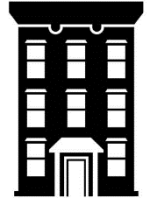


**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**



PROGRAM GUIDELINES

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). The Rehab Program provides financial and technical assistance to eligible property owners for:

1. the correction of housing code violations
2. the correction of fire code violations if applicable
3. the implementation of cost-effective energy conservation measures
4. undertaking modifications to improve handicapped accessibility
5. hazardous material abatement measures

Income restrictions apply to all residents of homes to be rehabilitated through this program.

Each household's (or unit) total income will be reviewed for eligibility as this program was created to help households at or below 80% of the median area income. The loan will be deferred 0% and will become payable in full if the property is sold or transferred in any manner or the applicant ceased to reside in the property. The Town of Enfield will not accept any application if the applicant is carrying a Reverse Mortgage unless the Town determines that this is an "Emergency Project" as defined on page 3 of these Housing Rehabilitation Program Guidelines.

Funding is proposed to correct code and safety violations and eligible improvements up to \$35,000 per unit and up to \$100,000 per property.

ELIGIBILITY – In order to be eligible under the Town's Housing Rehabilitation Program, a property and/or the owner must:

1. be located in the Town of Enfield
2. be the primary residence of the owner
3. be in need of rehabilitation
4. be occupied by persons of low/moderate income (see Income Guidelines)
5. have all taxes and sewer usage fees currently paid to date
6. not have over a total amount of \$100,000 in assets (see Loan Application)
7. not exceed 100% of the total loan to value ratio, including funds provided through the Housing Rehabilitation Program. This requirement may be waived by the Connecticut Department of Housing

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. Please note that that applicants must include all owner's who are on the title of the property at the time of applying.

INCOME GUIDELINES – 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, 51% of the households (units) must be at or below 80% of the area median. 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.

HUD INCOME LIMITS (2021)

# of People in Household:	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
Income Limit	\$55,950	\$63,950	\$71,950	\$79,900	\$86,300	\$92,700	\$99,100	\$105,500

FINANCIAL ASSISTANCE – **Deferred payment loans are available up to \$35,000 per unit and up to \$100,000 per property.** The 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. Deferred payment loans are at a 0% interest. No payment will be required if you qualify for a deferred loan at the time that the work is done on your property. **The deferred loan will become payable in full if the property is sold or transferred in any manner or the applicant ceased to reside in the property.**

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.

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 (i.e. asbestos, lead based paint) and are of a concern due to condition, necessary 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. The Town may require a doctor's verification for handicap accommodations. Other general improvements 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.

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). Applications shall be accompanied by proof of household income (e.g. most current income tax return (1040), and a copy of the past three consecutive months pay stubs). 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. For each applicant, an assessment will be completed to determine eligibility and priority rating. Please review the checklist attached to the end of the application to make sure you have included all required documentation.

INSPECTIONS – When your complete application has been received, 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. 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 loan to value 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 contractors. If the Project Manager’s estimate of the work to be done is less than \$15,000, competitive bids will be solicited. If it is estimated that the work will exceed \$15,000, the work must be put out to public 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. 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. **Please note that there is a \$5.00 notary fee per document that must be paid in person when any documents have to be notarized.**

At the time that the Construction Agreement is signed, you will be required to close on your loan with the Town. The loan funds will be held in escrow by the Town. Payment will be made directly to the contractor upon completion of the work as outlined in the Construction Agreement.

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. 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 contractor 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.

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
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

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 do 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 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

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, 820 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.

***** 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
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

LOAN APPLICATION

Applicant(s) Name

Property Address

Telephone Numbers: Home:

Cell:

Email Address (optional):

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	

Owner-Occupied Unit Residents: List below all occupants of the owner-occupied unit (apartment), including applicant(s), who live in this unit on a permanent basis. Include their name, Social Security number (only for applicant(s)), 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. See checklist at the end of the application for details in what documentation is needed. Use additional sheets if necessary.

Name of Occupant	Social Security # <small>Only Needed for Applicant(s)</small>	Age	Relationship to Owner	Annual Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
			Total	\$	

Current Assets: List all assets, including but not limited to bank accounts, retirement accounts, investments, real estate, etc.

Type of Asset	Current Balance	Additional Information
Checking Account	\$	
Savings Account	\$	
Automobile	\$	Make: _____ Year: _____ Model: _____ Financed By: _____
	\$	
	\$	
	\$	
	\$	

Current Debts and Credit References: List all loans, installment accounts, and debts now owing or recently paid to banks, loan companies, credit unions, and others. Include alimony, child support, maintenance payments, etc., if applicable. Use additional sheets of paper, if necessary. Include co-applicant information if this is a joint application.

Creditor	Last Four # of Account Number	Debt in Whose Name	Monthly Payment	Balance

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

Financial Information on Property to be Rehabilitated:

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

Property Units Information: List below the family name of the tenant(s) living in each unit. Actual verification will be the responsibility of the tenant (see tenant packet). In addition, please indicate if the occupants receive Section 8 or other Rental Assistance. Use additional sheets if necessary.

Unit #	Tenant Family Name	# of Bedrooms	# of people in a unit	Monthly Rent	Utilities Included?	Rental Assistance	Any Child Under 6?

Homeowners Insurance: Homeowners must have current insurance and maintain insurance over the life of the loan for a property to be eligible for rehabilitation. The Town of Enfield should be listed on the policy as an additional party or loss payee.

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.

I currently have active insurance on my property and I agree that if I am approved for the Housing Rehabilitation Loan Program, I will contact my Insurance Agent to add the Town of Enfield as an additional party or loss payee.

I agree I disagree

Additional Information Need:

- Purchase Date of Property to be Rehabilitated:
- Are there any young children with elevated blood lead levels (EBL) residing in the building? Yes No
- Are there any children under six residing in the building? Yes No
**Any children under six must have a blood lead test sent with your application.
- Has the property ever been tested for lead-based paint? Yes No
If yes, when? Did it test positive? Do you have a code or lead order?
- Have you ever been or are you now in the process of foreclosure? Yes No
- 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
If yes, please explain:

- Are you co-maker, endorser or guarantor for others? Yes No
If yes, please explain:

- Nearest Relative Not Living with You:
Name
Relationship
Address

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

APPLICANT 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 “Protect Your Family From Lead in Your Home”. To locate this form, please go to <https://portal.ct.gov/-/media/DOH/0CDBG-Grants-Manual-Docs-May-2020/76Protect-Your-Family-from-Lead-Pamphlet.pdf?la=en> which informs you of the potential risk of the lead hazard exposure from renovation activity to be performed in your dwelling unit.

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.

DATE

HOMEOWNER SIGNATURE

DATE

HOMEOWNER SIGNATURE

NOTE: THE APPLICANT(S) MUST BE THE HOMEOWNER ON THE TITLE OF THE PROPERTY. IF THERE ARE MULTIPLE HOMEOWNERS, THEY MUST ALL BE REPRESENTED ON THE APPLICATION AND MUST SIGN ALL REQUIRED DOCUMENTS

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

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 funding 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. 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.
6. An encumbrance will be filed by the Town on the land record for the term of the contract. 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, etc.).

7. 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.
8. I understand my responsibility for informing building residents and enforcing relocation policies, practices (including schedules, conditions and implementations).
9. 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.
10. 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.
11. 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.
12. 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).
13. 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.
14. 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.
15. I understand that the Town is bound by low-bid requirements, and therefore the loan may only be in the amount of the lowest responsible bid. 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.
16. 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.
17. 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.

18. I have received and reviewed a copy of the pamphlet "Protect Your Family From Lead In Your Home".
19. 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.
20. 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.
21. 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.
22. I acknowledge that the property receiving the housing rehabilitation loan funding must be my primary residence throughout the life of this loan.

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

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

NOTE: ALL PROPERTY OWNERS MUST SIGN

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

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 \$35,000 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.
- 5.

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.

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

REPRESENTATIVE OF THE OFFICE OF
COMMUNITY DEVELOPMENT

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

RELEASE OF APPLICATION MATERIALS

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.

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

RELEASE FOR CREDIT CHECK

The Office of Community Development is required to conduct a credit check for all potential housing rehabilitation applicants.

Please sign below if you are in agreement:

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

REHABILITATION WORK NEEDED

Please list the type of work that you feel needs to be done on your property below.

Please remember that the correction of all code violations is also 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.

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

CHECKLIST – APPLICANT

Before submitting your application to the Office of Community Development, please make sure you have attached all the following documents:

1. A copy of the previous two years IRS Form 1040 (and/or other tax forms) for each person living in the owner-occupied household
2. A copy of the past three (3) consecutive months pay stubs or verification of current income for each person living in the owner-occupied household (i.e. Social Security, pension, alimony, child support, etc)
3. A copy of any other sources of income (i.e. pension, alimony, child support, etc.) for each person in your household
4. A copy of lead blood test report for all children under 6 living in the owner-occupied household (if applicable)
5. A copy of your Certificate of Home Insurance
6. Signed copy of the Applicant Certification
7. Signed copy of the Memorandum of Understanding
8. Signed copy of Walkaway Policy
9. Signed copy of the Release of Application Materials
10. Signed copy of Release for Credit Check
11. Completed Rehabilitation Work Needed form
12. Completed Tenant Information document
13. A copy of your tenant income verification documents

Note: All information (blanks) requested must be clearly filled in and/or attached or the application will be returned for completion. This may delay the Office of Community Development in reviewing your application.

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

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.



TOWN OF ENFIELD

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,

Kristine Koistinen

Kristine Koistinen
Accounting Clerk

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

TENANT INFORMATION

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(s):

Address: Unit #

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

Household Income Verification: Please note that household income includes all wages, pensions, social security, unemployment, welfare assistance, child support, interest, dividends, V.A. benefits, educational benefits, etc. for all members of your household.

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

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

Yes No N/A

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 below:

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 certify that I have received, read and understand the HUD Notification “Protect Your Family From Lead in Your Home”. To locate this form, please go to <https://portal.ct.gov/-/media/DOH/0CDBG-Grants-Manual-Docs-May-2020/76Protect-Your-Family-from-Lead-Pamphlet.pdf?la=en> which informs you of the potential risk of the lead hazard exposure from renovation activity to be performed in your dwelling unit.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

**TOWN OF ENFIELD
OFFICE OF COMMUNITY DEVELOPMENT
HOUSING REHABILITATION PROGRAM
MULTIFAMILY, OWNER-OCCUPIED HOUSING**

CHECK LIST – TENANT

Before returning this information to your landlord, please make sure you have done the following:

1. Completed and signed the Tenant Information document
2. Attached verification of income for all members of the household, that includes copies of IRS Form 1040 (and/or other tax forms),
3. Attached a copy of the past three (3) consecutive months pay stubs or verification of current income for each person in the owner-occupied household (i.e. Social Security, pension, alimony, child support, etc);