

County Courthouse 48 Court Street Canton, New York 13617

HOUSING REHABILITATION PROGRAM

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St. Lawrence County's Countywide 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. St. Lawrence County has received funding through the Community Development Block Grant (CDBG) program administered by the NYS Housing Trust Fund Corporation and the Office of Community Renewal. **Only properties that are determined to be substandard are eligible to be assisted under this program**. This handbook will explain the County'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. St. Lawrence County Countywide Housing Rehabilitation Program (CHRP #4)

- 1. St. Lawrence County (County) has received funding from the NYS Office of Community Renewal through the Community Development Block Grant Program (CDBG) to assist approximately 12 eligible single family homes located in St. Lawrence County. In order to qualify for the program, the household must meet the criteria found on page 4, section D of this Handbook, "Qualifying for the Program".
- 2. The County 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 CHRP #4 Program. Staff from the Authority will work with eligible homeowners throughout the project.
- 3. As part of the selection process, applications will be <u>prioritized</u> based on: lowest incomes; household size, including number of dependents; single-parent households with children; persons with disabilities who require ADA modifications to their homes; persons who are 65 years or older; and severity of housing conditions.
- 4. Additional funds for energy efficiency items may be available to eligible homeowners through the St. Lawrence County Community Development Program (CDP). To be eligible for CDP funding the family income must be below 60% area median income. If determined to be eligible for the CDP grant, a separate home inspection by CDP 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 CDP in these instances to coordinate work as much as possible on behalf of the homeowner. CDP will have its own program guidelines for these funds.

C. How the CDBG Program Works

1. Complete an application and either mail it to the Development Authority of the North Country, located at 317 Washington Street, Watertown, NY 13601, or email to

- mcapone@danc.org with subject line "St. Lawrence County CDBG Application." 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 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 Program 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, Program staff will prepare a detailed scope of work for the homeowner's review and signature. A lead-based paint assessment for homes built prior to 1978 will be coordinated with the homeowner to test sample areas for the presence of lead. The results from the inspection will be incorporated into the scope of work. 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 responsive and responsible bids. Program staff 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 County is strictly the funder for such improvements.
- 5. Program 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 Program staff that the work has been completed according to contract and a clearance is issued regarding lead based paint. 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 County 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 St. Lawrence County.
- 2. Waterfront properties and properties located in flood plains are not eligible for assistance.
- 3. Proof of ownership for at least one year 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 may be accepted as an eligible form of ownership if they have been filed at the County Clerk's Office.
 - 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).
- 4. 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.
- 5. You must have fire insurance coverage on your property, and you must provide a copy of the insurance certificate showing current coverage and that the insurance policy is paid.
- 6. Homes that are structurally unsound may be ineligible.
- 7. There is no maximum grant amount ceiling. However, the County's policy is to NOT invest an amount that is more than 75% of a property's assessed value.
- 8. Your <u>adjusted gross income</u> must not exceed the following limits for the size of your household.

1 2 3 4 5 6 7 8 \$38,850 \$44,400 \$49,950 \$55,500 \$59,950 \$64,400 \$68,850 \$73,300 Updated 4/1/2021

- **9**. Your annual income for determining eligibility is calculated based on IRS Form 1040 Adjusted Gross Income method. This includes:
 - a. All wages, salaries, and tips.
 - b. Taxable interest and dividend income.
 - c. Taxable amount of IRA distributions.
 - d. Taxable amount of pensions and annuities.
 - e. Taxable amount of social security benefits.
 - f. Capital gain or loss
 - g. Other income from Schedule 1, line 9 of IRS 1040

- 9. Income calculations shall not include:
 - a. Any adjustments to income from Schedule 1, line 22 of IRS 1040.

E. Financing

1. A deferred payment loan for 100% of the rehabilitation costs. The CDBG loan will be secured with a note and mortgage/lien document which is forgiven at the end of 36 months. If the client household sells the house before the 36 month period ends, the County will receive the full amount of the deferred loan. The mortgage/lien agreement is filed in the County Clerk's Office upon project completion. At the conclusion of the 36-month period, the mortgage/lien will be released.

F. Repairs That Can Be Done

- 1. The County's CHRP will correct deficiencies that affect the ability of a housing unit to provide safe, decent living conditions for its inhabitants. All rehabilitation activities will comply with HUD's Housing Quality Standards (HQS) and will satisfy applicable federal, state and local codes. Examples of rehabilitation work include:
 - * Repairing or replacing siding, roofing, soffits, fascia, and sheathing (shingles/metal);
 - * Structural repairs to foundations, floors, bearing walls and roofs;
 - * Upgrading or replacing electrical entrances, load centers and distribution wiring;
 - * Replacing or installing water distribution lines, wells, septic systems;
 - * Installing insulation, energy efficient windows and doors, heating systems;
 - * Repairing or replacing inoperative plumbing fixtures;
 - * Installing accessibility modifications for persons with physical disabilities.

For any rehabilitation work, the presence of lead is tested in homes that were constructed before 1978, and suitable lead hazard control practices are employed if lead is present.

- 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:

Program 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 and responsive. 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.

Program 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 County 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 <u>signed</u> copy of your <u>2022</u> 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.

ST. LAWRENCE COUNTY

HOUSING REHABILITATION PROGRAM (CHRP #4)

APPLICATION

| Applicant's Name | Social Secu | rity Number | Year of birth | |
|---------------------------------------------------|--------------------------|---------------------------|------------------|--|
| Co-Applicant's Name | Social Secu | rity Number | Year of birth | |
| Dependents : (Name, Age, | Relationship) | | | |
| Other Adult Members of H | ousehold (Non-Depen | ident): (Name, Age, Rela | ationship) | |
| Name: | Age | :Relationship | : | |
| | | | | |
| | | | | |
| Address: (Street, Township | o, Zip Code) Tele | phone Number | Email | |
| How long at the above add | Iress? | | | |
| Earned Income (Include em for the last tax year): | nployment and self-emp | oloyment income for all h | ousehold members | |
| Name | Employer | Annual Gro | oss Wages Date | |
| | | | | |
| | | | | |

2022 Income – List all income

| Other Income Sources (Veterans Alimony, etc.): | s, SSI, Pension, Rental Income, Interest, Child Support, |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| \$ | per |
| \$ | per |
| Bank Accounts: | Name/Address of Bank(s) |
| YesNo Checking \$_ | |
| YesNo Savings \$_ | |
| Debts - Please list your debts and loans. DEBTOR PURPOSE PAYMENT | d the amounts: mortgage installment accounts, auto and other DATE INCURRED AMOUNT BALANCE |
| | |
| | |
| | owned and occupied your residence for one year or longer? ES 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 ass | sessment? | | | |
|--------------------------------------------------|---------------------------------|----------------|--------------|------|
| 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 ho | use have? | GOOD | FAIR | POOR |
| | Condition? | | | |
| Roof: What type of roof (asphalt shingle, me | etal roll)? | | | |
| | Condition? | | | |
| Exterior: What type of siding? | | | | |
| | Condition? | | | |
| Doors and Windows: How many doors? | Condition? | П | П | |
| Windows? | Condition? | | | |
| Plumbing: | | _ | _ | |
| Type of plumbing? | Condition? | | | |
| Electrical: What size electrical entrance? | amps | | | |
| Fuse Type?Brea | kers? Do you | use many exter | nsion cords? | |
| Heating System: | | | | |
| What type of heating system? | | | | |
| How old is the heating system? | | | | |
| What specific home improvements do \(\) | <u>′OU</u> 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 St. Lawrence County 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 "3-year lien agreement" for the amount of the cost of the rehabilitation work done to my (our) home; and agree to maintain my home in good repair for the period of 3 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 St. Lawrence County 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.

Date

Co-Applicant's Signature

Date

| 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: | | | | |
| ☐ White ☐ Black/African American | Asian | American Indian/Alaskan Native | | |
| Native Hawaiian/Other Pacific Islander | American Indian/A | slaskan Native & White | | |
| Asian & White | Black/African Ame | rican & White | | |
| American Indian/Alaskan Native & Black | /African American | Other Multi-Racial | | |
| Asian/Pacific Islander | Hispanic | | | |

Federal and State Law prohibit discrimination on the basis of age, sex, race, national or ethnic origin, handicap or familial status. St. Lawrence County 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

Applicant's Signature

| 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 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: Development Authority of the North Country Attn. Michelle Capone 317 Washington Street Watertown, NY 13601 Or email to mcapone@danc.org |
| Applications will be reviewed for program eligibility on a first received basis. Applications not funded through this program will be added to the St. Lawrence County 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:

Michelle Capone
Development Authority
mcapone@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 <u>signed</u> copy of your <u>2022</u> 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. |

St. Lawrence County

Community Development Block Grant Program

Conflict of Interest Certification

| I (we) | | , hereb | y certify, under penalty of perjury that I/(we |) |
|--------------------------------------------------|-----------------------|------------|------------------------------------------------------------------------------------|--------|
| Print appl | icant(s) name | | | |
| | Do | or | Do Not | |
| | (cl | neck appr | ropriate line) | |
| - | the administratio | | iness) with any of the following individuals ivery of the St. Lawrence County Comm | |
| St. Lawrence Coun | ty Board of Legis | lators | | |
| Contributing St. La Planning, Planner II, | • | Staff: lim | nited to Treasurer, Deputy Treasurer, Direct | or of |
| | | | Development Authority of the North Couver, Mason Barnum, and support staff. | ıntry, |
| Please describe any of interest: | relationships, or cir | rcumstanc | ces that you believe could contribute to a con | nflict |
| 1. | | | | |
| _ | | | | |
| 3. | | | | |
| 4. | | | | |
| Applicant Signature: | | | | |
| Co-Applicant Signat | ure: | | | |

** 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.