



ST. LAWRENCE
COUNTY GOVERNMENT

County Courthouse
48 Court Street
Canton, New York 13617

HOUSING REHABILITATION PROGRAM

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A. The Handbook's Purpose

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 #5)

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 #5 Program. Staff from the Authority will work with eligible homeowners throughout the project.

3. As part of the selection process, applications will be prioritized 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. Those that have received housing assistance from the County within the past 10 years will be prioritized lower to those that have never received financial assistance from the County.

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 CHRP #5.” 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. Testing for asbestos associated with the proposed scope of work is required to be completed. A final scope of work will be agreed upon between Program staff and homeowner based upon the results from the lead inspection and asbestos survey, which will be incorporated into the final 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.
8. Your adjusted gross income must not exceed the following limits for the size of your household.

1	2	3	4	5	6	7	8
\$45,500	\$52,000	\$58,500	\$64,950	\$70,150	\$75,350	\$80,550	\$85,750

Updated 5/15/2023

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 60 months. If the client household sells the house before the 60 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 60-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. Additionally, for any rehabilitation work, an asbestos survey is completed by a qualified firm. If asbestos is detected, proper protocols are followed for the disposal of such materials by a qualified contractor.

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 signed copy of your **2023** Federal Income Tax return and all applicable schedules with the W-2s.
2. Payroll stubs (last 8 consecutive weeks) – showing year-to-date earnings.
3. 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 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)

Name: _____ Age: _____ Relationship: _____

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

Have you ever received a housing grant from St. Lawrence County for this property? Yes or No
If yes, what year? _____

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

Name	Employer	Annual Gross Wages	Date
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2024 Income – List all income

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

\$ _____ per _____
\$ _____ per _____

Bank Accounts:

Name/Address of Bank(s)

____ Yes ____ No Checking \$ _____
____ Yes ____ No Savings \$ _____

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:		GOOD	FAIR	POOR
What type of foundation does your house have?				
_____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roof:				
What type of roof (asphalt shingle, metal roll)?				
_____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exterior:				
What type of siding?				
_____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doors and Windows:				
How many doors?				
_____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows? _____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing:				
Type of plumbing? _____	Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 "5-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 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 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.

Applicant's Signature

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:

- | | | | |
|--|---|--------------------------------|---|
| <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. 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 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:

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 signed copy of your **2023** Federal Income Tax return and all applicable schedules with the W-2s.
- _____ 2. Payroll stubs (last 8 consecutive weeks) – showing year-to-date earnings.
- _____ 3. 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.)
- _____ 4. The deed or recorded life use document to your property.
- _____ 5. Latest property tax bills & receipts showing paid (County, Town, School). (Property taxes must be current.)
- _____ 6. Proof of homeowner's insurance.
- _____ 7. Bank Books and latest bank statements for all checking and savings accounts and proof of all asset income for all household members.
- _____ 8 Mortgage Statement, if mortgage/s on property as applicable.

St. Lawrence County
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 St. Lawrence County Community Development Block Grant Program.**

St. Lawrence County Board of Legislators

Contributing St. Lawrence County Staff: limited to Treasurer, Deputy Treasurer, Director of Planning, Planner II, and support staff.

Grant Administrator/Administrative Staff: Development Authority of the North Country, Michelle Capone, Matthew Taylor, Matthew Siver, and support staff.

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.