



## Homeowner Rehabilitation Assistance Application

The City of Marietta Development Department offers through its annual Community Development Block Grant (CDBG) funding a five-year, no-interest forgivable loan (forgiven each year in the amount of 20% of the total loan on the anniversary of the final disbursement of funds to the contractor) to assist income-qualified homeowners accomplish certain qualifying minor and emergency home repairs. The loan is secured by a lien which is recorded against the title of the property and released at the end of the five-year forgiveness period. The purpose of this application is to obtain enough information from the homeowner to make a determination about whether and to what degree they and their project may qualify for this assistance.

If you are interested as a homeowner in potentially making use of this resource, please complete this application and sign the last page. Assistance is offered on a first-come first-served basis, as administered by the Marietta City Development Department under the terms of housing rehabilitation assistance programs policies and procedures. For in-depth information about the program, please refer to the policies and procedures.

### I. Basic Information

Applicant/Homeowner Name(s): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### II. Was your house constructed before 1978?

Yes

No

### III. Which homeowner rehabilitation assistance program are you applying to?

Minor Repair Program

Emergency Repair Program

If you are applying to the Emergency Repair Program, please provide a short but detailed description of why you believe your property conditions present an emergency:

---

---

---

Please note that an emergency repair is defined as a repair which is **immediately necessary** to correct a condition presenting **imminent** danger to human life, health or safety, or to protect the property from further structural damage which might be reasonably anticipated from leaving a defective property condition uncorrected. If you apply to the Emergency Repair Program, City of Marietta staff will make the final determination as to whether your property condition satisfies this standard. Even if a request for rehabilitation assistance is found not to satisfy the emergency standard, it may still be found to meet the criteria of the minor repair program.

**IV. Program Assistance Category**

Please review the categories of program assistance as set forth below and indicate which category(ies) of assistance describe(s) your project. If there is no category of assistance listed which describes your project, please fully describe your project next to the option labeled “Other”:

<u>Minor Home Repair Program</u>	<u>Emergency Repair Program</u>
<p><input type="checkbox"/> Rebuilding existing wheelchair ramps, or installing new ramps on a secondary building elevation where the building is not located on a corner lot.</p> <p><input type="checkbox"/> Repair (not replacement) of porches, cornices, exterior siding, doors, windows, balustrades, shutters, stairs, or other trim as long as any materials match existing feature in composition, design, color, texture, and other visual and physical qualities.</p> <p><input type="checkbox"/> Exterior scraping with non-destructive means and painting of wood siding, features, and trim; exterior painting of masonry, if existing surfaces are already painted. This does not apply to the use of encapsulant paint. No abrasive cleaning is permitted for the removal of any building materials.</p> <p><input type="checkbox"/> Caulking, reglazing and weather-stripping.</p> <p><input type="checkbox"/> Repair or replacement of asphalt, fiberglass, and asbestos shingle roof covering with the same materials as long as the shape of the roof is not changed.</p> <p><input type="checkbox"/> Replacement of a flat roof not visible from a public right-of-way as long as the shape of the roof is not changed.</p>	<p><input type="checkbox"/> Repair (not replacement) of unsafe porches, broken/unsafe doors, broken/unsafe windows or broken/unsafe stairs as long as any new materials match existing features in composition, design, color, texture, and other visual and physical qualities.</p> <p><input type="checkbox"/> Repair (not replacement) of exterior siding which allows water to enter the housing unit or damage other structural components of the housing unit.</p> <p><input type="checkbox"/> Repair or replacement of asphalt, fiberglass, and asbestos shingle roof covering with the same materials as long as the shape of the roof is not changed, in order to repair serious roof problems threatening health or safety of the residents.</p> <p><input type="checkbox"/> Repair or replacement of metal gutters and downspouts which fail in such a manner as to create an emergency condition affecting health, safety, or structural integrity.</p> <p><input type="checkbox"/> Installation of new furnace, or furnace repairs, in winter (October 1<sup>st</sup> to May 15<sup>th</sup>) when a homeowner’s heating system breaks down.</p> <p><input type="checkbox"/> Installation of new boiler or water heater, or boiler / water heater repair, particularly during the wintertime (October 1<sup>st</sup> to May 15<sup>th</sup>)</p>

<p><input type="checkbox"/> Repair or replacement of metal gutters and downspouts; relining, repainting and repair (but not replacement) of box gutters.</p> <p><input type="checkbox"/> Repair of existing basement floors or the installation of new basement floors.</p> <p><input type="checkbox"/> Installation of attic insulation.</p> <p><input type="checkbox"/> Repair (not replacement) of existing interior walls, floors, ceilings, doors, decorative plaster or woodwork provided the work is limited to repainting, in-kind patching, refinishing or repapering.</p> <p><input type="checkbox"/> Installation of new furnace, boiler or water heater; or furnace cleaning or repair.</p> <p><input type="checkbox"/> Installation or repair of all electrical, plumbing, heating, ventilation, and air conditioning systems as long as no alteration is made to structural features or decorative features.</p> <p><input type="checkbox"/> Other (Please Specify):</p>	<p><input type="checkbox"/> Repair or upgrade of electrical systems as long as no alternation is made to structural or decorative features, so as to address an inadequate electrical problem that creates either a fire or safety hazard.</p> <p><input type="checkbox"/> Repair of a plumbing system in need of immediate repair to avoid serious water damage to the structure, or in order to maintain a clean and safe source of water, so long as no alteration is made to structural or decorative features.</p> <p><input type="checkbox"/> Repair of air conditioning systems in summer (May 16<sup>th</sup> to September 30<sup>th</sup>) with a written letter from a licensed physician stating that air conditioning is medically required.</p> <p><input type="checkbox"/> Other (Please Specify):</p> <p><b>Please note that the following list of repairs is <u>ineligible</u> as an emergency repair:</b></p> <ul style="list-style-type: none"> <li>• Any repairs of a cosmetic nature;</li> <li>• Any repairs to storage buildings, garages, or any other structure not attached to the living unit;</li> <li>• Any general maintenance such as changing furnace filters or service calls for a repair technician;</li> <li>• Minor plumbing repairs such as leaking faucets, running toilet tank, water or gas leaking due to a loose connection, clogged sink or bathtub drain line, etc.</li> <li>• Any physical activities such as removal of trash and debris, landscaping of any kind, grass cutting, painting, etc.</li> </ul>
--	--

**V. Description of request for assistance:**

Unless you fully described your request for assistance on the line labeled “other,” please describe in detail what you are applying to receive assistance to accomplish (use additional sheets if necessary):

---

---

---

---

---

---

---

**VI. Painted Surfaces**

Do you believe it will be possible to address your property condition without affecting any painted surface, or with effect on an area no larger than 20 square feet on exterior surfaces, 2 square feet in any one interior room or space, or 10 percent of the total surface area of a home component with a small surface area such as a windowsill, baseboard or trim?

If your answer to this question is “yes,” please explain how you believe the job can be completed in that manner:

---

---

---

**Note:** Final determinations about the potential effects of a job on painted surfaces will be made by the Development Department. Your explanation will assist the Department in assessing the appropriate scope of work to be developed for the job. Whether or not the project can be completed without affecting a painted surface may impact the assistance available through the program.

**VII. Lead Paint**

As part of the application process, you should be provided with the pamphlet called *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*. The pamphlet is available online at [https://www.hud.gov/sites/documents/DOC\\_12531.PDF](https://www.hud.gov/sites/documents/DOC_12531.PDF).

Please sign here to indicate receipt: \_\_\_\_\_  
Signature Date

If you have children under six years of age, have they ever been tested or assessed for Lead Based Paint Poisoning?  
(check one and specify as appropriate)

Yes      Positive: \_\_\_\_\_      Negative: \_\_\_\_\_       No

**VIII. Income qualification and verification**

Only homeowner applicants who qualify as low income under current HUD area standards (80% or less of Area Median Income) will qualify for program assistance. Low income qualification determinations are made on the basis of gross income, which is defined as total income before deductions. Sources of income may include (but are not limited to) income from employment, retirement, social security, SSI, VA Benefits, annuities, alimony, child support, regular contributions from family, rental income, or other regular payments.

Official income determinations are made and document with your assistance by the Development Department using the HUD income eligibility calculator available online at <https://www.hudexchange.info/incomecalculator>. Sources of income must also be verified with documentation in our program records as part of the application process.

**Information needed for income verification may include (but may not be limited to):**

- Most recent Income Tax Return W2s
- Social Security Income payment documentation
- Unemployment Compensation payment documentation
- Documentation relating to other sources of income (disability, alimony, child support, pension, etc.)
- Welfare payments
- Documentation relating to other forms of public assistance you may receive

**Development Personnel:** Conduct a preliminary income qualification determination; print results, obtain all necessary supportive documentation and attach to this application.

**IX. Household and demographic information**

First and Last Name	Age / Gender / Head of Household status? (Yes/No)	Race / Ethnicity (specify as appropriate for each household member White, Black/African American, Asian, American Indian/Alaska Native, Pacific Islander, and/or Hispanic)

**Note:** Race and ethnicity data is required to be obtained for statistical and grant reporting purposes, but will not be considered for any purpose as part of the eligibility determination.

**X. Homeownership Certification and Verification**

Because assistance through these rehabilitation programs is designed for and limited to homeowners, providing proof of homeownership for project files will be necessary to process this application and determine eligibility. The eligibility determination begins with the homeowner’s certification of resident homeownership and supportive documentation:

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I own and occupy the home described above as my primary residence, and I give the City of Marietta permission to verify this fact as needed to process this application. I also certify that I have continually resided in good stead in the unit for which I am seeking assistance for at least a period of twelve months preceding the submission of this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Information needed for income verification and proof of home ownership may include (but may not be limited to):

- Copy of the deed to the property
- Copy of the most recent paid receipt of property taxes

**XI. Number of Units**

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the residential structure for which I am seeking assistance is a structure with a total of \_\_\_\_\_ residential unit(s). I understand and accept that City of Marietta housing programs assistance is limited to the improvement of structures with seven units or less, and that assistance is not available in the case of structures with eight or more units without specific waiver of this prohibition in writing by the Development Director.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**XII. Certification of Homeowner’s Insurance**

Proof of homeowner’s insurance is required to receive program assistance unless this requirement has been waived by the Development Director in writing. In submitting this application, please either certify that the property is covered by a policy of homeowner’s insurance, or else explain the circumstances as to why you do not have homeowner’s insurance (noting that homeowner’s insurance

will not usually be waived except in the discretion of the Development Director for good cause shown):

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the home which I own and occupy as my primary residence, as described elsewhere in this application, is covered by a valid policy of homeowner’s insurance in good standing sufficient to insure the City’s lien position as a lender. A copy of the policy is attached as part of this application.

\_\_\_\_\_  
Signature Date

I do not have a policy of homeowner’s insurance (explain any applicable circumstances you believe might justify waiver of this general requirement):

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

**XIII. Certification on Voluntariness and Potential Displacement**

**CERTIFICATION**

I, \_\_\_\_\_, understand that I am voluntarily applying for homeowner rehabilitation assistance, and I agree that as a voluntary applicant I waive and am not entitled to receive Uniform Relocation Act (URA) benefits. I acknowledge that if I am required for any reason to relocate while assisted rehabilitation activities are ongoing, I will be responsible for my own alternative accommodations and all costs associated with my temporary displacement. I understand that these costs will not be paid or reimbursed by the City of Marietta or its CDBG program.

Additionally, I understand that no person has the right to receive assistance through this programming, and that the privilege of receiving assistance through this programming depends on many factors. I understand that determinations on applications for assistance are in the discretion of the City of Marietta Development Department as the program administrative authority.

\_\_\_\_\_  
Signature Date

**XIV. Conflict of Interest**

To prevent any potential conflicts of interest, current City of Marietta employees are not eligible to apply for assistance. Also, anyone related to a City employee or individual with funding, decision-making, supervising, or approval authority over housing rehabilitation assistance programming is not eligible to apply for assistance.

Are you or any member of your family currently employed by the City of Marietta?  Yes  No

If yes, please list the employee's name, department and title:

---

**XV. Limitation of Assistance:**

To be eligible for City of Marietta homeowner rehabilitation assistance programming, an applicant must not have received assistance through Marietta's housing programs within the previous five years, must not have any open loans or current assistance through Development Department programs, and lifetime total assistance received through such programming may never exceed \$25,000 per applicant over any period of time. The applicant is therefore required to certify that the filing of this application will not violate those standards.

**CERTIFICATION**

I, \_\_\_\_\_, certify that within the past five (5) years I have not received homeowner rehabilitation housing assistance from the City of Marietta. I have no open loans or other current assistance financed by the City of Marietta Department of Development. I further certify that if assistance is received by virtue of the filing of this application, I will not have received in excess of \$25,000 worth of assistance over any period of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**XVI. Other Standards and Conditions Certifications**

Under Marietta homeowner rehabilitation assistance policies and procedures, applicants are required to agree to certain standards and conditions if their application is approved for assistance. Those standards and conditions are listed below in the form of a certification:

**CERTIFICATION**

By the filing of this application, I certify that I understand that the following standards and conditions shall become binding if I am approved for an accept program assistance:

- I will allow inspection of the property by representatives of the City whenever the City determines that such inspection is necessary in conjunction with the project.
- An unpaid balance of delinquent property taxes will prevent the receipt of assistance.
- I will permit any selected contractor(s) to use, at no cost, reasonable existing utilities such as gas, water and electricity which are necessary to the performance and completion of the work.
- I will cooperate fully with the City and any selected contractor(s) to ensure that the emergency repair work will be carried out promptly.

- I will defend, indemnify and hold harmless the City, its officials, employees and assigns, from all claims, demands, damages, actions, expenses, attorney’s fees and causes of action that may arise from an act of God or nature during the rehabilitation of the property.
- I agree to maintain the property in a clean, neat and sanitary condition, and not to contribute to or participate in significant neighborhood nuisance or criminal behavior.
- I will comply with and attempt to the best of my ability to facilitate the City’s and any selected contractors’ compliance with all other policies, procedures, laws, regulations, and sources of authority which apply to the performance of the work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**XVII. Applicant Certification of Truth**

The prospective borrower certifies that all representations made throughout this application, and all information furnished in support of this application, is true and complete to the best of the prospective borrower’s knowledge and belief. This information is given for the purpose of obtaining a loan from the City of Marietta, and the prospective borrower understands that this information must be supported by verification as provided herein. The borrower has received a copy of the Terms and Conditions and agrees to abide by those requirements in connection with any loan that may be made by the City of Marietta pursuant to this application.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

**Penalty for False or Fraudulent Statement: U.S.C. Title 18, Section 1001** provides: “[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years... or both.”

**The City of Marietta is an equal opportunity lender and does not discriminate against persons with disabilities.**

**XVIII. Contact**

The Development Department can be reached by means of the following contact information:

Attention: Lisa Forshey  
304 Putnam Street, Marietta, OH 45750  
740-373-9354 (office telephone) / 740-373-2574 (office fax)  
[lisaforshey@mariettaoh.net](mailto:lisaforshey@mariettaoh.net)

DETERMINATION BY THE CITY:

Recommendation on Application

Review of this application and supporting documents indicates that the application  meets  does not meet the preliminary requirements of the City of Marietta Homeowner Rehabilitation Assistance Program, subject to final determination after completion of an environmental review.

\_\_\_\_\_  
Development Director

\_\_\_\_\_  
Date

Action on Application:

The application is approved subject to availability of funds and final approval after project environmental review. See approved scope of work, attached. The approved limit of total assistance upon this application is (check one):

\$5,000

\$10,000

The application is disapproved because \_\_\_\_\_