

CITY OF KIRKSVILLE

HOUSING REHABILITATION PROGRAM GUIDELINES

PURPOSE

The Housing Rehabilitation Loan Program is designed for low and moderate income homeowners to address safety and public health code violations, as well as provide funds for necessary house repairs.

PROGRAM ASSISTANCE

Housing Rehabilitation: Program pays for 80-90% of housing rehabilitation costs, not to exceed Seven Thousand Five Hundred Dollars (\$7,500). Based upon the 2016 Income Guidelines, below, applicants with income levels at 50% or lower shall pay 10% of project costs; those with 80% or lower shall pay 20% of the costs, dependent upon the criteria below. This program is subject to funding availability.

ELIGIBILITY CRITERIA

1. Applicants must own and reside in the said property.
2. Applicants must provide a tax statement and have a title that is free of liens and legal questions as to ownership of the property.
3. The property must be a residential structure.
4. Applicants cannot owe back taxes on the property nor have outstanding adverse judgments, encumbrances or liens with the City of Kirksville for the duration of the loan.
5. All City obligations in applicant’s name and/or for the rehabilitated property should be current at the time of application and for the duration of the loan – including, but not limited to, tax liens from code violations and utility bills.
6. Property will be eligible only if the owner signs an agreement to repay the full loan amount if the property rehabilitated is sold, rented, transferred or abandoned within five (5) years of the contract completion date.

Applicants must have adjusted gross income at or below 80% of the area median income (see chart below).

**2016 INCOME GUIDELINES (adjusted gross income)**

| # PERSONS IN HOUSEHOLD | ONE    | TWO    | THREE  | FOUR   | FIVE   | SIX    | SEVEN  | EIGHT OR MORE |
|------------------------|--------|--------|--------|--------|--------|--------|--------|---------------|
| 30 %                   | 11,880 | 16,020 | 20,160 | 24,300 | 28,440 | 32,500 | 34,750 | 37,000        |
| 50%                    | 19,600 | 22,400 | 25,200 | 28,000 | 30,250 | 32,500 | 34,750 | 37,000        |
| 80%                    | 31,400 | 35,850 | 40,350 | 44,800 | 48,400 | 52,000 | 55,600 | 59,150        |

PROGRAM REQUIREMENTS

Applicants will be required to complete an application provided by the City. The following Program guidelines also apply:

1. Program funds can be utilized for exterior and interior rehabilitation with an emphasis on meeting state and local fire, safety and building codes.
2. Applicant must provide proof that all property taxes are current on all property in applicant's name and the subject property is properly insured.
3. Applicant shall agree to comply with the Property Maintenance Code of the Kirksville, Missouri Code of Ordinances.

#### APPLICATION AND SELECTION PROCESS

1. This is a voluntary program. All interested persons must submit an application before any action can take place.
2. Applicants who qualify will be taken on a first-come, first-serve basis.
3. A complete house inspection will be made by the Codes and Planning Director and/or Codes Inspector. A work write-up will be prepared, as well as a cost estimate. All items on the work write-up, as well as other pertinent information, will be discussed with the owner and contractor before a contract is signed, and any allowable revisions may be made at that time.
4. If City staff determines an application for a loan cannot be approved, a written statement of the reasons for the determination will be sent to the applicant.

#### RIGHTS RESERVED

The City of Kirksville reserves the right to reject any and all applications up to the limit of closing. The specific Program policies and procedures herein are subject to revision or amendment by the City of Kirksville. The City may discontinue this Program at any time, subject to the availability of Program funding.

#### ADDITIONAL INFORMATION

1. This is a reimbursement-only loan payable directly to a pre-approved contractor and for approved work only.
2. Successive owner of property will be responsible for repayment of loan upon death of applicant.
3. Default in repayments under the Housing Rehabilitation Loan Program subject the applicant and/or successors to payment of outstanding loan balance within 60 days of default.
4. Contractor chosen to do rehabilitation work must be pre-approved by the Codes Department and hold a current City of Kirksville Business License as a contractor and/or plumber.
5. Payments will be made to contractor within 10 business days upon presentation of an invoice for services and verification of work performed.
6. Requests for payments to a non-approved contractor or for non-approved work

|  |
|--|
| Office Use Only:<br>Application Number: _____<br>Application Date: _____ |
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CITY OF KIRKSVILLE  
HOUSING REHABILITATION PROGRAM

**APPLICATION FORM**

1. APPLICANT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PROJECT INFORMATION

PROJECT ADDRESS: \_\_\_\_\_

APPROXIMATE AGE OF HOME: \_\_\_\_\_ HOW MANY BEDROOMS: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

THE FOLLOWING MAJOR DEFECTS EXIST ON MY HOUSE. PLACE AN "X" IN THE BOXES THAT APPLY.

|                         |  |                          |  |                        |  |
|-------------------------|--|--------------------------|--|------------------------|--|
| Foundation              |  | Attic/wall insulation    |  | Storm windows          |  |
| Basement walls          |  | Floors                   |  | Toilet/bathtub/sink    |  |
| Gutters                 |  | Siding                   |  | Electrical wiring      |  |
| Peeling paint           |  | Heating system/gas lines |  | Ceiling                |  |
| Doors                   |  | Roof/soffit              |  | Windows                |  |
| Kitchen sink/countertop |  | Chimney/flue             |  | Handicap accessibility |  |
| If other, please list.  |  |                          |  |                        |  |

4. MORTGAGE INFORMATION

IS THERE A CURRENT MORTGAGE ON THE PROPERTY: YES \_\_\_\_\_ NO \_\_\_\_\_

ARE THERE ANY OTHER LOANS, LIENS, AND/OR DEED RESTRICTIONS ON THE PROPERTY?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list: \_\_\_\_\_

5. INCOME INFORMATION

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

|  | Yes | No |
|--|-----|----|
| Does any member of your household receive or expect to receive income from a pension or annuity?   |     |    |
| Is any member of your household employed full-time, part-time or seasonally?   |     |    |
| Does any member of your household now receive or expect to receive unemployment?   |     |    |
| Does any member of your household receive or expect to receive Social Security?  |     |    |
| Does any member of your household receive income from assets including interest on checking, savings and dividends from CD's, stocks or bonds or from rental property? |     |    |

LIST NAME, ADDRESS, AND PHONE NUMBER OF TWO RELATIVES OR FRIENDS WHO ARE ABLE TO CONTACT YOU:

1. NAME: \_\_\_\_\_ 2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST BELOW ALL PERSONS WHO ARE OR WILL BE LIVING IN THE UNIT.

|    | Full Name & Relationship | Sex | Date of Birth |
|----|--------------------------|-----|---------------|
| 1. |                          |     |               |
| 2. |                          |     |               |
| 3. |                          |     |               |
| 4. |                          |     |               |
| 5. |                          |     |               |
| 6. |                          |     |               |

6. OTHER REQUIRED DOCUMENTATION

- a. Property deed with legal description of property.
- b. Proof that all property taxes are paid and current.
- c. Proof of property and liability insurance.
- d. Current Federal signed tax return, W-2's and/or Social Security printout for household.

I/We certify that all information set forth in this application is a true representation of the facts pertaining to the subject property for the purpose of obtaining funding under the City of Kirksville Housing

Rehabilitation Program. I understand and acknowledge that any willful misrepresentation of the information contained in this application could result in disqualification from the Program, requiring any funds already disbursed to be repaid in full to the City of Kirksville.

The Applicant further certifies that he/she has read and understands the Housing Rehabilitation Program Guidelines. If a determination is made by the City staff that Program funds have not been used for eligible Program activities, the Applicant agrees that the proceeds shall be returned in full, to the City and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right, or claim. It is understood that all City funding commitments are contingent upon the availability of Program funds.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**CITY USE ONLY**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Verification date: \_\_\_\_\_

Eligible \_\_\_\_\_

Ineligible \_\_\_\_\_

Reason for Ineligibility: \_\_\_\_\_