



City of Utica's Landlord ARPA Exterior Home Repair Program

APPLICATIONS WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED

- ❖ This is a first come first approved program
- ❖ Applications will only be approved once ALL required docs have been submitted
- ❖ This funding is 100% forgivable
- ❖ Provides funding to assist with eligible exterior repairs
- ❖ Must be current on all tax, water and sewer bills
- ❖ Must be free of code or nuisance citations, exterior code citations must be cured with this funding
- ❖ Homes within the Scenic and Historic District MUST provide proof Scenic and Historic committee's approval
- ❖ Ineligible properties include Single Wide Trailers, Homes in Manufactured Parks, Mixed use or commercially zoned properties.
- ❖ The maximum award amount is \$25,000
- ❖ Funds will be disbursed in two payments, 50% upon materials delivery and 50% upon projection completion with final inspection by HOC.
- ❖ Homes in flood zones must have flood insurance

Eligibility

Applicants Must:

Own a rental property in a Qualified Census Tract (209.00, 212.01, 214.01, 201.02, 203.00, 208.02, 208.03, 210.00, 211.01, 211.02, 211.03, 212.02, 213.02, 214.02, 215.00, and 264.00)

OR

Property owner must reside in Utica and have a total household income at or below 60% AMI adjusted for household size

Income Limits-if the home is outside the target area, total household income must be at or below:

1 Person Household-\$30,420, 2 person Household-\$34,800, 3 person household-\$39,120, 4 Person Household-\$43,440, 5 Person Household-\$46,920, 6 Person Household-\$50,400, 7 Person Household-\$53,880, 8 Person Household-\$57,360

AND all applicants must:

Provide proof that they suffered loss of rental income due to the pandemic eviction moratorium

Ineligible Applicants: Any person who is an employee, agent, consultant, officer or elected or appointed official of the City, Sub recipient or any designated public agency.

DOCUMENT CHECKLIST

<input type="checkbox"/> Signed Program Application/Self-Attestation form	<input type="checkbox"/> Detailed scope of work & contractor estimates
<input type="checkbox"/> Copies of Social Security Cards for all applicants	<input type="checkbox"/> Proof of Contractors Liability Insurance
<input type="checkbox"/> Copies of Photo ID for all applicants	<input type="checkbox"/> Proof of Contractors Workers Compensation
<input type="checkbox"/> Most recent mortgage statement (if applicable)	<input type="checkbox"/> Proof of Contractors EPA RRP Certificate
<input type="checkbox"/> 2019 & 2020 tax returns with Schedules C & E	<input type="checkbox"/> Scenic and Historic District Committee Approval
<input type="checkbox"/> Year to Date Profit and Loss Statement	<input type="checkbox"/> Proof water bill is up to date
<input type="checkbox"/> If applicant is outside the qualified census tracts provide proof of <u>ALL</u> income for <u>ALL</u> adult household members. Provide 2 months of pay stubs, the most recent social security, SSD, or Workers Comp award letters, proof of rental income, self-employment income and verification for all additional household income.	



Contractor Requirements

Applications must be submitted with

- ❖ Project estimate with a detailed scope of work with a list of the materials to be used
- ❖ Proof of Contractor liability insurance
- ❖ Proof of Worker's compensation
- ❖ Proof of EPA RRP certificate
- ❖ Electricians and Plumbers must be licensed with the City of Utica.

Information for your selected contractor-Share this information with them

- ❖ Project must be completed within 6 months of approval and closing
- ❖ Contractor is responsible for pulling the necessary permits with the City
- ❖ Payments will be made directly to the owner.
 - The first payment will not be issued until all materials have been ordered and are on site. Progress inspection to verify materials will be performed within 3-5 business days of notification to HOC and first payment (50%) will be issued in the form of a check upon inspection.
 - The final payment will be issued upon completion inspection (schedules within 3-5 business days of notification to HOC of work completion). Final payment will be issued in the form of a check upon satisfactory final inspection of work.
- ❖ Contractors should check with Utica codes department regarding any environmental testing that will be required before providing the customer with an estimate and final scope of work.

Program will not

- ❖ Provide reimbursement on work that has already been completed, or that is already in process. Homeowners cannot use this funding to pay themselves back for work that they have previously had completed on their home prior to applying and being approved.

Eligible repairs include:

- ❖ Roof repairs/replacements
- ❖ Window replacements
- ❖ New exterior doors
- ❖ Siding improvements
- ❖ Garage repairs
- ❖ Home heating system upgrades
- ❖ Water Heaters
- ❖ Sewer laterals & Water line replacements
- ❖ Repair, replacement or construction of front porches/steps
- ❖ Repair, replacement of back steps, decks, porches

Tips for selecting and working with Contractors

- ❖ Understand scope of work. To find a contractor, you need to know what work needs to be completed, including materials and installation requirements.
- ❖ Review the contractors qualifications, get at least 3 cost estimates, check credentials and request 3 references.
- ❖ Execute a contract. Make sure you have a written and signed contract that includes detailed specifications, fixed pricing, schedule for completion, schedule of payments, process for change orders, and warranty information.
- ❖ Request a written warranty. Ensure that the contractor agrees to warranty their work for at least one year following the completion of the project. Ensure that the contractor provides you with the product manufacturers warranty information.
- ❖ Oversee the contractor's work. During construction, monitor the contractor's progress. Ask the contractor to provide you with weekly updates on the status of construction.
- ❖ Avoid contractor fraud. This may include underperforming, using poor-quality materials, inflating costs, or abandoning the project before completion. Be wary of contractors that demand cash payments or large payments upfront, do not agree to a written contract, do not have a business address, are not registered, or solicit customers by saying they can provide a good deal because they are in the neighborhood.
- ❖ Conduct a final walk-through. When the repairs are complete, conduct a final walk-through to ensure that all repairs have been made, the property is clean, and HVAC, and other systems are functioning properly. Take photos and make notes about anything that doesn't look right.

City of Utica ARPA Landlord Exterior Rehabilitation Program PROGRAM APPLICATION



HomeOwnershipCenter

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Property Owner			Property Information		
Property Owner Name:		Date of Birth:	Address of property requesting Funds:		
Social Security Number:	Home Phone:	Cell Phone:	# of Units:	Value of Property:	Mortgage Balance:
Owner Primary Address (Street)			Date Purchased:		
Address (City) (State) (Zip)			Ownership: <input type="checkbox"/> Sole <input type="checkbox"/> Joint <input type="checkbox"/> Trust tenancy in common <input type="checkbox"/> Other		
County	Email Address		Additional Names on Deed:		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Property Manager Name:		Property Manager Phone #:
Highest Level of Education Obtained <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters			Property Manager Email		
Do you have a written codes Violation or ROP Report? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Unit Information							
Tenant First & Last Name	Phone Number	Unit #	# of Occupants	# Bed Rooms	# Bath Rooms	# of Children under 6	Utilities Included Yes or No

Are there children under the age of 6 who visit the home a significant amount of time?
☐ Yes ☐ No If Yes; how many children visit?_____ ☐ Unsure

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CERTIFICATIONS

	Applicant	Co-Applicant
Are you a US Citizen or A Permanent resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any outstanding judgments? If yes, Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last seven years, have you been declared bankrupt? If yes check one: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Party in a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you Active Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HECM loan (Reverse Mortgage) on your property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Life Estate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT <input type="checkbox"/> I do not wish to furnish this information		CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO

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SIGNATURE SECTION

I (we) certify that all the information provided on the application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (we) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from our programs. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

I (We) authorize the release of relevant information to the City of Utica in connection with the program application, including personal information and housing related information.

I (We) authorize that staff of HomeOwnershipCenter to obtain income and asset verifications from all household income sources. I (We) authorize HomeOwnershipCenter to also obtain credit reports in connection with this application and as needed based on program requirements. I (We) authorize the HomeOwnershipCenter to act on my behalf and communicate with any service providers and individuals reflected in the application and supporting documentation. I (We) authorize HomeOwnershipCenter to obtain copies of mortgage related documents including but not limited to Loan Estimate, Mortgage Application, Appraisal, Closing Disclosure, Mortgage Agreement, Deed and Insurance Binder. I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

I (We) understand that any intentional or negligent misrepresentation(s) of the information contained on this application may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I (We) confirm that all of the information provided is correct and factual. No information has been withheld. I (We) understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with necessary information or documents in a timely manner will result in the closing of our file.

I (We) have read and understand all the information contained in this program application:

Signature of Primary Applicant

Date

Signature of Co-Applicant

Date

Please tell us how you heard about us...

- ☐ Radio ☐ Television ☐ Referral: if referral, by who? _____
- ☐ Codes ☐ City of Utica
- ☐ Other _____

FOR OFFICE USE ONLY

Please select a Program:

- | | |
|--|--|
| <input type="checkbox"/> Homebuyer Education | <input type="checkbox"/> City of Utica Down Payment Assistance |
| <input type="checkbox"/> Financial Coaching | <input type="checkbox"/> West Utica Down Payment Assistance |
| <input type="checkbox"/> City of Utica Home Repair Program | <input type="checkbox"/> Oneida/Madison County Down Payment Assistance |
| <input type="checkbox"/> City of Utica ARPA Owner Occupied | <input type="checkbox"/> Foreclosure Intervention/Prevention |
| <input type="checkbox"/> City of Utica ARPA Landlord | <input type="checkbox"/> Home Rehabilitation/Other |
| | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Other: |

Provide a brief description of your COVID-19 hardship including but not limited to the number of rental properties owned, number of rental properties that stopped paying rent, the length of time the units went without paying and any other relevant information:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This applicant certifies that they suffered a loss of rental income as a result of the COVID-19 Pandemic.

OWNER-PRIMARY APPLICANT		
Signature	Printed Name	Date
ADDITIONAL OWNERS-CO-APPLICANT(S)		
Signature	Printed Name	Date
Signature	Printed Name	Date

HOUSEHOLD INCOME CERTIFICATION FORM

Please provide income information for all household members ONLY if your property is outside of the qualified census tracts.

FIRST AND LAST NAME	DATE OF BRITH	GENDER	RELATIONSHIP TO APPLICANT	DISABLED YES OR NO	VETERAN YES OR NO	ANNUAL INCOME	SOURCE OF INCOME
						\$	

Please provide proof of **ALL** income for **ALL** adult household members.

Provide 2 months of pay stubs, the most recent social security, social security disability, or workers compensation award letters, proof of rental or self-employment income, and verification for all additional household income.

ARPA EXTERIOR REPAIR PROGRAM STEP BY STEP GUIDE

