



HOME IMPROVEMENT PROGRAM APPLICATION CHECK LIST

Fiscal Year 2018 (Income Limits last updated by HUD 6/5/17)

Income qualifications are based on the number of persons residing in the home and their combined incomes. Maximum incomes: 1 person household \$43,050, 2 persons \$49,200 3 persons \$55,350, 4 persons \$61,450, 5 persons \$66,400, 6 persons \$71,300.

PLEASE NOTE THAT THIS LOAN PROGRAM IS NOT MEANT TO BE USED AS A MEANS TO SELL YOUR HOME.

If you live in a flood plain, flood insurance is required in order to obtain a loan through this program. All applicants must be current on their property taxes, subdivision assessments, and homeowners insurance. You must be a resident at this address for 1 year to participate.

*****Your application can be denied if your personal assets are equal to or above the amount of the loan such as retirement, savings, or stock accounts etc. *****

****Effective 2018 we will no longer be able to assist with windows or doors****

Please place your documents in the following order:

- 1. Your list of items needing repairs**
- 2. The application**
- 3. Proof of income (most recent income tax filing period) 1040\1040 EZ Income Tax Form and include the W2s or annual wages forms, or 1099 Misc. Income, and\or Pension, Social Security or other income statements such as unemployment, interest, etc., and 2 most recent check stubs, also for applicable persons residing in the home earning income. All income from persons residing in the home must be counted.**
- 4. Include supporting documentation for all assets listed in Section C. (Provide copies of checking and savings statements, and a list of any other liquid asset etc.)**
- 5. A recorded copy of the deed to the property (a recorded copy will list the book & page number and the date it was recorded at the top right hand corner of the document, and the legal description). You may obtain a recorded copy from the St. Charles County Recorder's Office, 201 N. Second St., St. Charles, MO 63301, 636\949-7505.**
- 6. A copy of your monthly mortgage payment, (copy from payment book or monthly invoice must list the name address, etc. of your mortgage holder), or year-end statement or closing document which lists the current rate of interest for the mortgage, and\or escrow statement which lists the amounts reserved for real estate taxes and home owner's insurance. Note: If you pay taxes and insurance separately from your mortgage please provide proof of these payments. Also provide proof of paid subdivision assessment if applicable.**

Mail or deliver to:
Department of Community Development
200 N. Second St., 3rd Floor, Suite 303
St. Charles, MO 63301 Attn: Kathleen Thompson

City of Saint Charles, Missouri
Department of Community Development

HOME IMPROVEMENT PROGRAM APPLICATION
Fiscal Year 2018

Section A.

HOUSEHOLD INFORMATION

Do you plan to sell your home within the next 5 years? ____ Yes ____ No.

ADDRESS: _____ Zip Code _____

PHONE NUMBER: () _____ CELL PHONE: () _____

DAY TIME NUMBER: () _____ E-MAIL: _____

Race and age demographics listing is required to complete this application. Demographical statistics are reported to HUD for census and financial assistance tracking purposes only.

Please list one or more of the following races for each member of the household: Native American, Hispanic, Black\African American, Asian, White\Caucasian, Pacific Islander Other, or Other Multi-Racial

Are you or any member of your household a Veteran? Yes No _____
Please List their name

Are you a U.S. Citizen? Yes No

NAMES /AGE/RACE

Head of Household _____ Age: _____ Spouse: _____ Age: _____

_____ Last, First, Middle Initial _____ Last, First, Middle Initial

Race _____ Race: _____

CHILDREN NAME(S) ONLY LIST THE NAMES OF CHILDREN THAT RESIDE IN THE HOME

Last, First, Middle Initial Age: Race:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach an additional page if more space is needed

Section B.

HOUSEHOLD INCOME

LIST THE NAMES, (First, Last & Middle Initials), AGE(S), RACE(S) & INCOME OF OTHERS RESIDING IN THE HOME. **Supporting Documentation must also accompany this application.**

See attached definition of income per corresponding number and explanation of whose income to count.

Total Annual Income: _____

List All Applicable Gross Annual Income For The Following Categories For Each Person Residing In The Home.

#	Income Type	Head of Household	Spouse	Other Member(s)	Other Member(s)	Total Combined Income
1.	Wages, Salaries, Tips	\$	\$	\$	\$	\$
2.	Business Income	\$	\$	\$	\$	\$
3.	Interest & Dividend Income	\$	\$	\$	\$	\$
4.	Retirement & Insurance Income	\$	\$	\$	\$	\$
5.	Unemployment & Disability Income	\$	\$	\$	\$	\$
6.	Welfare Assistance	\$	\$	\$	\$	\$
7.	Alimony Child Support & Gift Income	\$	\$	\$	\$	\$
8.	Armed Forces Income	\$	\$	\$	\$	\$
	Total Across					

List Total Monthly Gross Income: \$ _____

Anticipating Income. Six month projected monthly income: \$ _____

Section C.

ASSESTS & CASH VALUES

1. Cash held in savings account, checking accounts, safe deposit boxes, and cash on hand held at home.

List cash amount: \$ _____ List where held: _____

2. Cash value of revocable trusts available to the applicant: \$ _____

3. Equity in rental property or other capital investments: \$ _____

4. Cash value of stocks, bonds Treasury bills, certificates of deposit and money market accounts:
\$ _____ List where held: _____

5. Individual retirement and Keogh accounts: \$ _____ List account: _____

6. Cash value of life insurance policies: \$ _____ List account: _____

7. Personal property held and cash value as an investment such as gems, jewelry, coin collection, antique cars:

8. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amount not intended as periodic payments: \$ _____

Section D.

HOUSING EXPENSES:

Monthly mortgage payments: _____
Mortgage Company _____
Address _____
Paid to date? Yes\No (circle one)
Current Interest Rate? _____

Real estate taxes: Annual _____ Average monthly: _____ Paid to date?
Yes\No (circle one)

Insurance Company Name: _____
Address: _____
City\State\Zip _____

Annual Insurance _____ Average monthly: _____ Paid to date?
Yes\No (circle one)

Average monthly utility cost: _____

Are utilities paid to date? Yes\No If not list utility company and arrears owed.

TOTAL MONTHLY HOUSING EXPENSE _____

Section E.

Application Certification

I/We certify that the information above is true and correct to the best of our knowledge. I AM NOT PLANNING TO USE THIS LOAN AS A MEANS TO SELL MY HOME.

Date: _____ Applicant: _____
Date

Witness: _____ Applicant: _____
Date

Name _____ Address _____

Style of Home (check one) Walkout Basement _____ Non-Walkout Basement _____

Number of Bedrooms (total rooms with beds) _____

Location of Bedrooms (check all that apply) Upstairs _____ Main Level _____ Basement _____

Please list projects or repairs you would like to complete with the loan money.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

****Please note that all code violations take precedence over other projects and repairs. Any projects started prior to approval are not eligible for reimbursement or payment.**

The area below will be signed AFTER the Initial Inspection during the program meeting once all projects are discussed and agreed upon by Program Staff and homeowner(s).

The undersigned agrees that all projects approved by the Inspector are listed above. Any projects in addition to this list must be approved before work begins.

Signature

Date

Signature

Date

Program Staff

Date

You are required to submit copies of your supporting documentation with this application. If you are unable to provide copies please call and make arrangements for someone to assist you with making copies, 949-3222. Please call Kathleen Thompson 636-949-3214 if you need assistance completing this application.

Section F.

Upon income qualification, I will call you to schedule a complete health and safety inspection. This includes a thorough inspection of the structure, including the roof, foundation, electrical panel box and the, plumbing, furnace, and water heater systems. The CDBG Inspector will prepare a report citing all the items needing repair and/or replacement based on the current building & property maintenance codes, in priority order, and suggest a cost for the total project. This list may or may not include the same items from your list. Upon approval, you will be asked to sign a deed of trust, and note for the amount to be borrowed.

File Access Authorization

The information in your file is confidentially maintained and accessed only by qualified U.S. Department of Housing and Urban Development and Community Dev. Block Grant \HOME staff, to yourself and/or anyone you may designate in writing. A copy of all forms requiring your signature(s) will be provided to you.

CDBG\HOME Program Eligibility Release Form

ORGANIZATION REQUESTING RELEASE OF INFORMATION (CITY OF ST. CHARLES, MO, 200 N. SECOND ST. STE 303, ST. CHARLES, MO 63301, 636\949-3224) PURPOSE: YOUR SIGNATURE ON THIS CDBG\HOME PROGRAMS ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY (EMPLOYER, BANK, INSURANCE AGENT ETC.) RELATIVE TO YOUR INCOME ELIGIBILITY AND CONTINUED PARTICIPATION IN THE: HOME\CDBG: HOMEOWNER OCCUPIED REHABILITATION PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN CDBG OR HOME PROGRAMS AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG\HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT FOR THE CDBG AND/OR HOME PROGRAMS TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN THE CDBG\ HOME PROGRAMS ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

ACKNOWLEDGMENTS

I\We hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from this program.

I \We authorize _____ access to my Home Improvement Loan
First and Last Name

Print Name: _____
Applicant Date Co-Applicant Date

List other household members: (unrelated persons residing with you)

Other Household Member Other Household Member Other Household Member

A City Ordinance was established to assure equal opportunity to all persons, and states that it is unlawful to discriminate against anyone based on their race, color, creed, religion, ancestry or national origin, familiar status, age, sex\gender, income assistance status, and\or handicap status.

St. Charles City Hall is wheel chair accessible. Those in need of auxiliary aids should contact the City sufficiently in advance to assure that accommodation may be made. Requests for other assistance or aids including language translations may be made in writing by contacting the Department of Community Development, 200 N. Second St., Suite 303, Attention Kathleen Thompson or by telephone (636) 949-3214.