this information may be used in an attempt to secure funding for my home.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Check applicable box:

<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 & Black/African American	<input type="checkbox"/> Other Multi-Racial		
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic		

Federal and State Law prohibit discrimination on the basis of age, sex, race, national or ethnic origin, handicap or familial status. The Town of Wilna is committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. The following data is for statistical purposes only and will not be used by any local, state or federal agency in making decisions regarding assistance.

Sex of Head of Household: Male Female

Age of Head of Household: _____ years of age

Is any member of household handicapped? Yes No

Is any member of household disabled? Yes No

Please sign, date and return to:

Carthage Chamber of Commerce
Attn. Lori Borland
120 S. Mechanic Street, #1
Carthage, NY 13619

Applications will be reviewed for program eligibility on a first received basis.

Applications not funded through this program will be added to the Town of Wilna's waiting list, which is based on first come first served basis, so you want to make sure that you get your completed application in as soon as possible.

If you have any questions, please contact either:

Lori Borland
Carthage Chamber of Commerce
carthagenychamber@gmail.com
315.493.3590

Matt Taylor
Development Authority
mtaylor@danc.org
315.661.3200

Required Documentation Checklist

The following documents must be submitted with your application as outlined in the Rehabilitation Handbook, Section H:

Provided (Yes/No; if no please explain)

- _____ 1. A signed copy of your **2016** Federal Income Tax return and all applicable schedules with the W-2s.
- _____ 2. Copy of all household members social security card (SSN), birth certificate or green card reinforcing that all household members are U.S. citizens or resident aliens
- _____ 3. Payroll stubs (last 8 consecutive weeks) – showing year-to-date earnings.
- _____ 4. Proof of any other income (including but not limited to annual social security statement from the Social Security Office annual SSI statement from SSI office, pensions, unemployment benefits, welfare, child support, alimony, etc.)
- _____ 5. The deed or recorded life use document to your property.
- _____ 6. Latest property tax bills & receipts showing paid (County, Town, School). (Property taxes must be current.)
- _____ 7. Proof of homeowner's insurance.
- _____ 8. Bank Books and latest bank statements for all checking and savings accounts and proof of all asset income for all household members.
- _____ 9 Mortgage Statement, if mortgage/s on property as applicable.

Town of Wilna
Community Development Block Grant Program
Conflict of Interest Certification

I (we) _____, hereby certify, under penalty of perjury that I/(we)
Print applicant(s) name

Do _____ or Do Not _____
(check appropriate line)

have a relationship (by blood, marriage, or business) with any of the following individuals who may play a role in the administration or delivery of the Town of Wilna Community Development Block Grant Program.**

Town of Wilna Board: including the Supervisor and Board members.

Contributing Town of Wilna Staff: limited to Clerk, Deputy Clerk, Assessor, Code Enforcement and support staff.

Grant Administrator/Administrative Staff: Development Authority of the North Country, Michelle Capone, Matthew Taylor, Tyler McDonald; Carthage Chamber of Commerce, Lori Borland.

Please describe any relationships, or circumstances that you believe could contribute to a conflict of interest:

1. _____
2. _____
3. _____
4. _____

Applicant Signature: _____

Co-Applicant Signature: _____

** Please note that if you do have a relationship with any of the identified parties, this does not automatically disqualify you from participation in the program. It means that the relationship must be openly disclosed and documented in the file, and that to avoid the appearance of impropriety, program staff will seek written authorization from the NYS Division of Homes and Community Renewal for your project.