

**Please return application and required documentation to Maria Kardon
by**

Keep this document for your information.

Application To Apply For The MHDC HOME Repair Program

Dear Applicant,

This letter is being sent to you because you had previously called our office inquiring about grant funds to make repairs to your home. At that time, we put you on a waiting list, and it is now your turn to apply for the home repair program if you are still interested.

The enclosed packet contains the forms needed to apply for the HOME Repair Program. This program will provide necessary rehabilitation work on properties that are eligible for the program. The program is intended to reduce lead-based paint hazards first, and then provide other necessary upgrades and repairs.

Submission of the application does not guarantee you will be selected as a participant in the program. Our agency has a limited amount of grant funds, and participants will be selected based on a priority ranking until all funds are obligated.

Eligible participants must meet the MHDC income requirement, which is 80% or less of Area Median Income. This income limit is based on what county you live in and how many persons are in the household.

Other eligibility requirements include: house is owner's principle residence and is a single family unit; applicant has owned the home for at least three years; no part of the property is located in flood zone A; the home is located on less than ten acres; the value of the property after rehabilitation does not exceed \$152,000; and the homeowner has not received MHDC HOME Repair funds in the past five years.

The homeowner will be required to execute a three-year Land Use Restriction Agreement (LURA). The agreement will be recorded at the County Recorder's Office. If the property is sold or refinanced before the three years are up, the homeowner will have to pay back the grant amount.

The homeowner will not be eligible to receive any other MHDC HOME Repair funds for a period of five years.

Also, it's important you be advised of MRPC's policy to report any possible health and/or safety issues to the city and/or county health department should we feel any situation poses a health or safety threat to the community. Our mission is to provide quality of life for the residents in the Meramec Region so we want to ensure all citizens have a healthy, safe environment in which to live.

If you are interested in participating in this program, please complete the enclosed application forms and submit all of the information listed on the following checklist.

Applicants will not be placed on the prioritized list until a complete application package is received. Mail the completed package to:

Maria Kardon
Meramec Regional Planning Commission
4 Industrial Drive
St. James, MO 65559

If you have any questions regarding this program or the application, please contact MRPC, (573) 265-2993 or by email at mkardon@meramecregion.org.

APPLICATION CHECKLIST

Please send in all documentation listed on the following checklist. Applicants will not be placed on the prioritized list until a complete package is received by MRPC.

1. HOME Repair Program Application (Form 400).
2. Homeowner Affidavit (Form 405). This form must have your initials by each item, and be signed by a Notary Public.
3. Proof of income for all members of the household. This includes:
 - If currently working for a business: Signed authorization form that will allow MRPC to obtain a “Verification of Employment” from your employer.
 - If self-employed, include last year’s tax return and a current financial statement.
 - If receiving Social Security, include a statement from the Social Security Administration showing the current amount being received.
 - Provide documentation for any other type of income being received, such as child support, alimony, pension payments, disability payments, etc.

Please call if you have any questions regarding proof of income documentation.

4. 2010 Real Estate Tax Receipts. Include both the City (if applicable) and County receipts.
5. Insurance policy for the property.
6. General Warranty Deed for property.

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Application

Form 400

PROPERTY INFORMATION			
Subject Property Address:			Year Built:
Year Acquired:	Original Cost:	Assessed Value:	Amount of Existing Liens:
Described improvements to be made:			

APPLICANT INFORMATION					
Applicant Name			Co-Applicant Name		
Social Security Number	Home Phone	Age	Social Security Number	Home Phone	Age
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried/Widowed <input type="checkbox"/> Separated		Dependents No. Ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried/Widowed <input type="checkbox"/> Separated		Dependents No. Ages
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

List the name, age, and occupation of all persons who will be residing in the property:

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION</u>	<u>RACE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any members of the household disabled? Yes No

If yes, what is the nature of the disability? _____

INCOME

For each type of income your household receives, give the source of the income and the amount of income that can be expected from source during the next 12 months

Household Member	Source/Type of Income	Annual Amount

INCOME INFORMATION

Please answer each of the following questions. For each "yes" answer, provide details in the chart following the questions.

	Yes	No
1. Does any member of your family now receive, or expect to receive unemployment in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any member of your household now receive, or expect to receive child support in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any member of your household now receive or expect to receive alimony in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any member of your household receive or expect to receive Welfare/AFDC in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your household receive or expect to receive Social Security in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does any member of your household receive or expect to receive income from a pension or annuity in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household receive or expect to receive regular cash contributions from individuals not living in the home or from charitable organizations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does any member of your household receive income from assets including interest on checking, savings, and dividends from CD's, stocks or bonds, or rental property?	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS

Description	Location	Account Number	Cash or Market Value

PROPERTY INFORMATION

1. What type of structure is your home? Single Family Manufactured Trailer Duplex _____
2. Is the property a working ranch or farm? Yes No
3. Is the house located on 10 acres or more? Yes No
4. Have any repairs been made recently to the home? Yes No
If yes, what _____

APPLICANT AND PROPERTY INFORMATION

1. Has anyone in the household received MHDC Home Repair Funds in the past five years? ___ Yes ___ No

2. Has anyone in the household received any type of grant funds for home improvement in the past five years? ___ Yes ___ No

3. Is there a problem with the home that poses an immediate threat to health and safety of the occupants? ___ Yes ___ No

If yes, what is the problem? _____

4. Is your property located in a floodplain? ___ Yes ___ No

5. What is the square footage of your home? _____

6. How many bedrooms does your home have? _____

DECLARATIONS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a party to a lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you directly or indirectly been obligated on any loan in the last 7 years which resulted in foreclosure, transfer or title in lieu of foreclosure, or judgment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all mortgage payments, if applicable, current on your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you in the process of declaring bankruptcy or being in a foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligation, bond, tax liability, or loan guarantee? <i>If "Yes," give details.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a U.S. citizen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you intend to occupy the property as your primary residence? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT! READ BEFORE SIGNING:

I/we certify that the information provided in this Application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that this application shall remain the property of the agency to which it is submitted and or Missouri Housing Development Commission (MHDC).

I/we hereby consent to and authorize the agency and MHDC, after giving reasonable notice, to enter the improved property to determine that the approved improvements specific to this Application have been completed and meet codes and standards set forth by Missouri Housing Development Commission.

I/we understand that in pre-1978 homes, HUD lead-based paint regulations must be followed as a condition of this application.

I/we understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts in this Application as applicable under the provisions of the United States Criminal Code.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Homeowner Affidavit

STATE OF MISSOURI
COUNTY OF _____

By initialing each question, the Homeowner states that they fully understand the conditions involved with the HeRO Program. Each person signing this Homeowner Affidavit, being duly sworn, deposes and says that:

- _____ 1. The property for which I am requesting funds is located within the State of Missouri at the following address:

(Street)	(Town)
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- _____ 2. The property is a single family home owned by me.
- _____ 3. The property is located on less than 10 acres.
- _____ 4. I occupy the property as my principal residence, i.e., not as a vacation or second home.
- _____ 5. I do not intend to rent the property out.
- _____ 6. I will use no more than 15% of the total area of the Residence for commercial use. Commercial use means use on a regular basis for storage of inventory for use in trade or business for which the residence is the sole fixed location, providing day care services, or exclusive use on a regular basis as the principal place of business for any other trade or business.
- _____ 7. The income information set forth on the Application is true and correct and the information provided represents my total Gross Income, together with the Gross Income of any Co-Applicant and other household member.
- _____ 8. The proceeds of the funds will be used on a) to bring the home up to state and local codes, or if there are non, to 1995 BOCA/CABO one and two family dwelling installation standards, and HUD's housing quality standards; or b) to make essential improvements, including energy related repairs or improvements, mitigation of Lead-Based Paint hazards; repair or replacement of major housing systems in danger of failure; and improvements necessary to permit use by persons with disabilities living at the home.
- _____ 9. No proceeds of the funds will be used to pay for labor of myself or any member of my family in making improvements unless that family member owns and operates a construction business and meets the minimum contractor standards to become pre-qualified by the Agency and approved by MHDC. I understand that sweat equity is not allowed and no work may be performed by either myself or any other member of the household once the project commences. I understand that as used in the preceding sentence the term

“family” includes only my brothers and sisters (whether by the whole or half blood) spouse, ancestors, and lineal descendants.

- _____ 10. I agree to have an energy audit of my dwelling performed if I propose to construct or install any individual energy conservation/efficiency improvement other than those listed in the Procedural Manual of the HOME Rehabilitation Program. I understand that any such improvements must have a payback period no longer than 15 years or the estimated useful life of the improvement whichever is less.
- _____ 11. I certify that I have not previously received any funds from the MHDC HOME rehabilitation program within the last three years.
- _____ 12. I understand that any misrepresentation or misstatement in this affidavit or any other document executed in connection with my fund request will constitute an EVENT OF DEFAULT under my fund request and entitle the holder of my fund request to accelerate the debt and institute FORECLOSURE and other appropriate proceedings against me. I may be subject to CRIMINAL PENALTIES for any misrepresentation or misstatement.
- _____ 13. I understand that the Missouri Housing Development Commission, the Agency or any of their representatives may wish to investigate or to verify the matters set forth in this Affidavit or in other documents provided in connection with the application for my allocation, and I hereby permit such investigation or verification.
- _____ 14. I understand that upon sufficient notice of such, I will allow qualified contractors to perform the actions as noted on the *Work Write Up* of which I have signed. Harassment to the contractors by the homeowner(s) or related persons may result in termination of the *Work Write Up* Contract and void the homeowner's right to receive HOME funds. MHDC or agents of the Agency should have the right of entry to the property and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the property.
- _____ 15. I understand that I, along with all individuals currently listed on the Warranty Deed, will be required to sign a LURA outlining the terms of the grant and acknowledge my/our responsibility for repayment to the Sub-Grantee should the conditions of the Home Program not be met. This LURA will be filed with the Register of Deeds and will **not** be subject to subordination. Should the home be refinanced or sold within the 3-year waiting period, full repayment of the subsidy will be required.
- _____ 16. I understand that this forgivable loan must be cleared prior to transferring the property to a future buyer, unless the new buyer meets all qualifications for the HOME program.
- _____ 17. I understand that, if the Agency finds relocation necessary, it will be mandatory that the all household members relocate and it will be the homeowner's responsibility for finding a safe place in which to stay. The homeowner will be responsible for any costs incurred during this time.
- _____ 18. I understand that this Grant/Loan does not confer third party beneficiary rights to anyone, including to members of my family whether or not such family members live in the home. Therefore, any interference with the performance of this project by such family members could result in the recapture of the funds by the Agency.

_____ 19. In case of Co-Applicants, statements made throughout this Affidavit in the singular include the plural.

Applicant: _____

Applicant: _____

Subscribed and sworn to before me on _____, _____

(Seal)

Name: Notary Public/Attorney-at-Law

Commission Expires: _____

Notaries Public must have each person signing as Applicant raise his or her hand and elicit an affirmative response to the following oath: "DO YOU (SWEAR/AFFIRM) UNDER PENALTY OF LAW THAT YOU HAVE READ AND UNDERSTOOD THIS HOMEOWNER AFFIDAVIT AND THAT THE STATEMENTS WITHIN ARE TRUE BASED UPON YOUR PERSONAL KNOWLEDGE?"

Dear: _____,

Company name

The applicant identified below has applied for housing assistance that is provided through the HOME Repair Program. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility.

The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program and all information will be held in confidence.

We are required to complete our verification process in a short time period and would appreciate your prompt response. We will accept the form faxed to 573-265-3550.

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Maria Kardon
Community Development Specialist
MRPC

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PART I. APPLICANT AUTHORIZATION

I hereby grant the Meramec Regional Planning Commission permission to make inquires regarding my income and assets. I understand that this information is for the purpose of determining my eligibility for the grant program only, and will be kept confidential.

Signed: _____

Date: _____

Applicant's Name: _____

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