



NEIGHBORHOOD PRESERVATION PROGRAM

2020 FAÇADE GRANTS

- Façade grants are available to make improvements to the exterior of an owner-occupied, low-to-moderate income family whose residence is located within the City limits of Port Huron.
- Funding for the program is limited and certain restrictions may apply.

Please make an appointment when ready to return application!

CONTACT:

Community Development/Neighborhood Preservation Program
Municipal Office Center
100 McMorran Boulevard
Port Huron, MI 48060
(810) 984-9736



NEIGHBORHOOD PRESERVATION PROGRAM GUIDELINES (GENERAL REQUIREMENTS FOR EXTERIOR IMPROVEMENTS)

Applicants will be assisted on a first-come, first serve basis according to the date of the application and their ability to meet all of the program requirements. Every effort will be made to assist eligible applicants. Bring all required documents upon returning the application.

1.0 General Program Description:

- 1.1 The program provides homeowners with assistance from the City (referred to as a deferred payment loan, although no repayment is required if program requirements are adhered to). The funds may be used towards the exterior improvements of their residence within the City of Port Huron.
- 1.2 Applicants must qualify at 80 percent or below the median income based on the upcoming 12 months. This regulation has been established for our area by the Department of Housing and Urban Development. Homes must be single-family homes.

Your combined income must be below:

Updated: 06/30/2020

Number of Persons in Household	1	2	3	4	5	6
Income Limits	\$44,000	\$50,250	\$56,550	\$62,800	\$67,850	\$72,850

- 1.3 Homeowners must have owned the property for at least thirty (30) days prior to submitting the application and agree to maintain condition of property for a period of five (5) years. Failure to comply will result in repayment of 100 percent of the façade grant.
- 1.4 If the applicant’s income increases during the five-year period, they will not be penalized in any way.
- 1.5 Homeowners receiving the NPP grant will be required to live in the residence for a period of five years. During that time, it must remain their primary residence. A lien will be placed on the property for the five year period. If the home is rented out, or sold within the five-year period, you will be subject to the City of Port Huron’s recapture policy.
- 1.6 The Community Development Department is committed to the following Fair Housing Standards: An applicant will not be denied based on race, color, religion, sex, disability, familial status or national origin. Denial for participation is determined solely on the applicant’s income and efforts to fulfill all requirements of the program.

2.0 Grant Amount:

- 2.1 The NPP Program’s grant is limited up to \$20,000.00. Grants may be eligible for more if administration approves and finds the repairs necessary. The amount will be determined on an individual need to make improvements to the exterior if more grant dollars are needed.

3.0 Homeowner Contribution:

- 3.1 The homeowner must contribute if the total amounts of improvements exceed \$20,000.00.
- 3.2 The homeowner must be willing to add the City to their insurance policy for five years.

4.0 Eligible Property:

- 4.1 Any property that has already received any other type of grant monies or benefits from the City of Port Huron Rehabilitation Programs will not be eligible to participate.

- 4.2 All property taxes and water bills must be paid to date and all mortgage payments must be current.
- 4.3 The property must be a single-family or owner-occupied rental residence. The property must be strictly residential.

5.0 Inspection:

- 5.1 Each potential participating property must undergo an “Initial Inspection” to determine existence of housing code violations and/or Section 8 HQS violations. From this inspection, a list of possible concerns on the exterior of the property will be given to the applicant. If there are not any major problems discovered, the applicant will not be able to qualify for the NPP grant. If the exterior of the home is too far gone and the grant dollars would not be enough to cover the expenses and the homeowner does not have other resources for funding, then the application may be denied. Once the property is deemed suitable then an exterior lead based paint testing will be conducted and included in the rehab followed by a lead clearance.

6.0 Contracting:

- 6.1 Work must be completed by a licensed and insured contractor. The contractor must have lead-based paint certification as well. (The homeowner will be responsible for submission of three bids within 60 days of approval, preferably local contractors and the application process).

Steps to Proceed:

- 1. Complete application.
- 2. Call for an appointment with Community Development staff at (810) 984-9736 to bring in application and the list of items needed (on the following page) to your appointment.
- 3. Itemize what repairs are in **NEED** on the exterior of the home:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____

The following steps occur after you have returned your application by appointment & have been approved!

- 4. **Once approved**, and the scope of work is determined by City staff, you will need to get bids from three contractors that are licensed, insured, and certified in lead paint removal.
- 5. Once you have three bids, call Community Development for a meeting to review all bids.
- 6. When the contractor is selected for the work both the contractor and the homeowner will meet to sign a contract and review the scope of work and timeline for the work to begin and to be complete. City building inspector, Community Development staff, and homeowner will oversee the project.

7. Contractor will be paid in two payments. One payment when they order and has materials delivered to the work site. The final payment will be released once all work is complete and approved by the building inspector, Community Development and the homeowner.
8. Any conflicts for work will be evaluated by the City Inspections Department for a resolution.

CHECK LIST OF REQUIRED DOCUMENTATION

The following checklist specifies the items required to review and properly evaluate your application. Failure to provide the required documentation will lead to delays in the processing of your application. **Please call the Community Development Office at (810) 984-9736 to schedule an appointment to return your application.**

Please bring the following documents with you when returning your application:

- ▶ Complete all areas of the attached application

Please provide copies of the following items:

Proof of Income: (for everyone age 18 and older that resides in the household)

- ▶ Paycheck stubs for the past 30 days from all sources of income
 - Sources of income could include:
 - Wages, salaries, tips, etc.
 - Business income
 - Interest and dividend income
 - Retirement and insurance income
 - Armed forces income
 - Welfare assistance (TANF) payments
 - Unemployment income (bank statements may be required as well)
- ▶ A signed copy of your past two (2) years income tax returns (state & federal) and W-2's
- ▶ 1099 form for pension income and verification of most recent check received
- ▶ Social Security benefit letter and verification of most recent check received
- ▶ Child Support/alimony verification and most recent check received

Proof of Identity:

- ▶ Drivers license or state identification card
- ▶ Social Security card
- ▶ If minor children live in the household, their birth certificate and social security card

Proof of Ownership:

- ▶ A recorded warranty deed or recorded land contract
 - If the home is being purchased under a land contract agreement, the seller(s) must give written consent as to improvements to the home. Consent forms are available from the Community Development office.
 - Copy of most recent mortgage statement, if applicable.

Proof of homeowner hazard insurance:

- ▶ A current copy of homeowner insurance policy's declaration page
- ▶ Must sign an insurance agreement with the City (attached)

Release of income verification:

- ▶ Forms are to be signed and dated by all adult household members who receive income

APPLICATION

APPLICANT			
Name:	Phone:	Birth date:	Social Security Number:
Address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Former address, if less than two (2) years at present address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widow/widower)		Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	# of people in household, including you:
Employer Name:	Position:		# of years employed there:
Employer Address (Street, City, State, Zip)			Phone:
If self-employed, name of company:*			
Name of relative not living with you:		Relationship:	
Address (Street, City, State, Zip):			Phone:
CO-APPLICANT			
Name:	Phone:	Birth date:	Social Security Number:
Address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Former address, if less than two (2) years at present address (Street, City, State, Zip):		Own or Rent?	# of years at this address:
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widow/widower)		Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	# of people in household, including you:
Employer Name:	Position:		# of years employed there:
Employer Address (Street, City, State, Zip)			Phone:
If self-employed, name of company:*			
Name of relative not living with you:		Relationship:	
Address (Street, City, State, Zip):			Phone:

*For self-employed persons, please submit two years of company tax returns, a Profit and Loss Statement, and a Balance Sheet for the current period.

➤ Are you related to anyone in the City Government? [] Yes [] No

GROSS MONTHLY INCOME:			
Source of Income	Applicant	Co-Applicant	Total
Employment	\$	\$	\$
Social Security			
Pension			
Child Support - Paid By:			
Unemployment			
Other Income			
TOTAL:			
OTHER INCOME			
Describe All Other Income (A = Applicant; C = Co-Applicant)	A or C	Monthly Income	
FORMER EMPLOYMENT			
If employed in current position for less than two years, complete the following:			
Previous Employer	Employed From ___/___/___ to ___/___/___		Monthly Income:
Address (Street, City, State, Zip):			Phone:
OTHER INFORMATION			
Check One: <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract <input type="checkbox"/> None			
Payments made to:			
Monthly payment amount:			\$
If not included in mortgage or land contract payment, enter the following:			
Property taxes (total yearly amount, including summer and winter taxes, divided by 12 months):			\$
Homeowners Insurance (annual premium divided by 12 months):			\$
Monthly child care (if applicable):			\$
TOTAL MONTHLY OBLIGATIONS			\$

INSURANCE AGREEMENT

I hereby agree to place the City as a “loss payee” on my property insurance policy per the application requirements and guidelines of the City of Port Huron Neighborhood Preservation Program Façade Grants.

I understand this is to secure investment in my property by the City of Port Huron in the event the property referenced below is damaged or destroyed while still under a mortgage loan obligation.

Property Owner’s Signature

Property Address

Date

Insurance Carrier

Carrier Address

Policy Number

RELEASE OF INFORMATION FORMS

(To be signed and dated by *all* household members who receive income)

I hereby authorize _____
(employer, agency, etc.)

to release any information pertaining to my employment, income, and/or case as may be required by the City of Port Huron's Community Development Office with the assurance that all information obtained will be held in strict confidence to be used only in determining eligibility.

Signed: _____ Date: _____

I hereby authorize _____
(employer, agency, etc.)

to release any information pertaining to my employment, income, and/or case as may be required by the City of Port Huron's Community Development Office with the assurance that all information obtained will be held in strict confidence to be used only in determining eligibility.

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Signed: _____ Date: _____