

NORTHERN UTAH'S NEIGHBORHOOD IMPROVEMENT PROGRAM GRANT APPLICATION

Sponsored by Logan City Redevelopment Agency & Neighborhood Nonprofit Housing Corporation

Please return **completed application** to:

Neighborhood Nonprofit Housing
195 Golf Course Road Suite 1 Logan Utah
OR email to dave@nnhc.net

APPLICATION PACKET FORM

Homeowner's Name: _____ DOB: _____

Co-Homeowner's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Homeowner's Best Contact #: _____ Email: _____

Co-Homeowner's Best Contact #: _____ Email: _____

How did you hear about this program?

Internet/Poster/Utility Bill/Family Friend/Program Participant

Other: _____

Number in household (full time): _____

Full Time: Anyone occupying the home more than 6 months of the year.

Please list family member's names and birthdates:

Any Family Member with Disability: Yes / No

What is the disability: _____

What is the total gross (pre-tax) annual income for all members of your household over age 18 residing at the home on a full-time basis? _____

What was your hire date at your current employment? _____

To **qualify** for this Rehabilitation Program, total household income cannot exceed the HUD income limits. These limits can be found on our website at nnhc.net/hudincome/limits

Do you own an existing single-family home within Logan City limits?

*The home **cannot** be a mobile or modular home, condominium, twin home or town home.*

Homeownership Workshop

Each qualified applicant will be required to take part in a Post Purchasing Counseling workshop where such topics as: financial debt management, foreclosure prevention and homeowner responsibilities will be discussed. This workshop will be arranged by Neighborhood Nonprofit Housing Corporation with date to be announced.

Funding Recapture

This grant does not have to be repaid if the house remains owner-occupied for **five years**. If the home is sold within the first five years, the Logan City portion of this grant must be repaid in full. A Trust Deed for the City's portion will be recorded at the time of Rehabilitation completion and not released until Logan City ^{has} been repaid their portion of the grant. _{Yes / No}

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS. DO NOT ATTACH ORIGINAL DOCUMENTS AND FAILURE TO INCLUDE THESE DOCUMENTS MAY RESULT IN DISQUALIFICATION FROM THE PROGRAM.

- A copy of your **last 3 most recent** pay stubs or (or other documentation for other sources of income) showing year to date income for all members of your household over age 18 residing at the home on a full-time basis. A VOE (Verification of Employment HUD form) can be substituted for pay stubs. **Please include SSI award letter if that is source of income.**
- A copy of Federal Tax Returns for the past two years for all members of your household over age 18 residing at the home on a full-time basis (**first two pages only**).
- Copies of latest W-2 (or 1099) forms for all members of your household over age 18 residing at the home on a full-time basis.
- One of the following documents to show ownership of your home:
 - A copy of your deed showing title to your home.
 - A copy of your payment coupon from your mortgage company.
 - A copy of your latest tax notice from Cache County.

REQUESTED IMPROVEMENTS FORM

Total improvement costs can vary depending on which individual home projects for each home are deemed more critical. The maximum funding for each home will be no less than \$15,000 and total rehabilitation costs cannot exceed **\$16,800**.

Please check only the improvements you believe are necessary on your home and **rate them in order of preference**. Neighborhood Nonprofit's Program Manager will use the information to prepare a visit, a scope of work and a cost estimate.

	RANK
ELECTRICAL SERVICE	
<input type="checkbox"/> Replacement of electrical service that does not meet International Building Code requirements	_____
ROOFING REPAIRS	
<input type="checkbox"/> Replacement of cracked, peeling, curled or lost shingles	_____
<input type="checkbox"/> Replacement of worn or aging soffit and/or fascia	_____
<input type="checkbox"/> Repairs to a leaking roof	_____
EXTERIOR WALLS	
<input type="checkbox"/> Repairs and painting of exterior wood siding and trim	_____
<input type="checkbox"/> Installation and/or replacement of substandard siding	_____
EXTERIOR WINDOWS & DOORS	
<input type="checkbox"/> Repairs/replacement of broken windows	_____
<input type="checkbox"/> Replacement of windows that do not meet the Model Energy Code	_____
<input type="checkbox"/> Replacement of substandard exterior doors	_____
CONCRETE/WOODWORK	
<input type="checkbox"/> Replacement of broken concrete walkways, driveways, and front porches	_____
<input type="checkbox"/> Installation of ramp for wheelchair accessibility	_____
FURNACE/AIR CONDITIONER	
<input type="checkbox"/> Replacement of outdated/inefficient mechanical system	_____
PLUMBING	
<input type="checkbox"/> Upgrading or replacement of plumbing service and front porches	_____

Explain _____

OTHER EXTERIOR/INTERIOR REPAIRS

Explain _____

LETTER OF AUTHORIZATION

The homeowner(s) certifies that all information given to Logan City and Neighborhood Nonprofit Housing Corporation to qualify for Northern Utah’s Neighborhood Improvement Program is true and complete to the best of the homeowner(s) knowledge and belief.

Sources and amounts of income, homeownership status, and loan documents may be verified by Logan City and Neighborhood Nonprofit Housing Corporation. The homeowner(s) will always hold Logan City and Neighborhood Nonprofit Housing Corporation harmless.

Logan City and Neighborhood Nonprofit Housing Corporation will not, in the provision of services, or in any other manner discriminate against any person based on race, color creed, religion, sex, national origin, age, familial status, disability or any other protected classes. In accordance with funding requirements from Federal Home Loan Bank of Des Moines; seniors (individuals over the age of 62), or persons with disabilities may be given preference in receiving grant awards.

The information provided is true and complete to the best of my/our knowledge and belief. Please initial each item and sign below to indicate that you understand and accept the requirements of this application and grant.

I/we consent to the disclosure of such information for the purposes of verification related to my/our application for the Northern Utah’s Neighborhood Improvement Program Grant. _____
Initial

I/we understand that any willful misstatement of material fact will be grounds for disqualification. _____
Initial

*I/we understand that a portion of this funding has a recapture provision, and that if the home is sold within five years, Logan City’s portion of the grant **WILL** be required to be repaid.* _____
Initial

Homeowner Signature Date

Co-Homeowner Signature Date

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PARTICIPANT CHECKLIST

(Do not turn in; keep this checklist for your information)

- The home must be within Logan City limits and be an existing single-family home.
- Your annual pre-tax combined income for all members of your household over age 18 residing at your home on a full-time basis cannot exceed the HUD income limits.
- Submit your completed application with all documentation in a sealed envelope addressed to NNHC ATTN: Dave Schuster 195 Golf Course Rd Suite 1 Logan, Utah, OR email to dave@nnhc.net.**
- The process of selecting qualified homeowners will be determined on how they rank based on the scoring criteria system once all applications have been turned in. Points will be awarded based on; income level and family size with additional points awarded based on whether there is a family member with a disability, a single parent head of household or a senior citizen.
- A site visit will be performed by Program Manager from Neighborhood Nonprofit Housing Corporation, and he will prepare a scope of work detailing the work to be completed and the estimated costs.
- Each qualified homeowner will need to complete Post-Purchase Homeownership Workshop which will be arranged by a Neighborhood Nonprofit Housing Corporation representative. This workshop will need to be taken before any home improvement work can be started.
- Once all the items above are completed, the qualified work on your home will be scheduled. **A deed of trust will be recorded on your home for the Logan City funding used on your project. This deed states that the funding does not have to be repaid if the house remains owner-occupied for five years.**
- If you have any questions, please call:
Dave Schuster Program Manager
Neighborhood Nonprofit Housing Corp. 435-753-1112 ext. 104