



Residential Rehabilitation Program Application

Thank you for your interest in the City of West Palm Beach’s Residential Rehabilitation Program.

The Residential Rehabilitation Program is administered by the Department of Housing and Community Development (HCD) through funds provided by State and Federal programs.

The Residential Rehabilitation Program is designed to provide financial assistance to qualified City of West Palm Beach households to address eligible construction repair items. The Residential Rehabilitation Program will not imply replacement for cosmetic reasons or to improve to a higher grade than for residential use. Periodic maintenance as requested by the product manufacturer, small components replacement, same as required repairs during the useful life of equipment, materials and systems is not part of the program.

HCD staff encourages you to carefully review this application to obtain a clear understanding of program participation and requirements. Should you desire to apply for the program, please complete and submit this application in accordance with the instructions outlined below.

INSTRUCTIONS

1. Review **Section I – Program Overview** (pages 2-4) portion of the application.
2. Complete **Section II – Applicant and Household Information** (pages 5-10) portion of the application.
3. Complete and attach copies of all requested documentation the **Section III- Required Documents** (pages 11-12) of the application.
4. Authorize application submission by signing the space at the bottom of this page.
5. Contact HCD staff at 561-822-1250 to submit application. Complete applications will be accepted by **appointment only.**

If you have questions regarding this application for or general questions, feel free to contact the Department of Housing and Community Development at:

City of West Palm Beach
Department of Housing and Community Development
401 Clematis Street - 3rd Floor
West Palm Beach, FL 33401
(561) 822-1250
<http://wpb.org/housing>

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date

I hereby certify that all statements I have provided in this application and in the attachments herein are true; that I am authorized to sign this application and to make these statements, and that the organization understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds and appropriate penalties.



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Section I - Program Overview

Introduction/ Eligible Improvements

The Residential Rehabilitation Program is designed to provide financial assistance to qualified City of West Palm Beach households to address eligible construction repair items. Physical improvements to the dwelling must fall in one of the following priority categories in order to be eligible:

- Roof repair or replacement
- Central A/C replacement/ new installation*
- Electric hazard correction/ Code required upgrade*
- Plumbing supply/waste lines replacement
- Energy efficiency improvements - Defective windows and door replacements only.
- Storm shutter installation
- Accessibility improvements for the handicapped/disabled
- Lead based paint abatement
- Extermination
- Exterior Paint

In order justify replacement, the standard building systems must exceed expected life use reflected in the chart below.

| Building System | Expectancy | Building System | Expectancy |
|------------------------|-------------|------------------------|-------------|
| Asphalt Shingles | 20 yr. | Electric Wiring | 30 yr.+ |
| Built Up (flat roof) | 15 yr. | Cold Water/Sewer Lines | 40 yr. |
| HVAC (air conditioner) | 10 - 15 yr. | Windows | 30 yr. |
| Electric Panel | 50 yr.+ | Exterior Doors | 15 - 25 yr. |
| Smoke Detectors | 5 yr. | Water Heaters | 6 -12 yr. |

Work not eligible for program funding includes, but is not limited to, luxury improvements (improvements which are strictly cosmetic), additions, conversions (basement, garage, porch, attic, etc.), repairs to structures separate from the living units (detached garage, shed, etc.), furnishings, pools and landscaping. Any properties with attached illegal structures or improvements on the property will be ineligible. (Note: If any work was done illegally in the past, the passage of time or a change in ownership does not absolve the current Owner(s) of the responsibility to correct the illegal construction). HCD staff will notify the City's Code Enforcement Officer of the matter. The Program will not address repairs conducted prior to receiving assistance that were unpermitted, unfinished, or were pending inspections. Rehabilitation work performed by a property Owner(s) himself/herself shall not be funded under this program. All rehabilitation work shall be performed by a City approved contractor.

Eligible Applicants

Households must meet gross annual incomes not exceeding 80% Area Median Income (AMI) limits established by the U.S. Department of Housing and Urban Development (HUD) for the jurisdiction of Palm Beach, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually.

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Maximum Income Limit-Adjusted for Household Size

| Household Size | Maximum Income Limit |
|----------------|----------------------|
| 1 | \$40,250 |
| 2 | \$46,000 |
| 3 | \$51,750 |
| 4 | \$57,500 |
| 5 | \$62,100 |
| 6 | \$66,750 |
| 7 | \$71,300 |
| 8 | \$75,900 |

Income Limits Effective 4/14/2017 and subject to change

*AMI – Area Median Income Assessed Value of Homes – At or Below: \$317,647

Priority will be given to the elderly, disabled, and veterans during the initial application intake period. Reasonable accommodations can be made for applicants with special needs who require assistance with the completion or submission of their application.

Applicants will be required to complete a City approved Home Maintenance Counseling course prior to completion of project.

Eligible Properties

In order to qualify for assistance, properties (including but not limited to single-family home, townhouse, mobile home, or condominium) must meet the following criteria:

- The Property must be located within the corporate City limits of West Palm Beach.
- The Property must be the homesteaded primary residence of the Owner(s)'s for the last two (2) years prior to date of application.
- The Property must be owned by fee simple title or long-term leasehold (99 year minimum), or life estate. Neither the Owner(s) nor the property can have any restrictions, encumbrances, or judgments that would restrict the marketable nature of the Owner(s) interest.
- Owner(s) must be current on their existing mortgage, if one exists.
- Owner(s) must be current on their property taxes.
- Households that have been assisted with City of West Palm Beach Residential Rehabilitation Program funds are capped at a maximum lifetime assistance of \$50,000.
- The total amount of the proposed loan with the City must not exceed 125% of total market value including any existing mortgages. The City will determine the value by averaging the estimated value from three (3) different sources, one of which must be the Palm Beach County Property Appraiser Total Market Value. Other sources to determine estimated values will include but not be limited to Zillow.com, Eppraisal.com, Trulia.com, and Realtor.com. The average market value will then be divided by 125% to determine the maximum award minus any current mortgage liens up to the \$50,000 limit.
- Owner(s) are required to have Property Insurance and, where applicable, flood insurance coverage as a qualification for the program.
- The property must be eligible for attaining a building permit for the required repairs.
- City Loan shall be first or second position only to insure that funds can be recaptured.



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Form of Financial Assistance

Assistance is in the form of a 0% interest, deferred payment loan. The loan is forgivable in its entirety at the end of the terms from the date of execution of security documents provided that title remains under the ownership of the Owner(s) and property remains their primary residence. Owner(s) awarded a loan will be required to execute required Agreements and Security documents that fully describes the terms and conditions of the assistance.

| Assistance Amount | Occupancy Period |
|----------------------|------------------|
| Under to \$15,000 | 5 Years |
| \$15,000 to \$40,000 | 10 Years |
| \$40,001 & Over | 15 Years |

Public Records Disclosure

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Notice of Collecting Social Security Number

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number (SSN).

As the City determines income eligibility in accordance with Part 5 method Title 24 Code of Federal Regulation, the City shall adhere to such regulations. As defined in 24 CFR 5.216, the City is required to verify a complete and accurate SSN assigned to the applicant and to each member in the applicant's or participant's household, who is at least six years of age, to determine eligibility for the Residential Rehabilitation Program. In the event an applicant or participant, who is at least six years of age, has not been assigned an SSN, the household member (or guardian, if the member is under the age of 18) must execute a certification that states the household member was not assigned an SSN.

Your Social Security Number is reviewed collected for the purposes of income certifying you for the City's Residential Rehabilitation Program.

The Rest of this Page is Intentionally Left Blank

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Section II - Applicant and Household Information - Household Information – Complete all sections.

| Household Information | | | | |
|---|----------------|---|--|---|
| Household Size | | Anticipated Gross Annual Household Income | | |
| | | | | |
| Applicant Information | | | | |
| First Name | | Last Name | | |
| | | | | |
| Street Address | | City | ST | Zip |
| | | WPB | | |
| Home Phone Number | | Cell Phone Number | | Last Four Digits of SSN |
| | | | | |
| Emergency Contact First Name / Last Name | | Relationship | | Contact Number |
| | | | | |
| Marital Status | | Date of Birth | | Employment Status |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow | | ____/____/____ | | <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled |
| Special Needs | | | | |
| <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Survivor of Domestic Violence <input type="checkbox"/> Receiving SSDI or SSI <input type="checkbox"/> Veterans Disability Benefits <input type="checkbox"/> Young adult formerly in Foster Care | | | | |
| Co - Applicant Information | | | | |
| First Name | | Last Name | | |
| | | | | |
| Street Address | | City | ST | Zip |
| | | | | |
| Home Phone Number | | Cell Phone Number | | Last Four Digits of SSN |
| | | | | |
| Marital Status | | Date of Birth | | Employment Status |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow | | ____/____/____ | | <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled |
| Special Needs | | | | |
| <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Survivor of Domestic Violence <input type="checkbox"/> Receiving SSDI or SSI <input type="checkbox"/> Veterans Disability Benefits <input type="checkbox"/> Young adult formerly in Foster Care | | | | |
| Complete for all other Household Members residing in Property | | | | |
| Household Member (First Name, Last Name) | Date of Birth | Relationship | Special Needs | Last Four Digits of SSN |
| | ____/____/____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | ____/____/____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | ____/____/____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | ____/____/____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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Property Information – Complete all sections.

| Property Questionnaire | | |
|---|--------------------|---------------------|
| | YES | NO |
| Is the property listed on this application located within the City of West Palm Beach limits? | | |
| Is the property listed on this application your primary residence? | | |
| Have you resided in the property for at least two (2) years? | | |
| Are you current on your mortgage payments? | | |
| Are you current on your property taxes? | | |
| Are you current on your property insurance? | | |
| Do you receive income for renting or subletting any section of your property? | | |
| Do you have any illegal additions in any section of your property? | | |
| Have you ever participated in any housing assistance programs with the City of West Palm Beach? | | |
| Property type (Check one) | Number of Bedrooms | Number of Bathrooms |
| <input type="checkbox"/> Single Family House <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile House <input type="checkbox"/> Other: _____ | | |
| Type of Repairs (Check all that apply) Physical improvements to the dwelling must fall in one of the following priority categories in order to be eligible. | | |
| <input type="checkbox"/> Roof repair or replacement <input type="checkbox"/> Central A/C replacement/ new installation* <input type="checkbox"/> Electric hazard correction/ Code required upgrade* <input type="checkbox"/> Plumbing supply/waste lines replacement <input type="checkbox"/> Energy efficiency improvements - Defective windows and door replacements only. <input type="checkbox"/> Storm shutter installation <input type="checkbox"/> Accessibility improvements for the handicapped/disabled <input type="checkbox"/> Lead based paint abatement <input type="checkbox"/> Extermination <input type="checkbox"/> Exterior Paint | | |



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Employer Information – Complete for all employed Household Members over the age of 18. Attach additional sheets if needed.

| Employer Information | | | |
|------------------------------|----------------|-----|--------------------|
| Employee First and Last Name | Employer Name | | |
| Employer Street Address | City/State | Zip | Telephone Number |
| Occupation | Years Employed | | Name of Supervisor |
| | | | |
| Employer Information | | | |
| Employee First and Last Name | Employer Name | | |
| Employer Street Address | City/State | Zip | Telephone Number |
| Occupation | Years Employed | | Name of Supervisor |
| | | | |
| Employer Information | | | |
| Employee First and Last Name | Employer Name | | |
| Employer Street Address | City/State | Zip | Telephone Number |
| Occupation | Years Employed | | Name of Supervisor |
| | | | |
| Employer Information | | | |
| Employee First and Last Name | Employer Name | | |
| Employer Street Address | City/State | Zip | Telephone Number |
| Occupation | Years Employed | | Name of Supervisor |
| | | | |
| Employer Information | | | |
| Employee First and Last Name | Employer Name | | |
| Employer Street Address | City/State | Zip | Telephone Number |
| Occupation | Years Employed | | Name of Supervisor |
| | | | |

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Asset Information –Attach additional sheets if needed.

| Asset Information | | | |
|-----------------------------|------------|----------------------------|----------------|
| Household Member First Name | | Household Member Last Name | |
| | | | |
| Asset Type | Cash Value | Bank Name | Account Number |
| Checking Account | | | |
| Savings Account | | | |
| Credit Union | | | |
| 401 K , IRA, CD, Annuity | | | |
| Life Insurance | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Asset Information | | | |
| Household Member First Name | | Household Member Last Name | |
| | | | |
| Asset Type | Cash Value | Bank Name | Account Number |
| Checking Account | | | |
| Savings Account | | | |
| Credit Union | | | |
| 401 K , IRA, CD, Annuity | | | |
| Life Insurance | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Asset Information | | | |
| Household Member First Name | | Household Member Last Name | |
| | | | |
| Asset Type | Cash Value | Bank Name | Account Number |
| Checking Account | | | |
| Savings Account | | | |
| Credit Union | | | |
| 401 K , IRA, CD, Annuity | | | |
| Life Insurance | | | |
| Other | | | |
| Other | | | |



Residential Rehabilitation Program Application

Conflict of Interest Disclosure

In accordance with 24 CFR 570.611 applicants can be denied participation in the Residential Rehabilitation Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision making process related to funds for this program.
- Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Housing Rehabilitation Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

____1. A conflict of interest DOES NOT EXIST as it relates to the Residential Rehabilitation Program Application.

____2. A conflict of interest DOES EXIST as it relates to the Housing Rehabilitation Program Application.

Certification Statements

_____The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining housing rehabilitation assistance and is true correct, and complete to the best of the applicant's knowledge and belief.

_____The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of housing rehabilitation assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

_____The applicant(s) certifies that original social security card(s) listed in the application were presented to City staff however a copy of the social security card(s) were not left with City staff, per Florida Statute 119.071(5).

_____The applicant(s) certifies that to complete the required Home Maintenance Counseling course as required by the program.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date

Residential Rehabilitation Program Application

Section III- Required Documents

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party. **Only copies will be accepted.**

1. **Proof of property ownership:** Please note, that a Title Search will be performed to verify information as to ownership provide by each applicant.
 - A. Deed, (which may be a warranty deed, special warranty deed, personal representative deed or quit claim deed)
or
 - B. Title Insurance Policy or
 - C. Lease with a term in excess of 99 years or
 - D. Order determining Homestead in an estate or
 - E. Copy of a Trust Agreement or
 - F. Certificate of Title

If the Deed lists anyone that does not reside in the home, a notarized, sworn statement must be provided by the non-resident(s) that attests to the fact that the individual(s) do not reside in the home and have their primary residence elsewhere. The individual(s) must provide a copy of a residential property lease or an ad valorem property tax bill indicating their primary residence is elsewhere.

2. **Proof of Income.** Two (2) months most recent pay stubs or earnings statements showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.
3. **Property Taxes.** Palm Beach County Notice of Ad Valorem Taxes (must show Assessed Value of Property). This may be obtained by logging on to the Property Appraisers web site at <http://www.pbcgov.com/papa/>
4. **Proof that you are current in the payment of your property taxes.**
 - A. Paid Property Tax Receipt from the Palm Beach County Property Appraiser or
 - B. Copy of your canceled check, front and back, showing payment or
 - C. Sworn Affidavit certifying that you have paid your property taxes or
 - D. A printout from the Palm Beach County Property Appraisers web site
5. **Bank Statements.** Last six (6) months bank statements for every household member. We need every page of the bank statements.
6. **Proof of Hazard and Flood Insurance.** A copy of your homeowner's insurance policy. Policy must include flood insurance. If Flood Insurance is not required, please provide a Determination Letter from FEMA.
7. **Federal Income Tax Returns.** Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:
 - A. A copy of the original signed federal tax return with W-2's or
 - B. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website www.irs.gov, by calling the IRS at 1-800-829-3676, or by going to the IRS office.

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8. **Proof of number of dependents claimed.** Dependents must be listed on your federal tax return:
- A. Birth Certificate on which the parent/applicant's name is listed or
 - B. School records which give the parents' names and address or
 - C. Court-ordered letters of guardianship or
 - D. Divorce decree or
 - E. Letters of adoption
 - F. If a dependent over 18 is a full time student please submit a copy of their class schedule in addition to the above documents.
9. **Social Security Cards.** Social Security Cards for all household members. The City will review the original social security card however; a copy will not be kept in the program file.
10. **Photo Identification.** Provide photo ID for all household members over the age of 18.
11. **Proof of citizenship or legal alien status documents.**
- A. United States of America birth certificate or
 - B. Naturalization papers or
 - C. Alien registration card
12. **Divorce Decree.** If you are divorced we need a copy of your divorce decree or certified court documents.
13. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return AND
- A. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/bookkeeper's company letterhead or
 - B. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months
14. **Social Security, Supplemental Security Income (SSI), and Disability benefits.** An award or benefit notification letter prepared and signed by the authorizing agency.
15. **Unearned Income.** Provide documents for all that apply.
- A. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
 - B. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
 - C. Worker's Compensation - Notice of eligibility with amount awarded and three (3) copies of check stubs.
 - D. Severance Pay - Notice of employer stating the amount received in severance pay.
 - E. Welfare of other needs based payments given to any household members
 - F. Unemployed household member not receiving unemployment benefits or income. Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.
16. **Alimony or Child Support Payments.**
- A. A printout from the court or governmental agency through which payments are being made. or
 - B. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly. or
 - C. An original notarized statement from custodial parent stating that child support is not received for each child. or



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17. **Scholarships, Grants, and Veterans Administration Benefits.** Benefactor's written confirmation of amount of assistance, and educational institutions written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months.
18. **Assets.** Most current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.
 - A. 401(K) / 403(B) account statement
 - B. Retirement statement
 - C. Pension statement
 - D. IRA statement and/or Certificate of deposit (CD) statement
 - E. Annuities
19. **Life Insurance.** Life insurance policy with current cash value and the type (term or whole). All pages of the most current policy statement.
20. **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.
 - A. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts or
 - B. A letter from a bank, attorney, or a trustee providing required verification.
21. **Mortgage Statements.** If you currently have a mortgage on your property, or an equity line, provide a copy of your most recent mortgage statement(s).