

## City of Bristol Virginia CDBG Home Repair (Warm, Safe and Dry) Program Guidelines

This program is made possible by the federal Community Development Block Grant Program. A forgivable loan of up to \$8,000 is available per owner-occupied home to assist with specific home repairs or activities that eliminate conditions detrimental to the safety and health of the residents. If safety-ensuring repairs exceed the available \$8,000, award of the increase will be decided on a case by case basis, based upon the findings of the contractor and appropriate City staff.

### Eligibility:

Eligible activities or repairs include but are not limited to the following:

- Unsafe electrical, heating or plumbing systems;
- Faulty roofs, windows;
- Faulty porches and steps that present a safety risk;

Ineligible activities consist of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, outbuildings, garages, or any structure not attached to the living unit.

**This is a one-time forgivable loan.** No funds will be provided for partial correction, for non-eligible improvements or to the owner in cash as reimbursement for the repair work completed (or to the owner directly for labor or materials purchased by the homeowner). If the bid for the approved emergency repair is more than the funds provided by the CDBG home repair program, the homeowner may be asked to provide the additional funding for the remediation of the hazard.

In order to be considered for the opportunity:

- 1) The house must be a single-family dwelling located within the city limits of Bristol, Virginia. The applicant must be the owner of the home, must live in the home (as a primary, permanent residence for at least one year), and be able to provide proof of home ownership, active home insurance, and paid property taxes.
- 2) Homeowners must be at or below 80% of the area median income. Income and assets will be verified before a home repair contract is issued. The total household income based on the number of people living in the home cannot exceed the following:

Persons in Household	Maximum Income*
1	\$37,350
2	\$42,650
3	\$48,000
4	\$53,300
5	\$57,600
6	\$61,850
7	\$66,100
8	\$70,400

\*FY 2022 HUD Income Limits for Bristol MSA

## **Repayment Clause:**

To prevent owners from simply selling the property and profiting from the CDBG-funded improvements, the owners must repay the program if they sell the property within five years. Part of the owner's obligation is forgiven each year they live on the property.

Repayment of the rehabilitation grant on relocation shall be based on a twenty percent (20%) reduction of the amount to be repaid per year, according to the following schedule:

- 0 – 12 months: 100% repayment
- After one (1) year: 80% repayment
- After two (2) years: 60% repayment
- After three (3) years: 40% repayment
- After four (4) years: 20% repayment
- After five (5) years: 0% repayment

If the property is inherited by a blood relative or sold to an eligible person under the guidelines, repayment may be transferred to the eligible party(s) upon City Council approval. If the owner dies during the five-year period of the grant and the heir(s) sell the dwelling, then repayment will follow the same schedule as if the owner were alive and selling the dwelling.

## **Preconstruction Requirements**

Debris removal is a pre-construction requirement to program participation. Property owners will be required to clear the exterior and interior property site of all identified trash, debris, inoperable vehicles and derelict structures prior to receiving program assistance. If the owner is elderly or disabled and cannot physically clear the property or arrange for the removal of the debris, an attempt will be made to obtain outside assistance in this removal.

## **Authorization for Release of Information**

If the attached Authorization for Release of Information form is returned with the application for home repair assistance, but this specific part of the form is unsigned or this form is NOT returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a separate Release of Information for each adult household member who has an income.

If you are within the income guidelines, in need of the eligible repairs, and would like to be considered for assistance, you MUST reply to all the questions in the Application for Emergency Home Repair, deliver the application to the City of Bristol Virginia Office of Community Development & Planning and provide a copy of all applicable requested documents. Application priority will be given as follows:

- Elderly – over 65 years of age in household;
- Disabled – disability recognized by Social Security Administration;
- Children under 6 years of age in household.

Applicants will be notified as to their application status within 30 days of this initial period. Should there be funds remaining, applications will then be taken on an on-going basis as long as funds are available. Applicants who apply for possible remaining funds will also be notified within 30 days of receipt of their application status. Persons whose applications are denied have 15 days from receipt of the letter to appeal the decision and will be notified of this in the letter.

**Please print or type and submit copies of requested information with this application. We will not return any documents you enclose with this application.**

## Application for Home Repair Program

### A. Personal Information

Head of Household Name \_\_\_\_\_  
(Please Print) (Last) (First) (MI)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female (Circle one)

Home Address \_\_\_\_\_ Bristol, Virginia 24201

Home Phone ( ) \_\_\_\_\_ Work Phone or Other ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Are you disabled? Yes No (Circle one)

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (MI)

Spouse's Social Security # \_\_\_\_\_ Is spouse disabled? Yes No (Circle one)

Spouse's Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Other household members' employment information (including children 18 or older who are not full-time students) may be listed on back if applicable. Note: Roommates are also considered household members.

Name (First/Last)	Age	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please continue on back if additional space is needed.**

**B. Annual Income and Assets**

YEARLY INCOME				
Family or Other Household Members	Wages/Salaries (Gross)	Benefits/Pensions	Public Assistance	Other Income
<b>TOTALS</b>				
<b>Enter totals of last 4 columns.</b>				

Please provide the last 3 pay stubs or statements for all income listed above. The 2022 Disability Statements and/or Social Security Benefit Statements are also acceptable as are yearly pension statements and income tax returns. Note: Income is not a year to date figure but a yearly amount based on current earnings.

ASSETS			
Family or Other Household Members	Asset Description	Current Cash Value Of Assets	Actual Income from Assets
<b>Total Cash Value of Assets</b>		\$	
<b>Total Actual Income from Assets</b>			\$

Your primary home and personal automobile are not considered assets for the purposes of this grant.

**C. Banking Information**

List the following information regarding accounts you have at banks, savings and loans, or credit unions. If you need additional space, please complete on the back of this form.

**Include copies of your last 3 bank statements.**

Bank Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Type of account: **CHECKING**      **SAVINGS**      **CD**      **OTHER** \_\_\_\_\_

Also, please indicate the following concerning any stocks, bonds, or securities you may have.

Type of security \_\_\_\_\_ # of shares \_\_\_\_\_ and/or certificates \_\_\_\_\_

Value per share \$ \_\_\_\_\_ or bond account \$ \_\_\_\_\_

Name and address of company issuing security \_\_\_\_\_

**D. Housing Information** (Please circle the appropriate answer below)

1. Do you own your own home or have a life estate?    YES                      NO

**Include a copy of the deed or other proof of ownership.**

2. If disabled or over the age of 65, do you receive any type of real estate tax exemption or reduction?    YES                      NO

3. Are your property taxes paid to date?    YES                      NO

**Please include a copy of receipt of paid property taxes.**

4. Do you have homeowner's insurance?    YES                      NO

**Please provide a copy of homeowner's insurance policy.**

**Please list name, address, and policy number of insurance company.**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Company mailing address \_\_\_\_\_

**E. Racial information** (required information as per the funding source for this program)

**Please circle all the appropriate answers.**

**Head of Household**

**Racial Composition**

Single or multiracial

**Ethnicity:**

Hispanic or non-Hispanic

**Race:**

White

Black/African American

Asian

American Indian

Hawaiian/Pacific Islander

Am. Indian/Alaskan & White

Asian and White

Black/African American & White

Amer. Indian/Alaskan & Black

Other multi-racial combination

**Spouse/Other Adult(s)**

**Racial Composition**

single or multiracial

**Ethnicity:**

Hispanic or non-Hispanic

**Race:**

White

Black/African American

Asian

American Indian

Hawaiian/Pacific Islander

Am. Indian/Alaskan & White

Asian and White

Black/African American & White

Amer. Indian/Alaskan & Black

Other multi-racial combination

5. Is the repair you are requesting an emergency and why do you think it is?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please CIRCLE the name of the repair you need the most:

ELECTRICAL            HEATING            PLUMBING            HOT WATER HEATER  
WINDOWS            HANDICAP ACCESSIBILITY            UNSAFE FLOORING  
BAD STEPS            PORCH            ROOF/GUTTERS            OTHER\_\_\_\_\_

**I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY. (All adults 18 and over must sign.)**

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**I CERTIFY THAT I UNDERSTAND THE TERMS AND CONDITIONS OF THIS FORGIVABLE LOAN AND THAT I AGREE TO THE REPAYMENT REQUIREMENTS. I UNDERSTAND THAT A LIEN WILL BE PLACED AGAINST MY PROPERTY AND WILL DECREASE 20% PER YEAR UNTIL THE FIVE (5) YEAR AFFORDABILITY PERIOD IS OVER.**

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**I CERTIFY THAT I RECEIVED & UNDERSTOOD THE LEAD HAZARD INFORMATION PAMPHLET. I ALSO CERTIFY THAT I RECEIVED THE FAIR HOUSING BOOKLET.**

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed application and copies of required documents to:**

**Ellen Tolton, Community Development Specialist  
City of Bristol VA Department of Community Development & Planning  
300 Lee Street  
Bristol, VA 24201  
Phone: 276-645-7473  
Email: ellen.tolton@bristolva.org**

**NOTE:** In order to comply with Section 106 of the National Historic Preservation Act and to help preserve the character defining features of the participating properties, the City of Bristol Virginia has entered into a Programmatic Agreement with the Department of Historic resources and the Advisory Council on Historic Preservation that may govern the scope and nature of the permitted rehabilitation work.

An applicant's rights under the Privacy Protection Act of 1976 will be protected. The Privacy Protection Act governs the collection, use and dissemination of personal information concerning individuals by State and local governmental agencies. Personnel records maintained by State and local agencies clearly constitute "personal information", the dissemination of which is subject to the provisions of the Privacy Protection Act of 1976, §2.1-379(2).

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

This program is operated in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). "It is illegal to discriminate against any person because of race, religion, sex, disability, familial status, or national origin."

Are either you or your spouse related to any individual who is employed by the local government or agency administering this grant?  Yes  No

**Please note:** The completion of this application is not a guarantee of home repair funding. The applicant and the home repair must meet guidelines set by HUD's CDBG Program Guidelines and the City of Bristol, Virginia's CDBG Emergency Home Repair Program.

**Only FULL and COMPLETE applications will be considered first for home repair assistance!**

**City of Bristol Virginia  
CDBG Emergency Home Repair Program  
Department of Community Development & Planning  
300 Lee Street – Suite 108  
Bristol, VA 24201**

**Phone: (276) 645-7473**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This document is for authorization to release information regarding your City of Bristol Virginia CDBG Home Repair Program Application for the purpose of verifying information supplied in your application and for reports to the Department of Housing and Urban Development (HUD).

I, \_\_\_\_\_, hereby grant permission to the City of Bristol Virginia to verify information provided in this application and to release to its authorized representatives and to HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

A photographic or fax copy of this authorization may be deemed to be the equivalent of the original, and may be used as a duplicate original. The information is for confidential use in determining your eligibility for the Home Repair Program.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**IF THIS FORM IS RETURNED WITH THE APPLICATION FOR HOME REPAIR ASSISTANCE, BUT THIS SPECIFIC PART OF THE FORM IS UNSIGNED OR THIS FORM IS NOT RETURNED WITH THE APPLICATION, THE APPLICATION IS INCOMPLETE AND NO ASSISTANCE WITH HOME REPAIRS CAN BE PROVIDED. PLEASE COMPLETE A RELEASE OF INFORMATION FORM FOR EACH ADULT HOUSEHOLD MEMBER WHO HAS AN INCOME.**