

City of Rome's Owner-Occupied 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 reviewed for approval once **ALL** required documents have been submitted.
- ❖ **Property must have been owned by the current owner prior to March 1st, 2020.**
- ❖ This funding is 100% forgivable, if the project is satisfactorily completed per the program regulations.
- ❖ Provides funding to assist with eligible exterior repairs. **See list of eligible repairs on page 2.**
- ❖ Property must be current on all tax & water bills.
- ❖ Property must be free of code or nuisance citations. Exterior code citations must be addressed with this funding.
- ❖ Applicants/owners cannot have open or pending litigation with the City of Rome.
- ❖ Ineligible properties: single-wide trailers, homes in manufactured parks, mixed-use, properties held in a trust, or commercially zoned properties.
- ❖ Total household assets cannot exceed \$35,000, excluding property value, retirement, stocks & bonds.
- ❖ **Limited to owner-occupied properties with up to two units.**
- ❖ Funds will be disbursed in two payments: 50% upon material delivery (materials must be onsite) and 50% upon project completion with final inspection by HOC. Payments are made directly to the owner.
- ❖ **The maximum award amount is \$25,000.**
- ❖ Properties within 100-year floodplain (Zone A) are ineligible.
- ❖ **For the first 60 days, owners are only eligible if they live in the qualified census tracts. After the first 60 days, if all funds have not been allocated, the program will be open to all owners within the City of Rome.**

Eligibility

Applicants must: Live in a Qualified Census Tract (219.0, 220.0, 225.0, & 263.00)

AND

Have a total household income at or below 80% AMI adjusted for household size, per the chart below.

Income Limits:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$49,250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200	\$92,800

Document Checklist

- Complete and signed program application
- Copies of Social Security Cards for all applicants
- Copies of Photo ID for all applicants
- Most recent mortgage statement (if applicable)
- Proof water bill is paid up to date
- 2 months of most recent consecutive bank statements
- PROOF OF ALL HOUSEHOLD INCOME:**
 - 2 months of most recent consecutive pay stubs
 - Most recent social security, SSD, or Workers Compensation award letters
 - Proof of rental or self-employment income for all household members
- Detailed scope of work & contractor estimates
- Proof of Contractors General Liability Insurance
- Proof of Contractors Workers Compensation
- Proof of Contractors EPA RRP Certificate
- If self-employed, current year profit & loss and previous 2 years of federal income tax returns with tax schedules

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 Worker's Compensation coverage.
- ❖ Proof of EPA RRP certificate.
- ❖ Electrical work must be inspected by a 3rd party.
- ❖ Plumbers must be licensed within the City of Rome.
- ❖ Proof of general liability coverage.

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 acquiring the necessary permits with the City of Rome.
- ❖ Payments will be made directly to the owner.
 - The first payment will not be issued until we have proof of permits and materials have been ordered and are onsite. First payment will be issued in the form of a check, 5-7 business days after the progress inspection has been completed.
 - The final payment will be issued upon completion and satisfactory inspection by HOC. Final payment will be issued in the form of a check, 5-7 business days after the final inspection has been completed.
- ❖ Contractors should check with City of Rome codes regarding any environmental testing that will be required before providing 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 completed on their home prior to applying and being approved.
- ❖ Assist anyone with City of Rome Affiliation: employees, agents, consultants, officers, elected/appointed officials of the City of Rome, subrecipient, or designated public agency.

Eligible repairs include:

- ❖ Roof repairs/replacements
- ❖ New exterior doors
- ❖ Garage repairs
- ❖ Repair/replacement of stairs
- ❖ Repair/replacement of porches
- ❖ Repair/replacement of decks
- ❖ Siding improvements
- ❖ Window replacements
- ❖ Selective demolition of accessory structures if deemed a hazard or not feasible to repair (Must be approved by the City of Rome)

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 the contractor agrees to warranty their work for at least one year following the completion of the project. Ensure the contractor provides you with the product manufacturer's 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. 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, and are functioning properly. Take photos and make notes about anything that doesn't look right.

City of Rome ARPA PROGRAM APPLICATION



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APPLICANT				CO-APPLICANT			
Applicant Name		Date of Birth		Co-Applicant Name		Date of Birth	
Social Security Number		Home Phone	Cell Phone	Social Security Number		Home Phone	Cell Phone
Address (Street)				Address (Street)			
Address (City)		(State)	(Zip)	Address (City)		(State)	(Zip)
County		Email Address		County		Email Address	
# of Years at this Address?		# of People in Household?		# of Years at this Address?		# of People in Household?	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
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				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			

EMPLOYMENT INFORMATION							
Applicant Employer Name & Address		Date of Hire	Self-Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Co-Applicant Employer Name & Address		Date of Hire	Self Employed <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Phone			Business Phone				
Position/Title		Annual Income		Position/Title		Annual Income	
Previous Employer (if less than 2 years at current employer)				Previous Employer (if less than 2 years at current employer)			

****Please include copies of 2 months recent**

Category	Applicant	Co-Applicant
Social Security / SSD / SSI	\$	\$
Pension	\$	\$
Child Support	\$	\$
Other	\$	\$

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

HOUSEHOLD INFORMATION			
<i>Please list ALL persons currently living in your household (Including applicant & co-applicant)</i>			
Name	Date of Birth	Annual Salary (if any)	Source of Income

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ASSET INFORMATION

Do you currently Own Rent - If you rent, what is your current monthly rent payment? \$ _____

Asset Information:

1. Total currently in savings \$ _____
2. Total currently in checking \$ _____
3. Market value of stock/bonds \$ _____
4. Current value of certificates of deposit \$ _____
5. Current value in retirement accounts \$ _____

Monthly Debt Obligations:

1. Credit Card 1 \$ _____
2. Credit Card 2 \$ _____
3. Student Loan (s) \$ _____
4. Auto Loan (s) \$ _____
5. Other \$ _____
6. Other \$ _____

Monthly Payments:

PLEASE PROVIDE THE LAST 3 STATEMENTS FOR YOUR CHECKING/SAVINGS - MUST PROVIDE CURRENT STATEMENT FOR ALL OTHERS.

PROPERTY INFORMATION- N/A FOR DOWN PAYMENT ASSISTANCE APPLICANTS

Address of Property (if different from above)			Is the property your primary residence?			Name that appears on Deed/Title		
Value of Property	Home Owners Ins. <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Purchased	Mortgage Balance	Current on Taxes <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner Occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO	Tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have a written Codes Violation or ROP Report? <input type="checkbox"/> YES <input type="checkbox"/> NO						How many units?		
List all known structural issues (home repair only):								
Is your electric bill paid up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO						If no, are you on a payment plan with your utility provider? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the property life use or held in a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO								

****Please provide proof of paid taxes & homeowners insurance****

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

Please tell us how you heard about us...

- Radio Television Referral: if referral, by who? _____
- Other _____

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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"/> Male <input type="checkbox"/> Female	Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO

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 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) acknowledge that I have read and received a copy of the HomeOwnershipCenter's Privacy Policy. 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

FOR OFFICE USE ONLY

Please select a Program:

- Homebuyer Education
- Financial Coaching
- City of Utica Home Repair Program
- City of Rome ARPA Exterior Program
- City of Rome Down Payment Assistance

- Manufactured Home Replacement
- Foreclosure Intervention/Prevention
- Home Rehabilitation/Other
- West Utica Down Payment Assistance
- Oneida County Down Payment Assistance
- Other: _____
- Other: _____

Notes:

PROGRAM APPLICATION

Privacy Policy

The HomeOwnershipCenter is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you verbally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out,” we will not be able to answer questions from your creditors. If, at any time, you wish to change your “opt-out,” you may call us at (315) 724-4197 and do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you or is a requirement of grant awards which make our services possible.
- We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public physical information.

By signing this Privacy Policy, I confirm that I have received a copy and understand that I am not under any obligation to utilize any other services or programs provided by the HOC and/or its partners in order to receive counseling services.

Customer _____

Date _____

Customer _____

Date _____

Disclosure Statement

The HomeOwnershipCenter is a private, not-for-profit 501(c)(3) organization established in 1979 to improve the quality of local housing and neighborhoods. Its mission is the Revitalization and Growth of Neighborhoods. As such, the HomeOwnershipCenter is dedicated to enhancing the quality of life for families in its service area by providing comprehensive housing assistance, housing counseling, neighborhood revitalization and leadership development services that help:

- People become first-time homebuyers
- Homeowners increase the value of their homes
- Strengthen neighborhoods
- Fill financial, housing and community development needs not met by the private sector

The agency offers a variety of housing related services including homeownership assistance, home improvement grant and loan programs, Foreclosure Intervention Counseling, and Reverse Mortgage counseling. HOC also provides grant writing assistance and administrative services for county government grants that provide low income customers with funds for homeownership purchase and home rehabilitation. HOC is a NeighborWorks® America Charter Member.

HOC provides services to Oneida, Herkimer, Fulton, Montgomery, Madison, and Otsego County residents to assist in areas such as:

- First Time Home Buyer Education and Financial Literacy Education
- Post purchase (non-delinquency) Home Buyer Education
- One-on-one continuing education for pre-purchase first-time home buyers
- Home Improvement Programs to assist existing homeowners
- Reverse Mortgage Counseling
- Financial Coaching

The counseling services, lending products, rehabilitation, affordable housing and other forms of assistance that may be offered by the HomeOwnershipCenter, its subsidiaries, affiliates or directors, officer's employees, agents or partners may also be offered by other providers and you are under no obligation to utilize services from the HomeOwnershipCenter regardless of the recommendations made by counselors.

An individual trustee officer, agent or employee who believes that he or she might have a real or perceived conflict of interest should notify the HomeOwnershipCenter immediately.

By signing this disclosure, I understand that I am not under any obligations to utilize any other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by HomeOwnershipCenter partners as well.

Customer _____

Date _____

Customer _____

Date _____

Fee Schedule:

HomeOwnership Counseling - \$50.00

4-Hour Financial Coaching Package - \$99.00

Homebuyer Education Package - \$100.00

*****Discounted prices are available for those who meet certain income criteria.*****