

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION/LEAD HAZARD CONTROL
PROGRAM GUIDELINES FOR MULTI- FAMILY,
OWNER- OCCUPIED AND RENTAL PROPERTIES**

The Town of Enfield's Housing Rehabilitation/Lead Hazard Control Program is funded with federal and state monies made available through the Community Development Block Grant (CDBG) and The State of Connecticut's Hazardous Material Program. The Rehab Program provides financial and technical assistance to eligible property owners for 1) the correction of housing code violations, 2) the correction of life safety code violations if applicable, 3) the implementation of cost-effective energy conservation measures, 4) undertaking modifications to improve handicapped accessibility, and 5) lead hazard control measures. Income restrictions apply to all residents of homes to be rehabilitated through this program.

Funding is proposed to correct code and safety violations and eligible improvements (see page 4) up to \$25,000 for single family houses and for the owner-occupied unit of a multi-family structure. For multi-family units where the owner is not a resident of the building to be rehabilitated, funds will correct code and safety violations up to \$25,000.

Landlords

If the property owner's income is above 80% of the median income and up to \$100,000, the loan will be 3-6%. If the property owner has tenants and the property owner's income is over \$100,000, then the loan will be calculated between 3-12%.

HOUSING REHABILITATION PROGRAM POLICIES

ELIGIBILITY – In order to be eligible under the Town's Housing Rehabilitation Program, a property must 1) be located in the Town of Enfield, 2) be in need of rehabilitation and 3) be occupied by persons of low/moderate income (see Income Guidelines). In addition, all taxes must be current. The Town will not discriminate against any person because of race, creed, color, ancestry, religion, age, sex, marital status, lawful source of income, national origin, sexual orientation, familial status, learning disability or mental or physical disability.

INCOME GUIDELINES – The State Department of Housing utilizes Section 8 Program standards for qualifying participants in the Housing Rehabilitation Program. In most cases, income for the purposes of the Rehabilitation Program is defined in the following manner:

For all adult members of the household, income includes all: wages and salaries, interest, net business income, social security, pensions, and periodic payments including transfer payments, alimony, V.A. benefits, educational benefits, income from assets, etc. Income measure is gross income (except for business income).

To be eligible for assistance under this program, each household income must be at or below 80% of the area median. Additional assistance may be available to you if you are an owner occupant and your household income is below 50% of median (see **Financial Assistance, below**). Median household income is based upon statistical data provided periodically by the U.S. Department of Housing and Urban Development (HUD). The income figures are adjusted for household size and are updated annually.

NUMBER OF PEOPLE IN HOUSEHOLD (FY 2015)

	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
30% of Median – Extremely Low Income	18,400	21,000	23,650	26,250	28,410	32,570	36,730	40,890
50% of Median – Very Low Income	30,650	35,000	39,400	43,750	47,250	50,750	54,250	57,750
80% of Median – Low Income	46,100	52,650	59,250	65,800	71,100	76,350	81,600	86,900

APPLICATION PROCESS

Selection for funding is competitive. Applications will be handled based upon a priority ranking. If a waiting list for assistance exists at the time of your application, your project will be ranked and then added to the list. The OCD will inform you of your position on the waiting list. Please feel free to contact the OCD at any time to get an update on your current position. When it comes time for your application to be processed, if six (6) months have passed since your original application, you will be required to update any information which has changed.

After you return this application, we will schedule a walk-through of the property with you to determine property needs and the likelihood of funding. If eligible, a building will be ranked numerically based upon a priority ranking. Priority ranking criteria are the following: children with elevated blood level; occupant children under six and significant levels of lead hazards. The Program will focus on children under 6 with particular attention to houses with EBL children.

FINANCIAL ASSISTANCE - REHABILITATION

OWNER-OCCUPIED UNITS-Financial assistance is available to eligible property owners in the form of low interest (3%-6%) and deferred payment (0%-3% interest) loans for up to 100% of the cost of the proposed rehabilitation — not to exceed \$25,000 — for owner occupied unit only.

Low interest loans-3% to 6% are available up to \$25,000 for:

- 1) owner occupants whose household income is between 50% and 80% of the area median.

Deferred payment loans-0% to 1% are available up to \$25,000 for:

- 1) owner occupants whose income is 30% of the area median, and/or
- 2) owner occupants in cases where the household income is at or below 80% of median and the head-of-household is either elderly (62+) or handicapped, or both.

Deferred payment loans-0% to 3% are available up to \$25,000 for:

- 1) owner occupants whose income is 50% of the area median, and/or
- 2) owner occupants in cases where the household income is at or below 80% of median and the head-of-household is either elderly (62+) or handicapped, or both.

RENTAL UNITS-Financial assistance for rehabilitating rental units is in the form of a loan (see interest rates below) for the proposed rehabilitation not to exceed \$25,000.00 per rental unit, provided:

- 1) the tenants of each unit to be assisted have a household income which is at or below 80% of the area median, and
- 2) any vacancies occurring within 5 years of rehabilitation must be filled with income eligible tenants (as described above under Income Guidelines), and
- 3) monthly rents do not exceed the Fair Market Rent levels as determined from time to time by HUD. Fair Market Tents are established periodically by the U.S. Department of Housing and Urban Development. The OCD will provide information concerning maximum allowable rents on a case—by—case basis, and will periodically require documentation to ensure that rents remain within these limits.

If the property owner's income is above 80% of the median income and up to \$100,000, the loan will be 3-6%. If the property owner has tenants and the property owner's income is over \$100,000, then the loan will be calculated between 3-12%.

Both low interest loans and deferred payment loans are secured through a mortgage note and lien on the property to be rehabilitated, in the same way as they are for conventional loans. Low interest loans are repaid over a period of between 10 and 15 years. Deferred payment loans are at a 0% interest to 3% interest (your income determines the interest rate). No payment will be required if you qualify for a deferred loan at the time that the work is done on your property. But the deferred loan will become payable in full if the property is sold or transferred in any manner (such as death of the property owner, sale of the home, elderly homeowner is placed in a nursing home etc.).

ELIGIBLE IMPROVEMENTS - Correction of all code violations is required for participation in the Housing Rehabilitation Program. Any items determined to be code violations by the Housing Code Inspector and/or Fire Marshal must be included in the Project. Incipient code violations, which are those items which may become code violations in the near future, are also eligible and are highly recommended for inclusion if funds are available. If hazardous materials exist (e.g. asbestos, lead based paint) and are of a concern due to condition, necessary lead hazard control/abatement will be part of this project. Cost-effective energy conservation improvements and modifications to improve handicapped accessibility to the unit may also be considered, as appropriate, if funds are available. Owners of Multifamily dwellings are eligible to receive grant funding under the Town's ADA Compliance Program. Other general improvements to the property may be considered as lower priority items, subject to OCD approval.

INELIGIBLE IMPROVEMENTS - Ineligible rehabilitation items include those which are determined by the OCD to be outside of the scope of normal rehabilitation work. Such items include, but are not limited to, garage repairs, central air conditioning, appliances, and work which is strictly remodeling rather than rehabilitation. The OCD has the sole authority to determining the eligibility of specific improvements.

HISTORIC PRESERVATION REQUIREMENTS - The Office of Community Development is funded with state and federal monies, and, as such, is subject to various state and federal regulations. One of the most important requirements under housing rehabilitation involves the proper rehabilitation of historic properties. If your home is determined by the OCD to be historically significant, rehabilitation will have to be in accordance with "The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings." Those standards are designed to insure that rehabilitation work performed on an older home is consistent with the historic nature of the house, and will not significantly alter its overall appearance. Some deviation from this standard may be permitted in the interior or at the rear of the house. However, the OCD and the State Historic Preservation Office would have to decide each exception on an individual basis.

EMERGENCY PROJECTS — If a situation exists (i.e. inoperable heating system, defective roof, child occupant with elevated blood lead level) which the Housing Code Enforcement Officer determines to be of an immediate threat to the occupants of the property, the OCD will handle this on an emergency basis provided that the owner(s) qualify for assistance. Only the improvements necessary to address the emergency situation will be treated at this time. Other non-emergency improvements will be addressed as described earlier in the Application Process section. Funding made available for emergency purposes is limited to \$10,000.

Summary of Lead-Based Paint Requirements As Per State and Federal Regulations

The OCD will adhere to the following State and Federal regulations and any amendments that may occur in the future:

	Subpart of Rule/Type Program	Construction Period	Requirements
J.	Rehabilitation Assistance		
	1. Property receiving less than or equal to \$5,000 per unit	Pre-1978	<ul style="list-style-type: none"> ❖ Provision of pamphlet ❖ Paint testing of surfaces to be disturbed, or presume LBP ❖ Safe work practices in rehab. ❖ Repair disturbed paint. ❖ Notice to occupants.
	2. Property receiving more than \$5,000 and up to \$25,000	Pre-1978	<ul style="list-style-type: none"> ❖ Provision of pamphlet. ❖ Paint testing of surfaces to be disturbed, or presume LBP ❖ Risk assessment. ❖ Interim controls. ❖ Notice to occupants. ❖ Ongoing LBP maintenance if HOME or CILP.
	3. Property receiving more than \$25,000 per unit	Pre-1978	<ul style="list-style-type: none"> ❖ Provision of pamphlet. ❖ Paint testing of surfaces to be disturbed, or presume LBP ❖ Risk assessment. ❖ Abatement of LBP hazards. ❖ Notice to occupants. ❖ Ongoing LBP maintenance.

Town of Enfield

Temporary Relocation Plan

Because of the nature or extent of the work funded by the Enfield Housing Rehabilitation Program, and to protect the health and safety of the residents, occupants of assisted units may be required to temporarily move out of their units for a period of time during rehabilitation activities.

Relocation of occupants of assisted units is subject to the requirements of both the Federal Uniform Relocation and Real Property Acquisition Policies act of 1970, as amended (URA) and Connecticut General Statutes 8-37A, as amended by P.A. 92-183 and 8-266 et seq. (Chapter 135).

The intent of this Temporary Relocation Plan is to minimize the impact and length of the temporary relocation resulting from Small Cities Program-funded rehabilitation activities. This plan outlines the terms and conditions under which occupants in assisted units will be offered relocation assistance in conformance with the requirements of federal and state legislation.

Applicability

Relocation assistance will be offered to owner-occupants and to tenant-occupants of units undergoing rehabilitation under the following circumstances:

If the work involves lead paint, asbestos removal or other work activities that require the occupants to be temporarily relocated and/or

If the work requires lead-safe work practices be employed and the circumstances of that activity require the occupants to be temporarily relocated.

Temporary Relocation Assistance to be Provided

Occupants are informed of relocation options. Relocation facilities offer utilities, phone service, etc. The costs to a household does not exceed its usual monthly expenses. A household pays rent and utilities to the landlord as usual, with extra costs caused by relocation born by the OCD or the owner. A household may:

1. Identify its own temporary home, a choice often best for occupants and easiest for the OCD, and may receive
 - a. a \$500 payment to off-set extra costs for a 1-5 person household.
 - b. a \$1,000 payment to off-set extra costs for 6 and over person household.
2. Stay in a hotel or housing unit whose rates have been negotiated by the OCD.
3. Stay away during the workday, if abatement can be configured to allow evening occupancy. The opportunity to remain away from home during the workday is determined by the Lead Hazard Control/Abatement Plan writer.

Other reasonable temporary relocation expenses

The intent of the Temporary Relocation Plan is to minimize the impact and length of temporary relocation resulting from the activities assisted through the Housing Rehabilitation Program. The Town recognizes that each household's circumstances are unique and that it cannot anticipate all situations in advance. The Town will fund other reasonable relocation expenses, such as excess travel costs to and from work and/or school from the temporary accommodations, on a case-by-case basis. Occupants are encouraged to discuss their unique circumstances with the Relocation Officer as soon as possible.

Non-allowable costs

Non-allowable costs for temporary relocation include, but are not limited to the following: clothing, toiletries and personal care items, entertainment and groceries (when full cooking facilities are available).

Process for approval of temporary relocation expenses

To be eligible for reimbursement, all temporary relocation expenses must receive prior written approval from the Relocation Officer. All requests for reimbursements will generally be made within two weeks of submission of complete documentation of expenses.

Notices

Timely notices will be provided to occupants as soon as feasible. The program has an extensive waiting list of potential applicants with an average wait of one year between the submission of the initial application and the activation of the application review process to determine eligibility for assistance.

Upon activation of an application, which included resubmission of a current application to the Program, all occupants of applicant units will be sent a "General Information Notice" informing them that they will not be displaced as a result of the rehabilitation activities and informing them of their rights to reasonable temporary relocation assistance. They will also be sent a copy of the Town's "Temporary Relocation Plan. This notice will either be personally served or sent certified mail, return receipt requested. If new tenants move into a unit after the application has been activated, they will not be eligible for temporary relocation assistance. It will be the responsibility of the property owner to inform new or prospective tenants that they may need to relocate temporarily and that they will not qualify for relocation assistance from the Housing Rehabilitation Program.

In addition to serving the required notices, the Enfield Community Development Office will work with individual households and the contractor doing the work to determine the scheduling of the work necessitating temporary relocation and to determine appropriate temporary relocation assistance for the affected household.

Relocation Officer

The Relocation Officer will be responsible for finding temporary housing and establishing relocation services and payments. The Relocation Officer can be contacted by writing the Community Development Office, 786 F Enfield Street, Enfield, CT 06082.

Working through the Relocation Officer, the OCD will offer personal hands-on customized attention to each family. Relocating families will sign an agreement indicating written expectations which include their responsibility for safeguarding valuables, and removal of window treatments and care.

HOUSING REHABILITATION PROGRAM PROCEDURES

APPLICATION STAGE: The first step in the rehabilitation process involves filling out an application, signing the Memorandum of Understanding and submitting them to the Office of Community Development (OCD). Separate forms are required for owner-occupants and rental units. Applications from owner-occupants shall be accompanied by proof of household income (e.g. most current income tax return (1040), and a copy of the most recent weekly pay stub). If your income situation has changed significantly since your tax return was filed, you must notify the OCD at the time of your application. If an income tax return is not available, an employer verification, Social Security verification, or other similar documentation may be used. After receipt of your completed application, a “Multi-Family Tenant Certification Form”, “Protect Your Family From Lead In Your Home”, a Confirmation of Receipt of Lead Pamphlet sign off sheet and Relocation letter will be mailed directly to each tenant by the OCD. For each applicant building, an assessment will be completed to determine eligibility and priority rating.

INSPECTIONS: When your case comes up for processing, you will be contacted to arrange for a housing code inspection (and life safety code and lead inspection, if applicable). These inspection reports are used as the basis for the preparation of a work write-up. All lead inspections will be conducted by state certified inspectors under contract with the Office of Community Development. The inspectors will be selected through an RFP process. Code inspections will be conducted by Town officials. Structures may be tested for lead by XRF and dust wipes in compliance with HUD guidelines. Lead Hazard Control/Abatement plans and maintenance plans will be reviewed by the North Central Health District.

DESIGN: The OCD Project Manager assigned to your case will contact you to arrange to visit your property and, based on his inspection and the inspection reports, he will prepare the plans, specifications and cost estimate, for the work items to be performed. Any work items which are initiated prior to the Project Manager’s inspection will not be eligible for financing under the Rehabilitation Program. The Project Manager will meet with you to secure your approval of the work to be performed. All lead control specifications will be developed by a state certified supervisor under contract with OCD. Bid specifications will be prepared that meet OCD standards for abatement and management plans, state regulation, and HUD guidelines. Requirements for worker protection will be included in the specifications. Corrections to code violations will be coordinated with the Building Code Inspector and Project Manager. All units within the structure will be required to be brought up to code. Interiors, exteriors, garages, out buildings, soil remediation measures and relocation may be included in the specifications.

BLOOD LEAD TESTING— All children under six must have a blood lead screening completed and you must send a copy of the blood lead test to OCD along with your application. Post abatement screening and a one year follow up screening will be done.

LOAN REVIEW COMMITTEE: All loans are subject to approval by the Enfield Loan Review Committee. The Committee is made up of representatives of the community, and evaluates the financing proposed for your rehabilitation work. Some considerations taken into account in the Loan Review Committee approval process include the total of all liens on the home in relationship to its value, the owner’s debt-to-income ratio, status of property taxes, and the ability of the rental property to support its debt with rent payments, etc. The Committee may also consider exceptions to the financing terms outlined in these Guidelines.

BID PROCESS: As part of this program, the OCD solicits quotes/bids from local contractors. If the Project Manager's estimate of the work to be done is less than \$10,000, several quotes will be solicited. If it is estimated that the work will exceed \$10,000, the work must be put out to competitive bid. Bidders must attend a pre-bid walk through if determined by OCD. The bidding period is normally two weeks, at the end of which the bids received will be opened and read aloud by OCD staff. You may, if you wish, be present at the bid opening. The bids received will then be compared for consistency with the OCD estimate. The OCD reserves the right to reject any and all bids.

The OCD maintains a list of eligible contractors, and only bids from the contractors on this list will be accepted. You may select contractors whom you wish to bid on the work; however, if they are not on the OCD list they must complete an application prior to bidding on the project to allow the OCD to check references and background. For lead hazard control/abatement work licensed companies and certified contractors will be utilized per State and Federal regulations. Applications are available at the OCD.

The OCD will fund up to predetermined caps of the lowest credible bidder. Owners have the option of accepting another credible bid and paying the cost difference. The Loan Review Committee reviews each case and approves funding. The OCD will prepare contracts according to OCD models for Owner/Town and Owner/Construction contractor. The Town must sign all contracts.

AGREEMENTS: Once you accept the bid, a Memorandum of Agreement will be signed between you and the OCD concerning your participation in the Program. That Agreement addresses such issues as non-discrimination in future rentals and/or sales, rent limitations (if applicable), occupancy, correction of code violations, and so forth. Once you have signed this agreement, a Construction Agreement will be prepared by the OCD and executed between you and the contractor.

At the time that the Construction Agreement is signed, you will be required to close on your loan with the Town. The loan funds (and your personal funds, if applicable) will be held in escrow by the Town. Payment will be made to the contractor through a two—party check in the name of the contractor and you. You will then be asked to come into the Office to endorse the check, after which it will be turned over to the contractor. The OCD may, in extraordinary circumstances, issue payment checks directly to the contractor.

CONSTRUCTION: Once a Construction Agreement is signed, a Notice to Proceed will be issued to the contractor outlining the time frame within which the rehabilitation work must be completed. The Project Manager and/or other OCD staff will make every effort to perform weekly inspections of the work. However, please keep in mind that the work is being done on your property, and it is your responsibility to monitor its progress. If you have any specific concerns on the work being performed, refer to your copy of the construction documents. If any questions remain, it is important that you contact the OCD and we will attempt to resolve the problem. Where applicable a state certified lead abatement monitor under contract with the OCD will monitor each project along with the OCD Project Manager and take clearance dust wipes. The monitor is selected through a competitive RFP process. Alterations from bid specifications are handled by written changes. Consultation is given to abatement contractors as needed. Waste disposal requirements will be determined early on for each job. Owners generally handle waste removal to minimize costs under a 10 cubic yard disposal waiver offer in Connecticut. Clearance testing follows HUD guidelines.

PERMITS: Typically, the work performed under the rehabilitation program requires a Building Permit. If you do not see one posted, ask the contractor. If you are not satisfied by his response, call the Town Building Department or the office of Community Development. The OCD requires that all work requiring a permit be inspected by the Building Inspector. The contractor will be required to obtain all necessary permits.

CHANGE ORDERS- Any change in the Scope of Work as outlined in the specifications requires a written change order signed by the owner, the contractor and the OCD. Do not, under any circumstances, make side deals or other arrangements with the contractor for additional work or for work which alters the Scope of Work. Any work which is performed outside the Scope of Work, and for which there is a no change order, will not be considered for payment under the Rehabilitation Program. If you feel that a change order is needed, please contact the OCD.

PROJECT CLOSEOUT- Once all work has been completed, all inspectors involved in the project will be required to make a final inspection. Upon their approval of the work performed, a Certificate of Final Inspection will be prepared and must be signed by the owner (s), the Housing Code Enforcement Officer and the OCD. For lead hazard control/abatement projects, clearance will be conducted in accordance to Federal standards/procedures. If the unit(s) does not pass clearance, it will be the contractor's responsibility to ensure that it does. At this time, the OCD will require you to sign off on any other outstanding documents (i.e. mortgage addenda).

The OCD will conduct one year post abatement dust wipes on lead projects. Town officials will periodically inspect units to verify that financial requirements are being met.

LOAN REPAYMENT (if applicable): If you have a loan in which you will be making monthly payments, after the project has been completed you will receive a coupon book and instructions describing the repayment process.

***** A FINAL NOTE *****

The purchase and ownership of property is probably the largest investment you make in your lifetime. While the OCD provides financial and technical assistance for rehabilitating your home, the contract is between you and the contractor, and it is your responsibility to monitor the progress of the work. In addition, you will be expected to maintain the property in a decent, safe and sanitary condition, free of housing, health and fire code violations.

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM**

PROPERTY OWNER LOAN APPLICATION

Address of Property to be Rehabilitated: _____

Number of Units _____ Owner Occupied _____ Rental _____

Applicant (s)	Applicant 1	Applicant 2
Name		
Mailing Address		
Social Security #		
Telephone # Home		
Telephone # Work		
Email Address		

GROSS MONTHLY INCOME OF APPLICANT (S)

	Applicant 1	Applicant 2
Wages & Salaries		
Social Security		
Pension		
Investment Income		
Other Income		
Total		

FINANCIAL INFORMATION ON PROPERTY TO BE REHABILITATED

Gross Monthly Rental Income	
1st Mortgage Monthly Payment (P & I)	
2nd Mortgage Monthly Payment (P & I)	
3rd Mortgage Monthly Payment (P & I)	
Annual Real Estate Tax	
Annual Insurance Premium	
Annual Maintenance Reserve	
Monthly Property Utility Costs (landlord responsibility)	
Other Property Expenses	

Are there any young children with elevated blood lead levels (EBL) residing in the building? _____

Are there any children under six residing in the building? _____

Any children under six must have a blood lead test sent with your application.

Has the property ever been tested for lead-based paint? _____ When? _____

If yes, did it test positive? _____ Do you have a code or lead order? _____

Purchase Date of Property to be Rehabilitated: _____

	MORTGAGE HOLDER'S NAME	ORIGINAL AMOUNT	BALANCE	MORTGAGE PAYMENT
1 st Mortgage Holder				
2 nd Mortgage Holder				
3 rd Mortgage Holder				

Please check if: Elderly: _____ Disabled: _____ Female Head of Household: _____

Ethnicity – please check one: Hispanic/Latino: _____ Not Hispanic/Latino: _____

Racial Classification: Please check one:

White		American Indian/Alaskan Native	
Black/African American		Native Hawaiian/Other Pacific Islander	
Black/African American & White		American Indian/Alaskan Native & White	
Asian		American Indian/Alaskan Native & Black/African American	
Asian & White		Other Multi-Racial	

PLEASE SUBMIT A COPY OF THE DEED AND MORTGAGE

Please list any liens and their amounts which are currently filed against the property to be rehabilitated:

LIEN	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

As part of your participation in the Enfield Housing Rehabilitation Program you will be required to maintain adequate homeowner's insurance.

Attach a copy of your Certificate of Insurance which you can obtain from your Insurance Agent. If your property is in Zone A of the FIRM (Flood Insurance Rate Map), then you will be required to provide flood insurance.

List below the family name of the tenant living in each unit. Provide tenant income information if known. Actual verification will be the responsibility of the tenant. In addition, please indicate if the occupants receive Section 8 or other Rental Assistance. Use additional sheets if necessary.

Unit #	Tenant Name	# of Bedrooms	# of people in a unit	Monthly Rent	Utilities Included?	Income if Known	Rental Assistance	Any Child Under 6
1								
2								
3								
4								
5								
6								
7								
8								
9								

To Be Filled Out by Non-Occupied Property Owner Applicant Only
 (This means property owner who does NOT live at the rehabilitated property address).

**Town of Enfield
 Office of Community Development
 Housing Rehabilitation Program**

Applicant #1 Name: _____

Current Debts/Credit References: List all loans, other real estate mortgages, installment accounts, credit cards and debts now owing or recently paid to banks, loan companies, credit unions, stores and others. Include alimony, child support, etc. Use additional sheets if necessary.

NAME OF CREDITOR	ADDRESS	ACCOUNT #	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT

Checking Account: Bank _____ Account # _____ Balance \$ _____

Checking Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Have you ever had any judgments or other legal proceedings against you? Yes _____ No _____

Have you gone through bankruptcy in the past ten (10) years? Yes _____ No _____

Are you co-maker, endorser or guarantor for others? Yes _____ No _____

If yes, explain on an attached sheet.

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Town of Enfield to verify any and all information stated above. I certify that I have received, read and understand the EPA publications "Protect Your Family From Lead In Your Home" and "Renovate Right". I certify that a copy of the Enfield Housing Rehabilitation Program Guidelines was provided and that I have read and understand same. I further certify that I have read, understand and have signed the Memorandum of Understanding for the Rehabilitation Program.

Signature _____ Date _____

To Be Filled Out by Non-Occupied Property Owner Applicant Only
 (This means property owner who does NOT live at the rehabilitated property address.)

**Town of Enfield
 Office of Community Development
 Housing Rehabilitation Program**

Applicant #2 Name: _____

Current Debts/Credit References: List all loans, other real estate mortgages, installment accounts, credit cards and debts now owing or recently paid to banks, loan companies, credit unions, stores and others. Include alimony, child support, etc. Use additional sheets if necessary.

NAME OF CREDITOR	ADDRESS	ACCOUNT #	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT

Checking Account: Bank _____ Account # _____ Balance \$ _____

Checking Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Have you ever had any judgments or other legal proceedings against you? Yes _____ No _____

Have you gone through bankruptcy in the past ten (10) years? Yes _____ No _____

Are you co-maker, endorser or guarantor for others? Yes _____ No _____

If yes, explain on an attached sheet.

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Town of Enfield to verify any and all information stated above. I certify that I have received, read and understand the EPA publications "Protect Your Family From Lead In Your Home" and "Renovate Right". I certify that a copy of the Enfield Housing Rehabilitation Program Guidelines was provided and that I have read and understand same. I further certify that I have read, understand and have signed the Memorandum of Understanding for the Rehabilitation Program.

Signature _____

Date _____

To Be Filled Out by Owner-Occupied Property Applicant Only

**Town of Enfield
Office of Community Development
Housing Rehabilitation Program**

Owner-Applicant Name: _____

List below all occupants of the owner occupied apartment, including applicant(s) of the property to be rehabilitated who live at the property on a permanent basis. Include their name, Social Security number, age, relationship, income and source of income (i.e. salary, pension, alimony, child support, Social Security, etc.). Please list ALL sources and amounts of income and attach appropriate verification such as a copy of an IRS 1040 form, Social Security verification, weekly check stubs, employer verification, etc. Use additional sheets if necessary.

NAME	Social Security #	Age	Relationship	Income	Source

Please list all unusual monthly expenses (i.e. medical expenses). Attach a separate sheet if necessary.

Checking Account: Bank _____ Account # _____ Balance \$ _____

Checking Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Saving Account: Bank _____ Account # _____ Balance \$ _____

Have you ever had any judgments or other legal proceedings against you? Yes _____ No _____

Have you gone through bankruptcy in the past ten (10) years? Yes _____ No _____

Are you co-maker, endorser or guarantor for others? Yes _____ No _____

If yes, explain on an attached sheet.

Current Debts/Credit References: List all loans, other real estate mortgages, installment accounts, credit cards and debts now owing or recently paid to banks, loan companies, credit unions, stores and others. Include alimony, child support, etc. Use additional sheets if necessary.

NAME OF CREDITOR	ADDRESS	ACCOUNT #	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT

Please check if: Elderly: _____ Disabled: _____ Female Head of Household: _____

Ethnicity – please check one: Hispanic/Latino: _____ Not Hispanic/Latino: _____

Racial Classification: Please check one:

White		American Indian/Alaskan Native	
Black/African American		Native Hawaiian/Other Pacific Islander	
Black/African American & White		American Indian/Alaskan Native & White	
Asian		American Indian/Alaskan Native & Black/African American	
Asian & White		Other Multi-Racial	

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Town of Enfield to verify any and all information stated above.

I certify that I have received, read and understand the HUD Notification “Watch Out For Lead-Based Paint Poisoning” and the EPA publications “Protect Your Family From Lead In Your Home” and “Renovate Right”.

I certify that a copy of the Enfield Housing Rehabilitation Program Guidelines was provided and that I have read and understand same. I further certify that I have read, understand and have signed the Memorandum of Understanding for the Rehabilitation Program.

Signature _____ Date _____

Signature _____ Date _____

ENFIELD HOUSING REHABILITATION PROGRAM

MEMORANDUM OF UNDERSTANDING

The Town of Enfield's Housing Rehabilitation Program is funded with federal and state monies made available through the Small Cities Community Development Block Grant (CDBG) and The State of Connecticut's Hazardous Material Program and is subject to various federal, state and local regulations. It is important that you, the homeowner, understand and agree to the requirements for participation in the Program.

1. I understand that the next step in the qualification process is to have the property inspected by the Town for compliance to building, fire, and housing codes; and, if there is a child with an elevated blood level or if there are children under six in a pre-1978 unit, the OCD will follow all State and Federal regulations regarding lead hazard control/abatement. **I acknowledge that once the inspection and testing is done, any code violations, including the presence of lead-based paint, must be corrected within a reasonable time whether we receive the OCD funds or not.**
2. I understand that any repair or construction work that I intend to do, as an owner in the house from now until OCD funded construction ends will be submitted to OCD for advance review. I understand that inspections will be scheduled and analyzed with the assumption that the conditions in the property remain the same and may be regarded as credible pre-abatement lead dust and lead hazard conditions.
3. I also understand that any residents residing at the above-named property are required to receive advance written notice of entry, prospective lead hazard control/abatement measures, and of the likelihood of temporary relocation when the lead hazard control/abatement work is undertaken. I understand that before any work is done at this location, letters of commitment to relocate (for the duration of the abatement and code correction) must be secured from each resident, and from future residents when they move in, and for each household again before contract signature. Failure to secure letters of commitment is grounds for immediate defunding of the project.
4. I understand that conditions of this grant will be enforced under a defined contract period which begins from the date of the executed contract between the Town and residential building owner.
 1. The building will be (physically) maintained, with monitoring to be done by Town officials:
 - a. The owner will arrange entry to permit the Town to inspect the property and all units at reasonable times. Tenants will be notified in writing by the owner with entry secured by the owner for inspection, construction work and upon request in a timely schedule.
 - b. Owner measures designated in the lead hazard control/abatement plan (specification) will be undertaken on a timely schedule.
 - c. All code measures will be observed for the full term of the contract.
 - d. The Lead Management Plan spelled out in the Lead Specification will be followed.
5. HUD imposed standards for income and rent will continue. Income/Rental forms for each incoming tenant will be secured and returned within 10 days of the lease signing. (Section 8 rents will be permitted to remain if acceptable Section 8 documents are submitted to OCD by the owner.
6. The fee transfer policy for OCD properties:

- A. It is presumed that if an eligible qualified owner-occupant purchases an OCD funded structure, OCD benefits can be transferred to the new owner.
 - B. It is presumed that when an OCD aided property is sold to an investor owner, OCD benefits will be pro-rated and the balance of OCD aid will be returned to the Town.
7. An encumbrance will be filed by the Town on the land record for the term of the contract.
 8. Connecticut law allows a household hazardous waste exemption if the total waste of a project is less than 10 cubic yards of waste. I accept responsibility for the waste if it is under 10 cubic yards and if it contains only materials from my project. I will take this material to the Town dump as soon as the contractor turns it over.
 9. I understand my responsibility for informing building residents and enforcing relocation policies, practices (including schedules, conditions and implementations).
 10. I understand that once construction begins and until after clearance and I am informed by OCD, I will agree that I may have to vacate the premises if the nature of construction warrants such action.
 11. Personal valuables will not be the responsibility of OCD or the construction contractor. Valuables, such as electronics and jewelry, will be removed from the construction site.

HOUSING REHABILITATION PROGRAM

12. **I understand that the correction of all housing code violations and lead hazard control/abatement on the property will be the primary purpose of the Program. I agree that, as part of my participation in the Program, all housing code violations and lead hazard control/abatement must be corrected.**

HOUSING REHABILITATION LOAN PROGRAM EMERGENCY REPAIR

13. I understand that all **SERIOUS HEALTH AND SAFETY** violations will be addressed by the Office of Community Development as an emergency. All **SERIOUS HEALTH AND SAFETY** emergency items will be listed on the Housing Code Inspection report after an inspection has been completed by the Housing Code Inspector. These items listed on Attachment A will be handled as an emergency. It is **mandatory** that you agree to have all of the listed emergency items completed in order for The Office of Community Development to help you with your repairs.
14. I also understand that all **NON SERIOUS HEALTH AND SAFETY** violations will need to be addressed at a later date whether you come back into the Housing Rehab Program or you complete the work yourself. All **NON SERIOUS HEALTH AND SAFETY** items will also be listed on Attachment A after an inspection has been completed by the Housing Code Inspector. It is **mandatory** that you agree to have all of the listed violations completed in order for The Office of Community Development to help you with your emergency repairs.
15. I understand that financing will either be as follows:

The Housing Rehabilitation loans will be structured as follows:

(Owner Occupied Units)

30% of median income	Deferred 0% to 1%
50% of median income	Deferred 0% to 3%
80% of median income	3% to 6%

Both low interest loans and deferred payment loans are secured through a mortgage note and lien on the property to be rehabilitated, in the same way as they are for conventional loans. Low interest loans are repaid over a period of between 10 and 15 years. Deferred payment loans are at a 0% interest to 3% interest (your income determines the interest rate). **No payment will be required if you qualify for a deferred loan at the time that the work is done on your property. But the deferred loan will become payable in full** if the property is **sold or transferred** in any manner (such as death of the property owner, sale of the home, elderly homeowner is placed in a nursing home etc.).

Landlords

If the property owners' income is above 80% of the median income and up to \$100,000, the loan will be 3-6%. If the property owner has tenants and the property owners' income is over \$100,000, then the loan will be calculated between 3-12%.

16. I understand that eligibility for the Program is based upon household income, which must be within the levels for low and moderate income households as defined in the Program Guidelines. Income will be verified as defined in the Program Guidelines.
17. **Owner-occupied Units Only:** I understand that the purpose of the rehabilitation is to assist income-eligible homeowners with necessary repairs. I therefore agree to reside in and not to sell or transfer the property for a minimum period of **two years from the date of signing the Note**. I understand that I may be subject to a penalty of **5% of the loan amount** if I become in violation of the above.
18. **Multi-Family and Rental Property Units Only:** I understand that, in the case of rental units, the tenants' incomes must meet the criteria for low and moderate income as defined in paragraph 3. Rents for any apartments in the building may not exceed the HUD Existing Fair Market Rents for the area for a period of five years from completion of rehabilitation, unless an exception is agreed to in writing by the Enfield Office of Community Development (OCD). I agree to notify the OCD of any vacancies that occur from the date of this application, and to give priority consideration to Section 8 eligible tenants. I further agree that it is not my intent to sell or transfer the property for a minimum period of **two years from the date of signing the Note**, and understand that I may be subject to a penalty of **5% of the loan amount** if I become in violation of the above.
19. I understand that, if the property is determined by the OCD to be historic, it must be rehabilitated according to the Secretary of the Interior's Standards.
20. I understand that my application is subject to approval by the Enfield Loan Review Committee. I further understand that the Loan Review Committee may take into account some of all of the following in evaluating loans: the extent of the rehabilitation; the value of the property in relationship to the outstanding debt secured by mortgage; the owner's debt-to-income ratio; whether taxes due on the property are current; the ability of rental property to generate sufficient income to cover expenses, and so forth.
21. I understand that the Town is bound by low-bid requirements, and therefore financing may only be in the amount of the lowest responsible bid. I may accept any qualified bidder other than the lowest

responsible bidder if I pay the difference between the low bid and the bid of the contractor selected. In addition, I have the right to invite general contractors of my choosing to bid on the work, subject to approval by the OCD. I understand that the contract for work will be between the contractor and me, and the final selection of the contractor is my responsibility.

- 22. I understand that modifications may arise due to unforeseen problems. Modifications will be allowed only upon prior approval of the OCD through a change order.
- 23. I understand that this project is subject to federal and state acts, laws and regulations pertaining to lead-based paint and those regulations require the following: in buildings constructed prior to 1978 where a child under the age of 6 years resides and where painted surfaces are defective, that those paint surfaces be tested for toxic levels of lead. These regulations further require that, in a building where a child under the age of 6 years resides and said child has an identified elevated blood lead level (EBL), that intact paint surfaces be tested for toxic levels of lead.

Should toxic levels of lead be detected, appropriate lead testing and abatement procedures must be implemented in accordance with State Department of Health Services regulations.

- 24. I have received and reviewed a copy of the pamphlet *“Protect Your Family From Lead In Your Home”* and I have signed and returned to OCD a copy of the **Confirmation of Receipt of Lead Pamphlet**.
- 25. **I agree to maintain adequate homeowner’s insurance for the life of any loan made, with the Town of Enfield Listed as an additional certificate holder.**
- 26. I agree that here shall be no discrimination upon the basis of race, color, religion, creed, ancestry, age, sex, marital status, lawful source of income, national origin, sexual orientation, familial status, learning disability or mental or physical disability, in the sale, lease or rental of this property or in the award of the construction contract.
- 27. I understand and agree that I will cooperate with the OCD during all stages of this project by executing all documents, sign-offs, product selections etc. in a timely fashion. I understand that my failure to do so may cause unnecessary delays and increase costs of the project.

I have reviewed, understand and agree to the provisions stated in this Memorandum of Understanding.

DATE

SIGNATURE

DATE

SIGNATURE

NOTE: ALL PROPERTY OWNERS MUST SIGN

CHECK LIST

HAVE YOU ATTACHED:

1. Attached a copy of previous two years 1040 form for each applicant;
2. Attached owner-occupied only copies of previous two years 1040 forms for each working member of your household;
3. Attached a copy of the 4 most recent pay stubs or verification of current income for each applicant;
4. Attached owner-occupied only copies of the 4 most recent pay stubs or Social Security verification for each working member of your household;
5. Attached owner-occupied only copies of other sources of income (i.e. pension, alimony, child support, etc.) for any member of your household;
6. Attached owner-occupied only copies of lead blood test report for all children under 6;
7. Signed Confirmation of Receipt of EPA Lead Pamphlet **“Protect Your Family From Lead in Your Home”**.
8. Attached a list of any unusual monthly expenses;
9. Attached a copy of your Certificate of Home Insurance;
10. Signed all forms, where indicated;
11. Signed copy of Memorandum of Understanding;
12. Signed copy of Walkaway Policy
12. Relocation Form.
13. **Attached a copy of the blood lead test for any children under six.**
14. **LEAP/LAMPP release.**

Note: All information (blanks) requested must be clearly filled in or the application will be returned for completion. (This could jeopardize your position on the waiting list).

Should you have any questions regarding the completion of this application, please call the Office of Community Development at (860) 253-6390.

CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

FOR THE TOWN OF ENFIELD

Please go to this site and type in this address [Http://www.epa.gov/opptintr/lead/pyfcameraeng.pdf](http://www.epa.gov/opptintr/lead/pyfcameraeng.pdf) and please read the pamphlet, **Protect Your Family From Lead in Your Home**, informing you of the potential risk of the lead hazard exposure from renovation activity to be performed in your dwelling unit. Then please sign below that you have received this pamphlet before the work can begin on your property.

Printed name of recipient

Date

Signature of recipient

Printed name of recipient

Signature of recipient

RELEASE

TO: The Town of Enfield
Office of Community Development

RE: Release of Application Materials

I understand that as part of my participation in the Town of Enfield’s Housing Rehabilitation Program I am required to adhere to federal lead-base paint regulations. I further understand that the Town of Enfield works with several partners which assist with the identification of lead based paint and address lead based paint concerns. Therefore, in the interest of cooperating with the Town of Enfield so as to allow its Office of Community Development comply with lead based paint regulations I agree to allow copies of my application and income documentation be provided to these partners – specifically the Lead Elimination Action Program administered by the ACCESS Agency and the LEAPP Program, administered by the Hartford Children’s Hospital.

Signature

Date

Signature

Date

TOWN OF ENFIELD WALK AWAY POLICY

The Town of Enfield, under the direction of the Connecticut Department of Housing, has adopted the following “Walk Away Policy” for its Housing Rehabilitation Program:

All code violations and identified lead hazards must be addressed when financial assistance is provided for the rehabilitation. The maximum dollar amount available to assist property owners is \$25,000 per unit. Other funding sources include:

1. The Community Renewal Team;
2. Connecticut Housing Investment Fund;
3. Funds provided by the participating homeowners own resources;
4. Insurance claims paid out for property damage.

If there are not sufficient funds available to cover the probable costs to correct code violations and undertake the required lead abatement/reduction the Town will not commence work on the project.

ACKNOWLEDGEMENT

I have received a copy of the Town of Enfield’s Walkaway Policy and have read and understand the policy.

Homeowner Signature

Homeowner Signature

Representative of the Office
of Community Development

ATTENTION LANDLORDS:

THE FOLLOWING FORMS MUST BE FILLED
OUT BY EACH AND ALL OF YOUR TENANTS
AND INCLUDED WITH YOUR APPLICATION.
FAILURE TO INCLUDE THIS INFORMATION
WILL HOLD UP YOUR APPLICATION!



Dear Sir/Madam:

The owner(s) of your apartment would like to participate in the Town of Enfield's Housing Rehabilitation Program. The Program uses state and federal funds to correct code deficiencies and renovate eligible single and multifamily homes. Eligibility is based primarily upon the household income of persons living in the units to be rehabilitated.

In order to determine eligibility of your residence, we have attached a form for you to fill out and return to the Office of Community Development. Please be aware that any information you provide to us will be kept **strictly confidential**. The financing was structured in a way to keep rents within Section 8 Fair Market Rents as determined by the U.S. Department of Housing and Urban Development.

Also enclosed is a notice entitled "Watch Out for Lead Paint Poisoning." We are required by law to provide this information to persons living in properties built before 1978. Please read it carefully and indicate on the enclosed form that you have read and understand it.

Should you have any questions on these matters, please feel free to call me at (860) 253-6390. Thank you in advance for your cooperation.

Sincerely,

Dawn Hunt

Dawn Hunt
Accounting Clerk

TOWN OF ENFIELD
HOUSING REHABILITATION PROGRAM
TENANT INCOME CERTIFICATION

The following information is required as part of your landlord's participation in the Town of Enfield's Housing Rehabilitation Program. All information provided will be kept strictly confidential, and will only be used for purposes of qualifying this project.

Name: _____

Address: _____ Unit # _____

Name of all occupants: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Household Income: includes all wages, pensions, social security, unemployment, welfare assistance, child support, interest, dividends, V.A. benefits, educational benefits, etc.

Total Household Annual Income: \$ _____

Please attach copies of income verification documents (i.e. IRS Form 1040, pay stubs, benefit statements, etc.)

Current monthly rent: \$ _____

Are you on Rental Assistance? Yes _____ No _____ What Type _____

Please check the following utilities which you pay **in addition** to your monthly rent:

1. ___ Heat: ___ Oil ___ Gas ___ Electric
2. ___ Hot Water: ___ Oil ___ Gas ___ Electric
3. ___ Cooking: ___ Gas ___ Electric
4. ___ Electricity

Please check the following appliances which you provide in your apartment:

1. ___ Range
2. ___ Refrigerator

Have any of your children been diagnosed as having an Elevated Blood Lead (EBL) level?

___Yes ___No

Note: If you have a child under the age of six (6) in your household, it will be necessary to have that child screened for an elevated blood lead level (EBL). This screening involves a simple finger prick test and can be done by your physician, a local clinic or hospital. If you have any questions about where to obtain this test, please contact the North Central Health District at 745-0383.

Please check if: Elderly:_____ Disabled:_____ Female Head of Household:_____

Ethnicity – please check one: Hispanic/Latino:_____ Not Hispanic/Latino:_____

Racial Classification: Please check one:

White		American Indian/Alaskan Native	
Black/African American		Native Hawaiian/Other Pacific Islander	
Black/African American & White		American Indian/Alaskan Native & White	
Asian		American Indian/Alaskan Native & Black/African American	
Asian & White		Other Multi-Racial	

I hereby certify that the information provided above is true and accurate to the best of my knowledge. The Enfield Office of Community Development is hereby authorized to contact my employer, agency, group or organization to obtain any and all information deemed necessary including, but not limited to, my IRS form, employer’s income verification, etc. to determine if my landlord is eligible for participation in the Enfield Housing Rehabilitation Program. I understand that this is for information purposes only and will be kept **strictly** confidential.

I further certify that I have received a copy of the Notice entitled "**Watch Out for Lead Paint Poisoning**", and that I have read and understand the contents.

Name: _____

Name: _____

Date: _____

Date: _____

CHECK LIST

MULTI-FAMILY TENANT CERTIFICATION FORM

HAVE YOU:

1. Listed **ALL** occupants of your household,
2. **Attached verification of income**, copies of IRS 1040, pay stub, ETC.,
3. Signed the lead based paint poisoning form?

WATCH OUT FOR LEAD PAINT POISONING

PLEASE READ CAREFULLY

Your apartment or house may contain substantial amounts of lead based paint. Even where HUD regulations regarding lead based paint are met, HUD regulations do not require that properties be made free of lead based paint.

Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his brain will be damaged; he may become mentally retarded or even die.

Older houses often have layers of lead paint on the walls, ceilings and woodwork. When the paint chips off or when the plaster breaks, there is real danger for babies and young children. Outdoors, lead paints and primers may have been used in many places, such as walls, fences, porches, and fire escapes.

If you have seen your child putting pieces of paint or plaster in his mouth, you should take him to a Doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning a child may not seem really sick. Do not wait for signs of poisoning.

Of course, a child might eat paint chips or chew on a painted railing or window sill while parents aren't around. Has your child been especially cranky? Is he eating very little? Does he throw up or have stomach aches often? These could be signs of lead poisoning. Take him to a Doctor's office or to a clinic.

Be sure to tell the rest of your family and people who baby sit for you about the danger of lead poisoning.

Look at your walls and ceiling and woodwork. Are there places where the paint is peeling?

- * Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, and ceilings. Sweep up all the pieces of paint and plaster. Put them in a paper bag or wrap them in newspaper and put the package in the trash can.
- * Always keep the floor clear of loose bits of paint and plaster.
- * Children will pick loose paint off the wall, so be extra careful about keeping the lower parts of the walls free of loose paint.
- * You can cover up at least the lower part of walls by moving heavy furniture against them.

If you want to know more about how to keep your child safe from lead poisoning talk to your Doctor, Public Health Nurse or Social Worker at the clinic or Health Department.

I/WE CERTIFY THAT I/WE HAVE RECEIVED A COPY OF HUD PUBLICATION 375-F ENTITLED **"PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME"** AND THAT I/WE HAVE READ AND UNDERSTAND THE CONTENTS.

Printed name of recipient

Printed name of recipient

Signature of recipient

Signature of recipient

Date: _____

Date _____