THE CITY AND COUNTY OF BROOMFIELD
1 DesCombes Drive • Broomfield, Colorado 80020 • 303-438-6396

1 January, 2014

Re: Broomfield Housing Rehabilitation Program
or
Mobile Home Repair Program

Dear Homeowner,

Thank you for your interest in Broomfield's Housing Rehabilitation Program or Mobile Home Repair Program funded by the Community Development Block Grant program.

Attached are the following materials and action required for each:

TITLE	EXPLANATION	ACTION NEEDED
Program Overview	This is a general explanation of the Housing Rehabilitation and Mobile Home Repair Program regarding eligibility, maximum amounts of loan, eligible work items, and general Federal requirements.	Read - this will generally let you know if you qualify to participate in the program. If you have questions regarding the program, contact Cheryl St. Clair (303-438-6396).
Process Steps	A general schedule of the steps followed in the Rehabilitation Loan Program.	Read - this lets you know what the process for accomplishing the work will be.
Application Form	This form collects the information needed to determine your eligibility for the program - ownership, income and asset information.	Complete the form and collect the documentation information listed on page 3 of the application. Sign the Authority to verify financial information and the Declaration of U.S. Citizenship. **Submit the completed application to Cheryl St. Clair, Housing Program Manager at the Broomfield Community Development office at 1 DesCombes Drive**. For questions regarding information requested on the application form contact Cheryl (303-438-6396).

Once your application has been received and processed, you will receive a letter approving, conditionally approving (which will request additional information from you), or denying your eligibility for the program. Once approved, you will be contacted by the Rehab Specialist, Wayne Hughes, to schedule an inspection of your home.

Sincerely,

Cheryl St. Clair
Housing Program Manager
City and County of Broomfield

Program Overview
Mobile Home Repair Program
City and County of Broomfield

The goal of the Broomfield Mobile Home Repair Program is to provide the means for homeowners with low or moderate incomes to improve their homes to standards of safety and code compliance. The program is funded by the Federal Community Development Block Grant Program (CDBG), through the U.S. Department of Housing and Urban Development (HUD).

I. ELIGIBILITY REQUIREMENTS

A. **Property Location** - Property must be located within the limits of the City and County of Broomfield.

B. **Owner-Occupancy** - Property must be owner-occupied and the applicant's sole residence.

C. **Residency** – Owner must be a legal resident of the U.S.

D. **Income** – Homeowners must earn below 50% of the Area Median Income, based on household size from the U.S. Department of Housing and Urban Development (HUD). 2014 income limits are below. Income is calculated using HUD's Part V Income Calculation.

E. **Assets** – Assets, including cash, checking accounts, savings accounts, stocks, bonds, mutual funds, money markets, and certificates of deposit (CDs), bank accounts, may not exceed $50,000.

F. **Declaration of Citizenship** - Must sign a Declaration of U.S. Citizenship attached to the application and provide a copy of valid identification.

II. LOAN INFORMATION

A. **Amount** – A maximum of $5,000 may be borrowed.

B. **Forgivable Loan -** The assistance is in the form of a 2-year forgivable loan. Fifty percent (50%) of the loan amount is forgiven each year. If sold before the end of the 2-year period, the payment for the portion not forgiven is due upon sale, transfer of property or cash-out refinance. (For example, if the property is transferred at the end of year 1, 50% of the loan amount must be repaid to the program.)

In order to qualify for the forgivable loan your income must fall at or below column A based on household size:

Household Size	Column A
1	$26,850
2	$30,700
3	$34,550
4	$38,350
5	$41,450
6	$44,500

III. REPAIR WORK

A. **Inclusions/Exclusions.** The program will cover maintenance work and/or repairs for major systems in mobile homes such as electrical, heating, plumbing, roofing, and skirting.

Items generally not covered will be: remodeling or additions that are purely aesthetic, landscaping, and appliances. Repairs in process by those other than the homeowner are not eligible.

B. Priorities.

i. First priority will be given to work that will correct code violations, health and safety and accessibility.

ii. Second priority will be targeted towards energy efficiency to save energy and lower utility costs.

iii. A priority list of work items will be developed in the assessment process. Lower priority work items may be removed to remain within budget.

C. Repairs exceeding budget. The Rehabilitation Specialist, upon assessment, may determine repairs such as major structural issues exceeding budget may not be approved.

IV. CONTRACTORS

A. Licensing – All contractors hired for Broomfield projects will be licensed with the City and County of Broomfield.

B. Process – Project bids will be sent to pre-approved contractors. In most cases, the lowest bidder will be accepted for the project.

C. Communication – The work contract is between the homeowner and the contractor. Therefore, clear and regular communication is encouraged to promote a good working relationship and timely project completion.

D. Payments – The homeowner and the Rehabilitation Specialist's signatures will be required to approve any and all contractor payments.

E. Warranty – There is a warranty of a maximum of one year on workmanship from the date of the final inspection. Materials are covered by applicable manufacturers' warranties.

V. FEDERAL REQUIREMENTS

A. Environmental Requirements – All properties utilizing CDBG funding are subject to an Environmental Review, tracking information such as historic preservation, flood hazards, ambient noise levels, and proximity of explosive hazards and airport clear zones, which may warrant additional remediation, or disqualify a project.

B. Lead-Based Paint – Any property built prior to 1978 will be required to meet HUD's Lead-Based Paint Title IV Regulations. Depending on the type of rehabilitation work to be done, this may include inspections, paint testing, and abatement. These requirements may also increase the cost of the loan.

VI. CONTACTS

For general information about the program requirements - contact Cheryl St. Clair (303-438-6396, cstclair@broomfield.org).

The City and County of Broomfield does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services.

Process Steps
Housing Rehabilitation Program
And Mobile Home Repair Program
City and County of Broomfield

Contacts

For general information about the program, contact Cheryl St. Clair, Housing Program Manager, at 303/438-6396 or cstclair@broomfield.org.

Process

The following is a guide to the rehabilitation/repair program. Please note that processes may vary, depending on the project.

Step 1: You will obtain an application online or in person. Fill it out and obtain copies of all requested information and submit to Cheryl St. Clair at the City and County of Broomfield, Community Development/Housing Department, 1 DesCombes Drive, Broomfield, CO 80020.

Step 2: You will be contacted by staff of the City and County of Broomfield if additional information is needed.

Step 3: You will be notified regarding the approval of your application by mail.

Step 4: You will be contacted by the Rehabilitation Specialist, Wayne Hughes. An initial inspection will be set up at your home to discuss the work you would like completed and to talk with you about other repairs necessary (to meet the building code). The federally required lead based paint (LBP) testing may be initiated and information collected for other federally required information (environmental and historic property).

Step 5: The Rehabilitation Specialist will put together a detailed work write-up, outlining the work to be done and included estimated costs. You will have an opportunity to approve the write-up or request changes as necessary. The project will only go forward if and when the write-up meets your and the Rehabilitation Specialist's approval.

Step 6: After the write-up has been approved by all parties, the Rehabilitation Specialist will contact licensed, pre-approved contractors to bid the project. He will allow contractors approximately 2 weeks to put together their bids. In most cases, the Rehabilitation Specialist will try to schedule a group inspection with all contractors prior to selecting bids. If a group tour cannot be scheduled, or there is specialized work needed to be performed by sub-contractors, you should anticipate calls from contractors, requesting a time to look at your home.

Step 7: The Rehabilitation Specialist will review all bids with you and you both will determine which contractor should be used. Usually, but not always, the contractor with the lowest bid will be selected. If the homeowner chooses a contractor, other than the low bidder, the homeowner will be responsible to pay for the difference between bids.

Step 8: Once a contractor is chosen, you will sign a contract with the contractor and the work will be scheduled. At the same time, you will sign the loan documents with the City and County of Broomfield.

Step 9: Contractors will be paid after each phase of the work has been completed and inspected. You will sign off on all payment requests.

Step 10: There is a warranty of a maximum of one year on workmanship from the date of the final inspection. Materials are covered by applicable manufactures' warranties.

Step 11: After the work has been completed, the final loan documents will be processed and recorded.

Step 12: For loan payoff information, including subordination requests, please contact Cheryl St. Clair with the Broomfield Housing Department.

Step 13: At the end of your loan period or sale/transfer/refinance of property, your loan will be closed, either through payoff or full payment forgiveness.

CITY AND COUNTY OF BROOMFIELD
APPLICATION
HOUSING REHABILITATION PROGRAM
MOBILE HOME REPAIR PROGRAM

Complete all items that apply:

Application Date _____ Application Number (office use only) _____

Have you previously received HUD/CDBG Housing Rehab Financial Assistance? ☐ yes ☐ no

Which program are you applying for?

☐ Home Rehabilitation Program ☐ Mobile Home Repair Program

HOME OWNER INFORMATION

Name of Applicant _____

Mailing Address _____

Property Address
(If different from above) _____

Home Phone _____ Work or Other Phone _____

Email _____

Year Home Built _____ How long have you lived in your home _____

Complete the following information about each person living in the home including applicant:

NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	STUDENT	DISABLED	RACE* (SEE BELOW)	ETHNICITY** (SEE BELOW)
	Applicant				☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		
					☐Y ☐N	☐Y ☐N		

*Enter one of the following numbers for **RACE**:

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Hispanic

Enter one of the following letters for **ETHNICITY:

A. Hispanic or Latino (all races)
B. Not Hispanic or Latino (all races)

The information above shall be kept confidential and shall be used for statistical reporting and not for the purpose of determining assistance. The City and County of Broomfield does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services.

HOUSEHOLD INCOME DATA - INCOME FROM ALL RESIDENTS

SOURCE OF INCOME	NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	INCOME FROM: NAME OF EMPLOYER WITH CONTACT PHONE #; OR NAME OF INCOME SOURCE SUCH AS : Soc. Sec, SSI, child support, etc; or type of business if self employed	RATE OF INCOME $ per hour, or week, etc.	PROJECTED ANNUAL INCOME (current rate times next 12 months)
Gross income from **Wages/Salaries** (include overtime, bonuses, commissions, tips, etc. as reported to IRS)				
Periodic Payments/Benefits (Soc. Sec., SSI, OAP, pension, retirement, IRA, unemployment, workers' comp., etc)				
Other Income (welfare, alimony, child support, etc) Or, if self-employed income from business				
Income from Assets (Interest or dividends from saving/bank accounts, CD's, investments, or rental property owned)				
			TOTAL ANNUAL INCOME	$ _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE CRITICAL REHABILITATION PROBLEMS, HEALTH AND SAFETY REPAIRS, ACCESSABILITY, ENERGY EFFICIENCY, OR NON-LUXURY IMPROVEMENTS YOU NEED ASSISTANCE WITH: (may include electrical, plumbing, furnace, water heater, accessibility work, mitigation of lead-based paint, roof and gutters, foundation, insulation, doors and windows, flooring, wall repair and painting, exterior siding repair, fencing repair, etc.)

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THE APPLICATION

- ☐ Copy of hazard insurance policy "Declarations Page" (not needed for Mobile Homes) or have your insurance agent fax a copy to us at 303-438-6297.
- ☐ Copy of latest Federal and State tax returns along with W-2s.
- ☐ Completed request for Verification of Employment forms.
- ☐ Copies of last 2 months of pay stubs. (If self-employed, a year to date profit/loss statement and 2 years of federal income tax returns)
- ☐ Last 2 months of bank statements.
- ☐ Proof of Social Security Income.
- ☐ Documentation of all other sources of income.
- ☐ Documentation of all other assets valued at over $5,000 including rental or vacation properties, stocks, etc., excluding vehicles.
- ☐ If mobile home, copy of title or tax certificate, persons applying are the only ones that should be listed as owners.
- ☐ Sign legal residency affidavit and send a copy of a photo ID.
- ☐ Most recent statement from any and all mortgage holders on home, or IRS Form 1098 from all mortgage lenders

All information provided is confidential and will be used only to determine eligibility.

Please read the following carefully before signing:

Each of the undersigned specifically represents to the City and County of Broomfield (City and County) and its potential agents, processors, insurers, successors and assigns and agrees to and acknowledges that: (1) The Applicant/Co-Applicant undersigned does hereby certify ownership and occupancy of the above property; (2) the City and County, its successors or assigns may retain the original and/or an electronic record of this application, whether or not the application is approved; (3) the City and County and its agents, brokers, insurers, servicers, successors, and assigns may rely on the information contained in the application and Applicant/Co-Applicant is obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing; (4) The undersigned authorizes the City and County to verify and make independent investigations to determine ownership, income and financial standing; all holders of any such information are hereby authorized to release any and all such information they may have concerning the undersigned; (5) The undersigned hereby indemnifies the City and County, its representatives, employees, agents, consultant(s) and any firm or person supplying the City and County with information from any liability whatsoever concerning the release or use of information obtained on this application; (6) my transmission of this application may be an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws, or my/our facsimile transmission of this application

containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

I/We agree to allow the City and County, consultant, subcontractors and construction contractors to enter my home as needed to perform assessment, rehabilitation inspection(s) and construction services. I also agree that the City and County employees, consultant and subcontractors will not be held liable for any injury or expense incurred by me while participating in this program. Upon completion of the work, I will permit the City and County, consultant, subcontractors, and applicable City and County inspection agencies to inspect said work, and;

I/We as the applicant/co-applicant authorize the staff of the City and County to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions, and;

I/We as the applicant/co-applicant certify that the statements made by me are true and correct to the best of applicant/co-applicant knowledge and belief. Intentional misrepresentation made by applicant/co-applicant regarding information contained in the application including attachments may subject applicant/co-applicant to disqualification and/or legal prosecution. Deliberate falsification and/or perjury will require full restitution from the applicant/co-applicant to the City and County of Broomfield.

Contractor performing construction services will provide a one year warranty on workmanship. Manufacturer or product warranties are separate from Contractor warranty and shall be supplied to applicant/co-applicant upon completion of construction services.

Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

AUTHORITY TO VERIFY CREDIT and FINANCIAL INFORMATION

For the City and County of Broomfield, Colorado
Housing Rehab Program
Mobile Home Repair program

(Please print)

Applicant Name: _____

Co-Applicant Name: _____

Address: _____

_____
City State Zip Code

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for grant/loan assistance through the Community Development Block Grant Program. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the City and County of Broomfield or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the City and County of Broomfield except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected.

_____
Signature of Applicant Date

_____
Signature of Co-Applicant Date

CITY AND COUNTY OF BROOMFIELD

HOUSING REHABILITATION PROGRAM
MOBILE HOME REPAIR PROGRAM

EQUAL CREDIT OPPORTUNITY ACT NOTICE

In accordance with the Equal Credit Opportunity Act (ECOA), Public Law 93-495, you are advised that the "Federal Equal Credit Opportunity Act" prohibits creditors from discrimination against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicants income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that Administers Compliance with this Law concerning this Lender is the Federal Trade Commission (FTC).

I/we the undersigned purchasers/borrowers hereby acknowledge receipt of a copy of the above notification.

_____ _____

Applicant signature **Date**

_____

Applicant printed name

_____ _____

Co-Applicant signature **Date**

_____

Co-Applicant printed name

If you suspect a creditor has discriminated against you, there are a number of federal agencies which share enforcement responsibility for the Equal Credit Opportunity Act (ECOA). Determining which agency to contact depends on the type of financial institution you dealt with. For retail and department stores; mortgage, small loan and consumer finance companies; oil companies; public utilities; state credit unions; government lending programs; or travel and expense credit card companies are involved, contact:

Federal Trade Commission
Consumer Response Center
Washington, DC 20580
1-877-FTC-HELP (1-877-382-4357)
TDD: 1-866-653-4261

Declaration of U.S. Citizenship

NOTICE TO APPLICANTS: In order to be eligible to receive housing assistance, each applicant for, or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it with your application for assistance. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - ☐ Permanent residence under 249 of INA 4/; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208,or 203 of the INA /5; or
  - ☐ Parole status under 212(d)(5) of the INA /6; or
  - ☐ Threat to life or freedom under 243(h) of the INA /7; or
  - ☐ Amnesty under 245A of the INA 8/.

_____ _____

Applicant Signature Date

_____ _____

Co-applicant Signature Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.