



Housing Rehabilitation Loan 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 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).

2020 INCOME GUIDELINES (adjusted gross income)

# PERSONS IN HOUSEHOLD	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT OR MORE
30%	13,650	17,240	21,720	26,200	30,680	35,160	39,640	42,900
50%	22,750	26,000	29,250	32,500	35,100	37,700	40,300	42,900
80%	36,400	41,600	46,800	52,000	56,200	60,350	64,500	68,650

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 will not be honored.

CITY OF KIRKSVILLE
 HOUSING REHABILITATION LOAN PROGRAM
APPLICATION FORM

Office Use Only:
Application Number: _____
Application Date: _____

1. APPLICANT INFORMATION

NAME: _____ DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

2. 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.					

3. 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: _____

4. 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.			
7.			
8.			

5. 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: _____

CITY USE ONLY

Application Received by: _____ Date: _____

Verification date: _____

Eligible _____

Ineligible _____

Reason for Ineligibility: _____