

**SULLIVAN COUNTY
HOUSING REHABILITATION
INFORMATION PACKET
&
APPLICATION FORM**

**Sullivan County
Office of Planning and Development
245 Muncy Street
PO Box 157
Laporte, PA 18626
(570) 946-5207**



APPLICATION INFORMATION

SULLIVAN COUNTY HOUSING REHABILITATION PROGRAM

1. PURPOSE OF THE HOUSING REHAB PROGRAM

The Sullivan County Housing Rehabilitation Program is designed to provide eligible county residents with financial assistance to make necessary repairs to their homes. The program employs standards for rehabilitation set by the Pennsylvania Department of Community Affairs. The basic objectives of the program are:

- a. **to eliminate safety hazards** such as structural deterioration, unsafe porches and stairs, inadequate electrical wiring or improperly vented heating system.
- b. **to eliminate health hazards** such as inadequate plumbing, unsuitable sewage disposal, unsanitary bathroom and kitchen facilities.
- c. **to promote energy conservation** with proper insulation, storm windows and storm doors, efficient heating systems.
- d. **to preserve property** by providing sound roofing and adequate roof drainage, a proper foundation, and exterior painting.

2. HOMEOWNER ELIGIBILITY INFORMATION

Applicants are evaluated on first-come, first served basis. Applications are dated upon arrival in the office of Planning and Development.

The program is designed to assist low income and moderate income households. The income levels used for determining eligibility are Federal Section 8 Income Guidelines for Sullivan County. Applications must be **residents** of Sullivan County (voter registration lists or other sources may be checked) and be the sole owners of the home. Residents with Life Rights may be eligible.

Eligibility will be determined by income information provided by the applicant and other necessary sources. The income used in this determination is total **household** income.

The County will verify the income information by review of the applicant's most recent income tax return, statements from employers, banks and social security, etc. The County may require the applicant to grant written permission for the County to obtain income verification from any source identified.

Income information does not have to be stated on the application form. A personal interview will be scheduled and the information will be required at that time. The applicant must also be able to prove ownership at that time. A copy of the deed will be required.

3. ELIGIBLE HOMES

Single family homes which are occupied by the owner(s) on a **full-time** basis are eligible for rehab assistance. Mobile homes are **not eligible**. Garages and other out buildings are **not eligible**. Commercial properties are **not eligible**.

The assessed value of a home to be rehabilitated must be at least twice the cost estimate for the required work. For example, if the cost estimate for work on the house is \$8,500 then the County assessment for the home must be at least \$17,000.

4. HOW THE GRANT WORKS

Sullivan County will allow up to \$15,000 for rehabilitation work on each eligible home. Once a homeowner has been determined to be eligible for the program and the work write-ups and bids are completed, then he/she will enter into an agreement with the County. This is a Grant Agreement and it is in the amount of the lowest qualified bid.

5. PROCEDURE

- a. Complete and submit the enclosed application form. Applications should be mailed or delivered to:

**Mike Hufnagel
Office of Planning & Development
245 Muncy Street
PO Box 157
Laporte, PA 18626**

- b. The County's Rehab Specialist will contact homeowners, in the order applications are received to set up an appointment for verification of income, residency and ownership. A list of the information which will be required at this appointment will be sent to the homeowner. This will include a copy of the **deed, homeowner's insurance policy, W-2 Forms, tax returns, pay stubs, social security checks, property tax returns, etc.**
- c. Applications will be reviewed and eligibility determined. Information provided by the applicant will be kept **strictly confidential** and shall be used to determine eligibility only. The only persons with access to the applicant's financial records are representatives of the Pennsylvania Department of Economic Development, the accountant who audits the County's Community Development Block Grant programs and the office of Planning & Development CDBG Administrator.
- d. Appointments will be made with the owner for a home inspection. Inspection of the home will include a review with the owner of work required to bring the home up to the standards applicable by the Housing Rehabilitation Guidelines. Work may exceed the minimum **requirements**, and/or the \$15,000 limit, if so determined by the Commissioners. **Cosmetic** work and **non-essential** repairs are **not eligible** for funding under this program.
- e. A workup write-up and cost estimate will be prepared. The owner may select contractors to bid on the job. It is important to get at least two qualified contractors to bid on the work. The County has a list of contractors who have done satisfactory work under the program if the homeowner wished to use it. Any contractor who participates in this program must submit **proof of insurance** to the County before work can start. The insurance coverage must continue for the duration of the project.
- f. Bid proposals will be prepared with work write-ups, and specifications. Selected bidders will be invited by the homeowner and/or from the list of approved contractors. A minimum of **two** bids will be required and the **lowest reasonable** bid will be awarded.
- g. Contracts will be awarded. The homeowner and contractor are the two parties involved; the County is not party to the Contract.
- h. When all the paperwork is complete, a notice to proceed will be issued to the Contractor. A starting date and completion date will be stated. Extensions in time will only be granted when the homeowner and County feel they are warranted by weather conditions or other unforeseen circumstances.
- i. Work will be inspected by a qualified representative of the County.
- j. Upon final inspection and approval by the homeowner and the County, the contractor will be paid. The homeowner and Rehab Specialist will sign the certificate of final inspection when all work has been **satisfactorily** completed. The date of this certificate is the start of the **year-long warranty** of the work by the contractor.

Any questions regarding the Housing Rehab Program should be directed to **Michael Hufnagel at the Sullivan County Office of Planning & Development, Sullivan County Courthouse, 245 Muncy Street PO Box 157, Laporte, PA 18626; phone (570) 946-5207.**

INFORMATION REQUIRED FOR HOUSING REHABILITATION ELIGIBILITY EVALUATIONS

PLEASE SEND OR BRING IN COPIES OF ALL THAT APPLY TO YOU

1. Federal and State tax returns for previous year
2. W-2 Forms for all employed residents
3. Current month's pay stubs for all employed residents
4. Social Security checks and/or statements for all residents
5. Unemployment checks or stubs for all residents
6. Name, address, and phone number of employers
7. Previous three month's bank statements for all residents
8. Self-employed: previous two years' tax returns with all schedules and year-to-year date profit and loss
9. Receipts of Public Assistance: letter from agency stating your benefits
10. Copy of recorded deed with tax parcel number

THE INFORMATION CONTAINED HERIN SHALL ONLY BE USED FOR DETERMINEATION OF ELIGIBILITY FOR THE REHAB PROGRAM. IT WILL BE KEPT CONFIDENTIAL.

LOCATION OF HOME

Address

City

State

Zip code

RESIDENT INFORMATION

Owner

Date of Birth

First Name

M.E.

Last Name

() -

Home Phone #

() -

Alternate Phone #

Spouse

Date of Birth

Name

Relationship to Owner

Resident
Dependents

Date of Birth

Name

Relationship to Owner

Date of Birth

Name

Relationship to Owner

Date of Birth

Name

Relationship to Owner

How long have you lived in this home? _____

Is this your **primary** residence? _____ If no, where? _____

What Municipality is the home located in? _____

How old is this home? _____

INCOME DATA FOR ALL RESIDENTS

Owners Name	Employer	\$ Salary / Wages
Other Income Type <i>(Social Security / Pension / Child Support)</i>		\$ Amount
\$ Savings /Checking/Securities		Bank/Credit Union
\$ Savings /Checking/Securities		Bank/Credit Union
Other Property: What and Where? _____		

Resident Name	Employer	\$ Salary / Wages
Other Income Type <i>(Social Security / Pension / Child Support)</i>		\$ Amount
\$ Savings /Checking/Securities		Bank/Credit Union
\$ Savings /Checking/Securities		Bank/Credit Union
Other Property: What and Where? _____		

Resident Name	Employer	\$ Salary / Wages
Other Income Type <i>(Social Security / Pension / Child Support)</i>		\$ Amount
\$ Savings /Checking/Securities		Bank/Credit Union
\$ Savings /Checking/Securities		Bank/Credit Union
Other Property: What and Where? _____		

Resident Name	Employer	\$ Salary / Wages
Other Income Type <i>(Social Security / Pension / Child Support)</i>		\$ Amount
\$ Savings /Checking/Securities		Bank/Credit Union
\$ Savings /Checking/Securities		Bank/Credit Union
Other Property: What and Where? _____		

What type of work are you requesting?

Sketch a map showing directions to your house:

OWNERS CERTIFICATION: (Please read before you sign)

I (we) certify that the statements contained in this application are TRUE AND COMPLETE to the best of my (our) knowledge and belief. I (we) absolve Sullivan County of any and all liability connected with the work to be done with this assistance.

SIGNED _____

DATE _____

SIGNED _____

DATE _____

COUNTY USE ONLY:

DATE OF INTERVIEW _____

BY _____

DATE OF INSPECTION _____

BY _____

APPROVED _____

DATE _____

BY _____

REJECTED _____

Reason

HOLD _____

Reason

