











Northeast Tennessee/Virginia HOME Consortium Homeowner Rehabilitation Program

-  Federal (HUD) funds awarded through Northeast Tennessee/Virginia HOME Consortium
-  HOME rehabilitation program funding is currently available in:
 - City of Bluff City, TN
 - City of Bristol, TN
 - City of Bristol, VA
 - City of Johnson City, TN
 - City of Kingsport, TN
 - Sullivan County, TN
 - Washington County, TN
-  Program goal is to bring sub-standard housing units into compliance with HUD housing quality standards as well as local building codes and health/safety concerns; examples of eligible work include:
 - Plumbing, electrical
 - Foundations, sub-flooring replacement/repair
 - Roof truss repair/roof replacement
 - Handicap accessibility
 - Window and door repair/replacement
-  Grant amount will be determined by the actual and approved cost of improvements necessary to make the dwelling conform to housing standards, with a maximum of \$50,000 per unit rehabilitation; when conditions exist, we can replace with a new home
-  Compliance with HUD regulations for Lead-based paint hazards
-  Grant funding contains a 5-year forgiven compliance period (15-year due on sale loan/forgivable grant for replacement home)
-  A thorough inspection of home is performed to compile a description of necessary work required; all work completed by professional, licensed contractors
-  Rehabilitation work usually takes 60 - 120 days
-  Homeowner provides the costs of all utilities during rehabilitation work (electric, water, etc.)
-  Cannot rehabilitate homes located within a flood plain area



HOME Program Guidelines

Applicant Criteria

- ✍ Qualify by low income guidelines

	Washington County	Sullivan County & City of Bristol, VA
Family Size	Annual Income	Annual Income
1	\$ <u>39,350</u>	\$ <u>39,500</u>
2	\$ <u>45,650</u>	\$ <u>45,150</u>
3	\$ <u>51,350</u>	\$ <u>50,800</u>
4	\$ <u>57,050</u>	\$ <u>56,400</u>
5	\$ <u>61,650</u>	\$ <u>60,950</u>
6	\$ <u>66,200</u>	\$ <u>65,450</u>

Updated 6/15/2023

- ✍ Reside within the boundaries of the grantee (i.e., city limits, etc)
- ✍ All county and city property taxes must be paid and up to date
- ✍ Applicant must have been the resident of the property to be rehabilitated for a period of not less than one year, and must occupy the property as their principle residence.
- ✍ Owned home/property for minimum of one (1) year; applicant must have warranty deed without restrictions or encumbrances that would unduly restrict the marketable nature of the ownership interest
- ✍ The applicant must voluntarily apply for assistance
- ✍ Demonstrate ability to maintain their residence is areas of on-going maintenance and repairs, safety hazards, and health/cleanliness issues
- ✍ The applicant must maintain homeowner's insurance covering structure replacement during the grant compliance period (fire coverage, minimum)
- ✍ The property owner must sign a Grant Note and a Deed of Trust
- ✍ The applicant acknowledges that resources (family/friends) are available if temporary relocation is necessary during the rehabilitation construction period.

Contact: René Mann (423) 722-5122 or by email: rmann@ftdd.org
Housing Direct Line: 423-268-2677
First Tennessee Development District
3211 North Roan Street
Johnson City, TN 37601



***Northeast Tennessee/Virginia HOME Consortium
HOME Rehabilitation Grant***

APPLICANT CHECKLIST

Before qualifying for housing rehab work, you will need to verify your income, and the ownership of your house. No rental properties will be worked on with this program. You must be presently living in the home.

Attach or bring ALL of the following information with you when turning in your application:

Proof of INCOME: (... for ALL adults in the household must be verified)

- PAY RECEIPTS from current job(s) or letter from employer regarding pay (**at least 3 months recent pay periods**)
- RETIREMENT, DISABILITY INCOME receipts
- SAVINGS & CHECKING statements for **past 2 months**
- TAX FORMS (if self-employed the most recent year with attachments), i.e. 1040 tax forms
- SOCIAL SECURITY, AFDC, WORKMAN'S COMP, UNEMPLOYMENT, etc. RECEIPTS indicating income from all government assistance (must be dated within the past 6 months)
- BONDS, STOCKS, ANNUITIES, and other investments' FORMS
- ALIMONY, CHILD SUPPORT CHECKS (most recent)

Proof of HOME OWNERSHIP:

- COPY OF WARRANTY DEED, or other proof of ownership (showing where recorded)
- PROPERTY TAX FORMS (receipt for payment of taxes)
- TITLE TO MOBILE HOME (if applicable)

Other:

- COPY of HOME INSURANCE POLICY
- COPY OF MOST RECENT ELECTRIC and WATER BILLS

**Northeast Tennessee/Virginia HOME Consortium
HOMEOWNER REHABILITATION PROGRAM
APPLICATION/FAMILY SURVEY**

Revised 03/18/2021

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Social Security Number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widowed

Name of Spouse: _____ Age: _____

Social Security Number: _____

Children\Others living in household	Age	Sex	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any in household receive any disability benefits? Yes No
If yes, from government or private source? Can doctor verify?

Are either you or your spouse and employee of, or related to any individual who is an employee of, the local government or agency administering this grant? An "employee" includes elected and appointed officials, as well as full-time, part-time, and temporary employees. (Qualified applicants who answer yes to this question may still receive assistance. Yes No

**B. WRITTEN DIRECTIONS TO APPLICANT'S HOME: (below) MAP ID #: _____
(start at courthouse/city hall)**

Summary of Household

1. Number of Persons in Household: _____
2. Number of Elderly Household Members: _____
3. Number of Handicapped or Disabled: _____
4. Female Headed Household: _____
5. Number of Persons 18 years old or younger: _____

C. FAMILY INCOME CALCULATION

1. Number in Household _____
 Income Limits for _____
 Dated _____ VLI Maximum _____

2. Payment Frequency:
 Hourly (hourly rate x number of hours per week)
 Weekly (weekly salary x 4.3 weeks per month)
 Bi-Monthly (24 times a year)
 Every two weeks (26 times a year)
 Monthly (12 times a year)
 Other (explain: _____)

3. Show income calculations to convert to annual gross income below:

D. VERIFICATION

- Income verified by _____ using:
(name of verifier)
- | | |
|---|--|
| <input type="checkbox"/> Check Stub | <input type="checkbox"/> Employer Verification Forms |
| <input type="checkbox"/> Benefit Verification | <input type="checkbox"/> Copy of Benefit Check |
| <input type="checkbox"/> Other Verification _____ | |

E. ASSETS

Family Member	Asset Description (bank accounts,stocks/bonds,life insur,retire svgs, ...)	Current Market Value	Income from Assets
Total Net Family Assets		1a.	
Total Actual Asset Income (as shown on statements)			1b.
If line (1a) is greater than \$5,000, multiply (1a) by ___% (passbook rate) and enter result here; otherwise, leave blank			1c.

F. SUMMARY OF INCOME DATA (Anticipated income over the next year)

Family Member	Wages/ Salaries	Other Benefits/ Pensions Income	Public Assistance	Other Income (explain)	TOTALS
TOTALS					2a.

Assets Income - Enter greater of lines 1(b) or 1(c) above _____

Total Anticipated Income - 2(a) _____

Annual Income - Assets Income plus Total Anticipated Income _____

G. INCOME LEVEL

- Above 80% of area median
- 80% of area median
- 60% of area median
- 50% of area median
- Below 50% of area median

H. CERTIFICATION

1. Participation by the homeowner in the housing rehabilitation (HOME) program is strictly voluntary.
2. Homeowner must provide the program with proof of homeowner's insurance (minimum - fire coverage) before rehabilitation work will begin.
3. In order for a housing unit to qualify for rehabilitation assistance, the unit must be in a condition that will allow for full rehabilitation of the unit without rehabilitation cost exceeding the maximum grant assistance amount (\$25,000). A thorough inspection of the unit will be performed to determine a work write-up and cost estimate. Housing units with cost estimates exceeding the maximum grant amount will be considered too deteriorated for rehabilitation through this program, and will not qualify for contractor bidding. Housing units that qualify for bidding must secure a contractor bid in an amount equal to or less than the maximum grant amount in order to qualify for rehabilitation assistance.
4. Housing units built before 1978 will require a Risk Assessment to be performed to identify potential lead hazards of the site, by testing for the presence of lead-based paint and following prescribed treatments to remedy such identified hazards. All units tested for lead-based paint will receive test results in a comprehensive risk assessment disclosure report. Units testing positive for lead-based paint will require the homeowner to notify any future parties interested in the purchase of said housing unit of said test results, as the interim controls/stabilization process addresses only potential lead hazards and areas to be disturbed by the rehabilitation process.
5. It is the homeowner's sole responsibility to secure voluntary temporary housing during the full term of the rehabilitation process.
6. The funds disbursed through the Northeast Tennessee/Virginia HOME Consortium will be a first or second mortgage with a deed of trust to the Consortium.
7. The property will not be used for any illegal or prohibited purpose or use and will be occupied by the applicant as their primary residence.
8. Should the recipient of the assistance request the HOME Consortium to subordinate the lien on the property, the decision to subordinate will be at the discretion of the HOME Consortium. Subordination guidelines are spelled out in the General Guidelines/Operating Procedures of the Northeast Tennessee/Virginia HOME Consortium.
9. Verification or re-verification of any information contained in the application may be made at any time by the HOME Consortium, either directly or from documents received from the first mortgage lender in connection with the purchase of property.
10. The original copy of this application will be retained by the HOME Consortium.

I acknowledge that resources (family/friends) are available if temporary relocation is necessary during the rehabilitation construction period. If it becomes necessary for me to temporarily move out, I have made arrangements to stay at the following:

Name of person(s) you can stay with: _____
Mailing Address: _____
Phone number(s): _____

Applicants must meet guidelines provided by the Department of Housing & Urban Development (HUD) and the Northeast Tennessee/Virginia HOME Consortium for eligibility. This application, or any information contained herein, may be forwarded for use by a financial lending institution to assist in determining eligibility and/or processing a loan utilizing the Northeast Tennessee/Virginia HOME Consortium's homeownership program.

Equal Credit Opportunity Notice: 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 and age. In addition,

Fair Housing Act: Funds available to the Northeast Tennessee/Virginia HOME Consortium used in the Homeownership Program are available to all qualified applicants with no limitation or discrimination based on race, color, religion, sex, handicap, familial status or national origin.

Lead Warning Statement: Every purchaser of any interest in property on which a residential dwelling was build prior to 1978 is notified that such property may present exposure to lead from lead-based paint. Exposure may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A visual inspection for possible lead-based paint hazards is required prior to purchase.

Certification of Accuracy: The following parties have reviewed the information contained in this form and are in receipt of a copy of this form. The following parties certify, to the best of their knowledge that the information provided by the signatory is true and accurate.



To the best of my knowledge, I certify that the information in this application for federal assistance through the HOME program is true and correct. I will comply with the HOME program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Applicant

Date

Applicant

Date

RACE/NATIONAL ORIGIN: Applicant _____ Co-Applicant _____

SEX: Applicant _____ Co-Applicant _____

HISPANIC: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

U.S. CITIZEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

PERMANENT RESIDENT ALIEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

Dwelling Structure Survey : Name - _____

- Street Address: _____ Phone number(s) _____
1. Single Family House Mobile Home Other
 2. Check all that apply: Basement one-story two-story three-story
 3. Total number of rooms in house: _____ Bedrooms: _____ Bathrooms: _____
 4. Approximate year built _____
 5. Property Value (dated) _____ 6. Date first moved into unit _____
 7. Are you still making payments on your home? Yes No
 If yes, name of lender/financing through _____
 Contact name that I can speak with there _____
 Contact name's phone number _____
 Approximate balance left on loan \$ _____
 8. Name of electric service provider: _____
 9. Water supply to house (circle one): None Public Water Well Spring Cistern
 If public water, name of water service provider: _____
 10. Does your wastewater go to (circle one): Septic Tank Pit City Sewer Other

What repairs do you think are needed? (*check all that apply*)

<i>Area:</i>	<i>Description of work needed</i>
___ Foundation	_____
___ Siding	_____
___ Floors	_____
___ Insulation	_____
___ Exterior walls	_____
___ Interior walls	_____
___ Ceilings	_____
___ Roof	_____
___ Windows	_____
___ Doors	_____
___ Porch/Steps	_____
___ Bathroom addition	_____
___ Bedroom addition	_____
___ Other	_____
Other General Comments:	_____

HISTORIC COMMENTS:

Do you believe that your property may be eligible for listing in the National Register of Historic Places?

___ No ___ Yes ___ No Opinion

Do you believe that properties adjacent to or across the street from yours may be eligible for listing in the National Register of Historic Places?

___ No ___ Yes ___ No Opinion

Do you believe that your property is in an area that could be considered a historic district eligible for listing in the National Register of Historic Places?

___ No ___ Yes ___ No Opinion