

Clifton Home Improvement Program

Funded by the U.S. Department of Housing and Urban Development

- 1. Please read and follow ALL instructions carefully**
- 2. Fill out, sign and return pages 1-7 of the applications, and the Lead Based Paint notification. Proof of ALL gross income for ALL owners and household members and proof of ownership must be submitted with the applications**
- 3. A Housing Inspector will inspect your home for any violations of the City's Housing Code. The inspector will explain how the violations are to be repaired. You will receive an inspection report and job specifications.**

The job specifications are to be given to the contractors who are bidding on your work. This will insure that ALL three (3) of your estimates are uniform as to the scope of work and material to be used.
- 4. You must obtain three (3) written estimates for each work item. Estimates will not be accepted before the inspection is conducted. DO NOT obtain estimates until you have the violations letter and the job specifications.**
- 5. Submit ALL estimates to this office**
- 6. You must use the contractor with the lowest price. If you choose to use anyone other than the lowest bidder, the homeowner must pay the difference.**
- 7. The cost estimator will meet with the contractor who is doing the work at your home to go over the estimate.**
- 8. After the estimates are approved, you must obtain approximate starting and completion dates and give them to this office.**
- 9. You will be notified to pick up the CHIP Contracts, i.e., NOTE, Mortgage, Construction Agreement, Memorandum of Agreement and Requisitions for payment, Have all documents signed and notarized where indicated and return them to us. We will notify you when the contractor can start.**
- 10. Once the contractor starts working, notify us when the work is 1/3 completed, again when the job is 2/3's completed and when it is done. Inspections will be made before each payment. FINAL payment to the homeowner will not be made until all code violations are repaired.**

- 11. Payments to the homeowner will be made as follows:**
1/3 when 1/3 of the materials are properly installed
1/3 when 2/3's of the materials are installed
FINAL deferred payment loan payment when job is completed
and passes **ALL** inspections.

Payment will be made within thirty (30) days of the inspections.

If you have any questions, please feel free to call us at 470-5848

- 12. The maximum deferred payment loan amount is \$10,000.00. Any
Rehabilitation cost over \$10,000.00 must be paid for by the
property owner.**

ELIGIBILITY REQUIREMENTS AND GUIDELINES

- 1. Owner-occupied dwellings of 1-3 units.**
- 2. NO commercial or industrial structures.**
- 3. Structures may receive Deferred Payment Loans to correct Housing code violations “ONLY”, NO remodeling will be allowed.**
- 4. In case of mixed-use, the residential portion only is eligible with The same guidelines as applied to other eligible residential structures.**
- 5. Deferred Payment: Loan recipients must agree to live in owner Occupied structure for six (6) years after funds are paid and must Agree not to sell the rehabilitated structure for six (6) years after the funds are paid.**
- 6. Income requirements are based on gross income (all taxable and All non-taxable income) and weighted on the size of the family. You are eligible if your gross income is within the limits listed in the charts below.**

	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>
SIZE OF FAMILY	\$72,600	\$83,000	\$93,350	\$103,700
	<u>Five</u>	<u>Six</u>	<u>Seven</u>	<u>Eight</u>
SIZE OF FAMILY	\$112,000	\$120,300	\$128,600	\$136,900
- 7. Loan recipient must agree to program policy not to evict any Tenant in the rehabilitated structure (except for legal cause) and to offer continued tenancy with a lease of at least two (2) years.**
- 8. Loan recipient cannot raise the rent of the tenant(s) more than Ten (10%) percent a year, (based on the tenant(s) rent before rehabilitation begins for at least two (2) years after the funds are paid.**
- 9. Recipient must be in accordance with ALL city building and Housing ordinances that apply.**
- 10. Recipient must agree to bring structure up to code standards in Conjunction with rehabilitation work. ALL violations must be under contract for repair before any CHIP funds are release by the City.**
- 11. NO additions to the basic structure of the rehabilitation Building will be permitted with deferred payment loan monies.**
- 12. Contractor must sign agreement with the grant recipient Containing write-ups, cost estimates, and payment schedules in addition to provisions that are in compliance with program policies.**
- 13. Planned rehabilitation must be determined to be economically Feasible by CHIP.**

- 14. ALL properties rehabilitated with CHIP funds will be Encumbered with a six (6) year mortgage commencing with the date of final payment.**
- 15. Only one (1) deferred payment loan per owner/property.**
- 16. If an assisted structure is identified on the most recent Federal Insurance Rate Map s being located in a flood hazard, areas, flood insurance must be purchased for the term of the "Note".**
- 17. If the cost of the proposed work is more than the deferred payment loan from the City, the homeowner must demonstrate to the City that they can pay the additional cost on their own or through private financing, In all such cases, the homeowner will pay their portion of the cost before the city releases any payment.**

CLIFTON HOME IMPROVEMENT PROGRAM

City Hall (Housing Department)

900 Clifton Avenue

Clifton, New Jersey 07013

(973) 470-5847

PROSPECTIVE LOAN APPLICANT INFORMATION SHEET

***Please submit copy of IRS Form 1040 and proof of ownership (copy of Deed) with applications**

Date _____

Owner's name _____

Address of property to be rehabilitated _____

Block _____ **Lot** _____

Address of owner _____

Phone number _____ **E-mail address** _____

Owner Income \$ _____ **Social Security #** _____

Family Size _____

***ETHNIC CATEGORIES:**

PLEASE CHECK ONE OF THE FOLLOWING,

Hispanic or Latino _____

Not Hispanic or Latino _____

***RACIAL CATEGORIES:**

PLEASE CHECK ALL THAT APPLY,

American Indian /Alaskan Native _____

Asian _____

Black or African American _____

White _____

Native Hawaiian or Other Pacific Islander _____

Senior Citizen _____

Handicapped _____

Female Head of Household _____

***For further information, see attached Race & Ethnic Data Reporting Explanations.**

DESCRIPTION OF PROPERTY

Number of Units _____ Size of Lot _____

Size of Building _____ sq. ft. Type of Building _____

Material _____ Date of Building _____
Frame, brick, etc.

Number of rooms on 1st. floor _____ Bath _____

2nd. Floor _____ Bath _____

3rd. floor _____ Bath _____

Type of heat _____
Steam , hot air , hot water , electric

Type of fuel _____
Coal , gas, oil, electric

Garage _____ Attached _____ Detached _____

Assessed Value: Land _____ Building _____ Total _____

Purchased Price: \$ _____ Date _____ Total _____

Description of Rehabilitation _____

Existing Liens _____

First mortgage _____ Amount _____ Held by _____

Second mortgage _____ Amount _____ Held by _____

To be completed and returned to this office by the tenant.

Your landlord has applied to this office for assistance in repairing the building you live in. In order to process this application; we must have the following information.

Please answer the following and return the completed form to:

**Clifton Home Improvement Program
City Hall
900 Clifton Avenue
Clifton, New Jersey 07013**

Your response will be kept confidential. If you have any questions, please feel free to call us at 470-5847.

Apt. # _____ Floor level _____

Number of people in family 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Household type (check all that apply)

**Hispanic _____ Not Hispanic _____
Senior Citizen _____ Female Head _____ Handicapped _____ White _____ Black
or African American _____
Asian or Pacific Islander _____ American Indian /Alaskan Native _____**

Income by Family Size:

Please place "X" next to applicable gross income under number in family heading

Number of people in family:

<u>ONE</u>	<u>TWO</u>	<u>THREE</u>
Under \$45,400	Under \$51,850	Under \$58,350
Under \$72,600	Under \$83,000	Under \$93,350
Over \$72,600	Over \$83,000	Over \$93,350

<u>FOUR</u>	<u>FIVE</u>	<u>SIX</u>
Under \$64,800	Under \$70,000	Under \$75,200
Under \$103,700	Under \$112,000	Under \$120,300
Over \$103,700	Over \$112,000	Over \$120,300

<u>SEVEN</u>	<u>EIGHT</u>
Under \$80,400	Under \$85,550
Under \$128,600	Under \$136,900
Over \$128,600	Over \$136,900

I certify that the above information is true

Name _____ Signature _____

Date _____

Landlords name _____

Landlords address _____

Please Answer ALL Items “YES” or “NO” IN All Boxes and Return With Proof Of Each Item Marked “YES “Along With Application

_____ **Are property taxes paid up to date?**

_____ **House in your name only**

_____ **Other family members living with you**

_____ **Non-family members living with you**

_____ **Do children work (if yes, proof of income is Required)**

_____ **Last years IRS 1040 form.**

_____ **Receiving Social Security (Award Letter)**

_____ **Receiving Pension (letter or copy of check)**

_____ **Bank Interest**

_____ **Receiving welfare**

_____ **Any other income (Taxable or non-taxable)**

_____ **ALL income of family members or non-family members living with you or whose name is on deed**

_____ **Receiving rent (two family house “only”) letter from tenant stating amount of rent paid)**

_____ **Mortgage payment (copy of payment card)**

_____ **City property tax bill (if not included in mortgage payment)**

_____ **Letter from employer showing gross weekly or bi-weekly income**

_____ **Date**

_____ **Signature**

H.U.D

C.D.

Page 5

Clifton Home Improvement Program

**Clifton City Hall
900 Clifton Avenue, Clifton, N.J. 07013**

**Brian Rodgers
Program Administration
Inspector/Cost Estimator**

I, _____ reside at
_____, Clifton, N.J.

**HEREBY CERTIFY THAT I HAVE NEVER RECEIVED A LOAN
OR GRANT UNDER THE CLIFTON HOME IMPROVEMENT
PROGRAM AT THIS ADDRESS OR ANY OTHER ADDRESS.**

SIGNED _____

SIGNED _____

Please list the names of ALL persons living at the property to be rehabilitated.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Please list the names of ALL owners of the property to be rehabilitated.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

C.D.

H.U.D.

**Clifton Public Housing Agency
Clifton City Hall
900 Clifton Avenue . Clifton, New Jersey 07013
(973) 470-5847**

Acknowledgement of Receipt of C.P.S.C Lead Hazard Pamphlet

**I have received a copy of the pamphlet entitled “Protect your Family
From Lead In Your Home”**

Print Name

Signature

A Program Funded by the U.S. Department of Housing and Urban Development

Clifton Home Improvement Program

RACE AND ETHNIC DATA REPORTING EXPLANATIONS

The two ethnic categories you should choose from are defined below:

- 1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below:

- 1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- 3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
- 4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

NOTICE TO HOMEOWNER

Attached are three (3) copies of forms, which are to be given (one each) to any Contractor you have contracted to give you a written estimate for the work you are Planning to have done. This form must be completed by each Contractor and attached to the estimate before you submit your three (3) estimates To the **CLIFTON HOME IMPROVEMENT PROGRAM** office.

NO Estimate will be accepted by our staff unless this form is attached.

If for any reason you require additional blank forms, please contact our office and We will send them to you.

DO NOT obtain estimates until you have the violations letter and the job specifications

NOTICE TO CONTRACTORS AND HOMEOWNERS

This form must be completed, signed and attached to your estimate by the contractor submitting this estimate. Any estimated submitted without this form will not be considered a valid estimate and will not be accepted by the Clifton Home Improvement Program.

**I _____ hereby certify with my
[Name of person preparing estimate] signature hereon as**

**Owner or authorized employee of _____
[Name of company as shown on estimate form]**

**That the attached estimate given to _____
[Name of property owner]**

**For the property located at _____
[Address of property]**

Has been given to the homeowner and signed by myself as owner or authorized employee for the above named company.

I certify that I have seen the worksite and the Job Specifications as provided by the Clifton Home Improvement Program and that all work will be done in accordance with the Job Specifications. I certify that the above statements are true and completed to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

[Signature of Contractor]

[Date]

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This form must be completed, signed and attached to your estimate by the contractor submitting this estimate. Any estimated submitted without this form will not be considered a valid estimate and will not be accepted by the Clifton Home Improvement Program.

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**Owner or authorized employee of _____
[Name of company as shown on estimate form]**

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[Signature of Contractor]

[Date]

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[Signature of Contractor]

[Date]