



# NEIGHBORHOOD PRESERVATION PROGRAM

## 2019/20 FAÇADE GRANTS

# PRIDE IN PORT HURON

✚ 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



Last updated 6/28/19



## **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% 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:

Number of Persons in Household	1	2	3	4	5	6
Income Limits	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850

- 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% 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. 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 (5) 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 (3) bids in a timely manner, preferably local contractors within the City Limits 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 you would like to do to the exterior of your home:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

**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 (3) contractors that are licensed and insured.
5. Once you have three (3) 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 (2) payments. One payment when he orders and has materials delivered to the work site. The final payment will be released once all work is completed 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 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
- ▶ 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

**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:  Mortgage     Land Contract     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** \$

**THIS SECTION APPLIES TO ALL APPLICANTS:**

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. This application shall remain the property of the Community Development Office of the City of Port Huron. This application will be considered current for six (6) months from the date below, after that time the application may be removed from the file due to lack of activity.

I/We hereby consent to and authorize the Community Development staff and/or inspectors of the City of Port Huron, or HUD, after giving reasonable notice, to enter the improved property to determine that the improvements specified in this application have been completed.

I/We understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the City of Port Huron nor HUD guarantees the quality of workmanship of the property improvements.

I/We understand that it may be a federal crime, punishable by fine or improvement or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

**Please check this box now if you do not wish to participate in the programs.**

**ETHNICITY** (select *only one*):

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 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.

**RACE** (select *all that apply*):

- 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.
- 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.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origin of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

For City of Port Huron: The undersigned has reviewed and/or assisted the applicant(s) with this application:

\_\_\_\_\_  
Interviewer's Printed Name

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

## 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_