

2019 PHASE II – Homeowner Rehabilitation/Reconstruction Application

| HOMEOWNER REHABILITATION PHASE II CHECKLIST | |
|--|-----------------------------------|
| (a) Homeowner Information | <input type="checkbox"/> Attached |
| (b) Budget Summary | <input type="checkbox"/> Attached |
| (c) Project Completion Schedule | <input type="checkbox"/> Attached |
| (d) Map identifying location of ALL units | <input type="checkbox"/> Attached |
| (e) Local Housing Code, if applicable | <input type="checkbox"/> Attached |
| (f) Displacement Information, if applicable | <input type="checkbox"/> Attached |
| (g) Executed Documents for Supportive Services Commitments | <input type="checkbox"/> Attached |
| (h) Authorized Signature(s) Letter | <input type="checkbox"/> Attached |
| (i) Policies and Procedures | <input type="checkbox"/> Attached |

| HOMEOWNER UNIT CHECKLIST | |
|---|-----------------------------------|
| 1. Environmental Checklist | <input type="checkbox"/> Attached |
| 2. Homeowner Application Form | <input type="checkbox"/> Attached |
| 3. Activity Completion Schedule | <input type="checkbox"/> Attached |
| 4. Homeowner Package a. Proof of Ownership b. Income Determination (3 consecutive months or most recent benefits statement) c. Proof of Residency d. Proof Property Taxes are current or exemption e. Part 5 Income Calculation Worksheet f. Homeowner Rehab Set Up and Completion Form g. Lead Based Paint Form | <input type="checkbox"/> Attached |
| 5. Photographs of Dwelling a. Full Front, Back and Side View b. Foundation (Front, Back and Side) c. Entire Kitchen d. Bathroom e. Family/Great/Living Room f. Electrical g. Roof | <input type="checkbox"/> Attached |
| 6. Room by room inspection HUD Form 52580 | <input type="checkbox"/> Attached |
| 7. Age of Unit | <input type="checkbox"/> Attached |
| 8. Displacement Information, if applicable | <input type="checkbox"/> Attached |
| 9. Documentation of water/sewer availability | <input type="checkbox"/> Attached |

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HOMEOWNER REHABILITATION SPECIFIC INFORMATION

1. Has homeowner received HOME assistance in the past?
☐ Yes ☐ No
2. Submit Environmental Checklist.
3. Submit Homeowner Application for each unit to be addressed.
- **This form must be completed in its entirety.**
4. Submit Detailed Budget Summary.
5. Submit proof of ownership and proof of primary residence.
 - copy of warranty deed, quitclaim deed, etc.
 - electric, gas and/or water bill (that include a **consecutive 12-month** billing history)
 - **Leases are not eligible for manufactured homeowners.**
6. Provide legible map showing the location of the homeowner units, pictures and addresses of each unit to be addressed.
 - Include pictures of each safety and/or health hazard to be addressed on each unit
7. Provide number of beneficiaries of each unit and verification of monthly income. Income documentation must be submitted with application.

Three (3) consecutive months of income must be verified and/or the most recent benefits statement.
Copies of bank statements will not be accepted for proof of income. Households must indicate an adequate amount of income to sustain the home.
8. Submit Part 5 Income Calculation Worksheet along with income verification.
9. Provide proof that property taxes are current or proof of homeowner exempt status.
10. Room-by-room inspection (HUD Form 52580) on condition of existing house and photographs.
11. Reconstruction activities must have adequate space on each property. Reconstruction allows for the replacement of the housing unit on the same footprint. Consideration must be given to Mississippi Department of Health requirements for septic system installation/improvements. Please indicate any issues/concerns that may arise out of this requirement.
12. Will temporary displacement be required? If yes, provide details.
☐ Yes ☐ No
13. Have homeowner been displaced within the last 12 months? If yes, provide details.
☐ Yes ☐ No
14. Does applicant have a local adopted housing code? ☐ YES ☐ NO
If YES, provide a copy.
15. Provide Activity Completion Schedule.
16. Provide executed document for the commitments from Supportive Services Providers.

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HOMEOWNER ENVIRONMENTAL CHECKLIST

| | |
|--|--|
| Homeowner Name: _____ | |
| Homeowner Address: _____ | |
| Date Checklist Completed: _____ | |
| <p>This preliminary environmental checklist is designed to make the applicant aware of major environmental concerns that should be addressed in project planning and budgeting. Each successful applicant will be required to prepare an environmental review record, and if appropriate, an environmental assessment in accordance with the National Environmental Policy Act of 1969, as amended. The environmental assessment involves an examination of the environmental conditions and circumstances that exist at the location of the project and a determination of project impact on those environmental conditions. In addition, each project must be reviewed for compliance with other applicable environmental laws and regulations. If any of the following questions elicit an affirmative response, additional information must be provided as part of the environmental review.</p> | |
| 1. Is the property located within a flood hazard area, wetland, or coastal zone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List activities to be carried out in a flood hazard area, wetland, or coastal zone. | |
| 2. Will the property require the dredging or filling of any waterway/body? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the property be located near a source of noise pollution, within the accident potential zone of military or civil airport, near a major highway, railroad, chemical storage tank, sanitary landfill site, area of potential landslide or unsuitable soil conditions, nuclear waste dump, or any other such natural or manmade safety hazard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will the property adversely affect the air/water quality of the area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is the property located in or adjacent to an area listed on the National Register of Historic Places? (Date National Register checked) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the structure 50 years old or older within or adjacent to the? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, will any of these historic places be affected either physically or visually by the project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will any grave sites or archeological sites be affected by the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will any endangered plant or animal species (or its habitat) be affected by the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the property destroy or adversely affect any prime and unique farmlands? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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MISSISSIPPI HOME CORPORATION (MHC)
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM

HOMEOWNER REHABILITATION APPLICATION

Application Should Be Completed Thoroughly

City/Town/County Applicant: _____ Date: _____

Name: _____ Age: _____ Sex: _____ Race: _____

Social Security #: _____ (Last 4 digits Only) Head of household? _____

Total number currently living in household: _____

Number handicapped: _____

Address: _____ City: _____
Number and Street

Phone number: _____

How long have you owned your home? _____ Total number of bedrooms _____

Is this a manufactured home? ☐ Yes ☐ No Is there a deed or bill of sale? ☐ Yes ☐ No

Do you own the land? ☐ Yes ☐ No

Total monthly amount of all income for all household members: _____
(3 consecutive months or most recent benefits statement)

List others living in the household, indicate the relationship to you and include **all** income and income verification.

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

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Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

I understand that my home will be rehabbed or reconstructed. If reconstructed, the current dwelling will be demolished and a new home constructed on the same lot: ☐ Yes ☐ No

I understand if my home is rehabbed, I must occupy my home for 5 years or funds will be repaid according to the time I have occupied the unit. ☐ Yes ☐ No ☐ N/A

I understand if my home is reconstructed, I must occupy my home for 10 years or funds will be repaid according to the time I have occupied the unit. ☐ Yes ☐ No ☐ N/A

I also understand that if I live in a manufactured home it will be replaced with a new manufactured home: ☐ Yes ☐ No ☐ N/A

If I maintain ownership, I agree not to lease or rent my home ☐ Yes ☐ No

I certify that all the information provided is true and correct to the best of my knowledge. It is further certified that neither I nor any member of my household, is related to or employed by any member(s) of the local unit of government.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We understand that my personal information may be used by Mississippi Home Corporation (MHC) for reporting and tracking purposes on the funding provided by the HOME Investment Partnerships Program. MHC staff if required to comply with securing personal and confidential information.

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____

2019 PHASE II – Homeowner Rehabilitation/Reconstruction Application

2019 Phase II HOME Homeowner Rehabilitation Homeowner Relocation-Displacement Waiver Form

Local Unit of Government: _____ Date: _____

Name: _____ Age: _____ Sex: _____ Race: _____

Address: _____ City: _____
Number and Street

Phone Number: _____

I _____, the undersigned,
Homeowner

_____ Choose to remain in my home while rehabilitation/reconstruction
work by the _____ is being
(Local Unit of Government)
performed.

_____ Choose to relocate to another location while the work is being
performed.

The Local Unit of Government has informed me of my rights under the Federal Relocation law. I have elected to remain in my home during the rehabilitation. I have made this choice having read and understood the following:

1. I am the homeowner of the above address
2. I have been given a description of work that will be done in/on my home and I understand that during the work, lead hazards may be created in the work area. These issues will be fixed before the job is considered complete.
3. I may stay in my home, but I may not enter the work area while the work is being performed.
4. Only the items indicated on the MHIB Inspectors work write-up report will be addressed.

Homeowner: _____ Date: _____

Project Administrator: _____ Date: _____

Elective Official _____ Date: _____

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AFFORDABILITY PERIOD

The Homeowner Rehabilitation program imposes affordability requirements that must be met well beyond the initial investment of HOME funds. MHC enforces the period of Affordability by securing through self-enforcing legal mechanisms (deed restriction). The deed restriction is recorded and file with the Chancery Court within the area where HOME funds are invested. MHC conducts periodic monitoring to ensure occupancy as the owner's principal residence. A copy of the recorded deed restriction must be submitted to MHC with 45 days of the completion of the unit and prior to keys being transferred to the homeowner. This document is reviewed for recordkeeping during closeout monitoring visits for homeownership activities.

| HOME Activity | Affordability Period |
|--------------------------|----------------------|
| Homeowner Rehabilitation | 5 |
| Homeowner Reconstruction | 10 |

HOME SUBSIDY LIMITS

The minimum of HOME investment funds to be used per unit is \$1,000. **Activities terminated before completion, either voluntarily or otherwise, constitute an ineligible activity and funds expended must be repaid by the grant recipient, utilizing non-federal funds.** HOME maximum per unit subsidy limits are based on the Section 234 –Condominium Housing –limits for elevator-type projects. These limits are determined by HUD's Office of Multi-Family Housing Programs which may go up to 229% of the basic limits as indicated below.

The following HOME subsidy limits were in effect as of January 1, 2018:

| Bedrooms | Section 234 Basic Elevator-type Limit* | HOME Maximum Per-Unit Subsidy Limit | Base City High Cost Limit (229%)** |
|----------|--|-------------------------------------|------------------------------------|
| 0 | \$ 61,281 | \$ 61,281 | \$140,333 |
| 1 | \$ 70,250 | \$ 70,250 | \$160,873 |
| 2 | \$ 85,424 | \$ 85,424 | \$195,621 |
| 3 | \$110,512 | \$110,512 | \$253,072 |
| 4+ | \$121,307 | \$121,307 | \$277,793 |

2018 Limits are adopted for 2019 and remain in effect until further notice from HUD.