



City of Lewiston Community Development
 P.O. Box 617 Lewiston, ID 83501
 Phone: (208) 746-1318; Fax (208) 746-5595

COMMUNITY HOUSING REHABILITATION PROGRAM

Thank you for your interest in the City of Lewiston's Community Housing Rehabilitation Program (CHRP) funded by the U.S. Department of Housing and Urban Development's (HUD) Community Development Block Grant (CDBG). The CHRP is designed to expand the supply of decent, safe, sanitary and affordable housing, to correct health and safety hazards, and to extend the useful life of existing housing units.

Please fill out the attached application. Applications are accepted and processed on a first come, first served basis. All projects are subject to an Environmental Review. Please see page 8 for the Application Checklist, which will assist you in accurately completing this application, as well as in providing the required supporting documentation (be sure to return page 8 as part of the completed application).

Following receipt of your application and verification of eligibility, City staff will inspect your property, go over the problem areas with you, and complete a work write-up. The work write-up will be used to solicit bids. Please note that if your application is approved, all work must be performed in accordance with applicable zoning and building code regulations and appropriate permits must be obtained by you or the contractor(s) and that, according to Federal guidelines, we must accept the lowest bid.

Please check applicable boxes

Applicant is Homeowner Yes No Home is Applicant's Residence: Yes No

Home is Located in City Limits Yes No Year House was Built _____

If no to any question, applicant does not qualify.

2018 Income Limits Summary by Household Size

# of Persons	Income Limit	# of Persons	Income Limit
1	\$35,250	5	\$54,350
2	\$40,250	6	\$58,350
3	\$45,300	7	\$62,400
4	\$50,300	8	\$66,400

Please contact the Community Development Specialist for income limits relating to households of 9 or more

IMPROVING THE CITY ONE FAMILY, ONE BUILDING, ONE PROJECT AT A TIME



COMMUNITY HOUSING REHABILITATION PROGRAM (CHRP) APPLICATION 2019

The City of Lewiston’s Community Housing Rehabilitation Program (CHRP) is designed to assist low to moderate income persons (LMI) with housing repairs to preserve existing affordable housing; ensure that eligible properties are safe, secure and sanitary; provide energy efficiency improvements; and enhance and revitalize neighborhoods within the City limits. **Incomplete or unsigned applications will not be processed.**

The City of Lewiston’s Community Housing Rehabilitation Program is open to owner-occupants whose total household income does not exceed the maximum amount for the corresponding household size noted on the cover page. Please circle that which applies to your household.

CHRP is intended to provide assistance to eligible homeowners for safe, sanitary and secure living conditions. Activities, which may be eligible under the CHRP, include, but are not limited to, the repair, replacement or modification of the following. * Please check that which applies to your home.

- | | |
|---|---|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Hot Water Heater |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Furnace/Heating System |
| <input type="checkbox"/> Floor (structural) | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Accessibility Improvements | <input type="checkbox"/> City Code Violation |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Emergency Sewer/Water Line Replacement |
-

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Date of Birth: _____ Are you: Married Divorced Separated Single Widowed SSN: _____
(will be kept confidential)

Address: _____
Street Address Apartment/Unit #

_____ *Lewiston ID 83501*
City State ZIP Code

Phone: _____ Email _____

Co-Applicant's Name: _____
Last First M.I.

Date of Birth: _____ Are you: Married Divorced Separated Single Widowed SSN: _____
(will be kept confidential)

Phone: _____ Email _____

INCOME INFORMATION

Please provide income information for all household members 18 years or older. Use Gross Income unless stated otherwise, verification will be required. Gross income is the total amount of earning before taxes or deductions have been withheld. Attach more sheets if needed.

Sources of Income	Applicant	Co-Applicant	Other Adult Household Member	Other Adult Household Member
Employment/Salary	\$	\$	\$	\$
Interest & Dividends	\$	\$	\$	\$
Business Net Income	\$	\$	\$	\$
Rental Net Income	\$	\$	\$	\$
Social Security/SSI	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Income from Assets	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total	\$	\$	\$	\$

Total Household Size: _____ Total Household Income: \$ _____ LMI? Yes No

REPAIR REQUESTED

Please indicate the type of repair requested with an explanation of the existing problem. 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. If additional space is needed, please attach a separate page. Please label any additional pages with homeowner's name and address.

- Roof (specify)** _____
 - Electrical (specify)** _____
 - Structural (specify)** _____
 - Plumbing (specify)** _____
 - Handicap Modifications (specify)** _____
 - Do you claim a disability?** Yes No
 - Heat (specify)** _____
 - Code Violations/Enforcement** _____
 - Sewer/Water Line** _____
 - Other (specify)** _____
- Description of work to be done:** _____
- _____
- _____

Building permits, whether required under City of Lewiston Code or by State Statute, shall be the responsibility of the property owner. The owner may specify that their contractor obtain and maintain all permits necessary for the project work.

DO NOT begin work or incur any costs until the Notice to Proceed is issued by the City of Lewiston. Any work done or costs accumulated for purchases made prior to the Notice to Proceed issued by the City **WILL NOT** be eligible for repayment under the CHRP.

For the purpose of participating in this program, I/we will allow the City of Lewiston and their representatives to make any inspection of my/our house, including a photographic record, as may be necessary for the administration, monitoring, and completion of this project under the City's Community Housing Rehabilitation Program. I/we certify that I am the owner(s) of this property, that the statements contained in this application are true, and certify that the City of Lewiston shall not be liable for damages that may arise out of, or in connection with, home repairs/modifications done under this grant.

I/We certify, under penalty of law, that the above information is full, true and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. In addition, any fraudulent, fictitious or false statement on this application will require repayment of grant dollars received or other financial help in full. My/Our signature(s) below constitute my/our consent to verifying information from any necessary source.

Applicant Signature

Date

Co-Applicant Signature

Date

Return completed application to: Tanya Brocke, Community Development Specialist
215 D Street
Lewiston, ID 83501

The City of Lewiston, Idaho is an equal opportunity community and does not discriminate against any individual based on race, color, creed, national origin, sex, ancestry, age, marital status or disability. The City of Lewiston also does not discriminate against any person because of familial status, sexual orientation and/or gender identity/expression.

CERTIFICATION OF NON-INCOME EARNING ASSETS

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Non-income earning assets may not exceed \$35,000. Non-income earning assets can include cars and property owned beyond primary residence. Applicants must certify that the value of all of their “Non-income earning assets” does not exceed \$35,000. Non-income earning assets do not include revenue derived from rental property and revenue derived from retirement savings. These real income benefits must be counted toward gross income and be documented.

For illustration purposes only, the following represents a few examples of asset types:

NON-INCOME PRODUCING ASSETS

- Summer House/Time Share
- Land Not Adjacent to Primary Residence
- Customized Cars/Motorcycles/RV/Boats
- Jewels

INCOME EARNING ASSETS

- Income from Qualified Retirement Plans
- Interest from Savings/Investments
- Farm Property/Equipment
- Businesses

I/We certify, under penalty of law, that the above information is full, true and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. In addition, any fraudulent, fictitious, or false statement on this application will result in the calling in of any note, deferred grant, or other financial help in full. My/Our signature(s) below constitute our consent to verifying information from any necessary source.

Signature of Applicant

Date

Signature of Co-Applicant

Date

APPLICANT'S AUTHORIZATION

I/We, _____ Applicant, and _____,
Co-Applicant, who reside at _____(address), hereby
authorize the release of all pertinent information to the City of Lewiston for use in determining my/our eligibility
for the Community Housing Rehabilitation Program (CHRP) offered through the City of Lewiston's Community
Development Block Grant (CDBG) Program.

This authorization entitles:

All financial including copy of deed, contract of sale, and/or mortgage terms

Places of employment

Any other organization having access to pertinent information

to release said information to the City of Lewiston, when a written request is supplied along with a copy of this
document.

Signature of Applicant

Date

Signature of Co-Applicant

Date

MONITORING INFORMATION

You are not required to answer the following questions; however, this information is being requested for reporting purposes. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below.

Applicant

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Race: White/Caucasian
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial

Gender: Female
 Male

Head of Household: Yes No

I do not wish to furnish this information.

Co-Applicant

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Race: White/Caucasian
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial

Gender: Female
 Male

Head of Household: Yes No

I do not wish to furnish this information.

CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, "Protect Your Family from Lead in Your Home", informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name

Address

Signature

Date

APPLICATION CHECKLIST

Application submitted must include the following:

- Page 1: Completed homeowner information
- Page 2: Completed worksheet listing all household income, mortgage/tax, and age of home information. If any of the items do not apply to your individual situation, please write "NA" next to the item.
 - _____ Current year's Income Tax Return with W-2's and/or 1099s, for each household member who filed a tax return
 - _____ If applicant is self-employed, two years tax return
 - _____ Social security number(s), with most current income statements for household members who receive social security
 - _____ Paycheck stubs for the last two months for each employed household member
 - _____ All bank statements (checking, savings, etc.) for the last two months for each employed household member
 - _____ Copy of property deed, contract of sale, and/or mortgage terms
 - _____ Mortgage Balance Statement
 - _____ Certificate of fire insurance coverage
 - _____ Divorce decree, if you were awarded the property through a divorce and your ownership is not clear from the title
- Page 3: Signed description of problem and potential repair.
 - _____ Copy of written report of city code violation, if applicable
- Page 4: Certification of Non-Income Earning Assets
- Page 5: Signed Applicant Authorization
- Page 6: Monitoring Information
- Page 7: Confirmation of Lead Pamphlet Receipt
- Page 8: Completed Application Checklist

Date Received:

Insert Date Stamp Here:

OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

OFFICIAL REVIEW

Current Lewiston, ID – Clarkston, WA MSA Median Income \$ _____ per 2018 HUD Income Limits

Household Income Level: Extremely Low (30%) Very Low (50%) Low (80%)

Applicant meets income qualification? YES NO Application complete? YES NO

Meets National Objective? YES NO If yes, which National Objective met? _____

Recommended for funding? YES NO

Other comments/notes: _____

Reviewer's Name (Print) _____

Insert Date Stamp Here:

Reviewer's Signature _____