



PUBLIC INFORMATION SESSION: OWNER-OCCUPIED RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM

TUESDAY, MAY 3, 2016 – 6:00 – 8:00 PM – CITY COUNCIL CHAMBERS



BACKGROUND

- Previously, City participated in interlocal agreement with County for use of CDBG funds
- 2014 – City population exceeded 50,000 residents – eligible as a direct grantee community with US HUD
- 2015 – City prepared 5-year Consolidated Plan and Analysis of Impediments to apply for federal funding for FY 15 (October 2015 to September 2016) – accepted by HUD
- 2016 – Creation and implementation of Year 1 program – Housing Rehabilitation

PROGRAM DESCRIPTION

- National Objective: Low to Moderate Housing
- Preservation and Affordability of Existing Housing Stock
- \$177,740 (-20% for administrative costs, such as preparation of planning/application documents)
- Approximately \$142,192 remaining for FY 15
- 0% interest deferred payment loan, up to \$20,000 – forgiven after two (2) years
- Goal – Assist approximately 10 households

ELIGIBILITY REQUIREMENTS

- Detached single-family dwellings within the jurisdictional boundaries of Palm Beach Gardens
- Low- to Moderate-Income (LMI) Households, per HUD, adjusted for household size
- Exterior improvements only (Ex.- Roofs, windows, doors, façade repairs, etc. – driveways, sidewalks, landscaping and paint may be added as accessory items)
- Complete application and supporting documentation

MAXIMUM INCOME LIMITS

Household Size	Maximum Income Limit (80% of the Area Median Income)
1	\$37,650
2	\$43,000
3	\$48,400
4	\$53,750
5	\$58,050
6	\$62,350
7	\$66,650
8	\$70,950

(Source: U.S. Department of Housing & Urban Development.
These income figures are for 2015/2016 and subject to change annually)

APPLICANT & HOUSEHOLD INFORMATION

  City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program  

APPLICANT INFORMATION		
Last Name, First Name		Home Phone Number
Street Address, City, State, Zip		
E-mail Address		Cell Phone Number
Marital Status:	Race*	Employment Status
<input type="checkbox"/> Single	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Employed*
<input type="checkbox"/> Married	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Divorced	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Retired
<input type="checkbox"/> Separated	<input type="checkbox"/> Asian	<input type="checkbox"/> Disabled
<input type="checkbox"/> Widow or Widower	<input type="checkbox"/> White/ Caucasian	*If employed, please fill out below:
	<input type="checkbox"/> Other	Company Name & Address
Sex*	Ethnicity*	Company Phone Number
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino	Company Fax Number
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Hispanic or Non-Latino	
SPOUSE / CO-APPLICANT INFORMATION		
Last Name, First Name		Home Phone Number
Street Address, City, State, Zip		
E-mail Address		Cell Phone Number
Marital Status:	Race*	Employment Status
<input type="checkbox"/> Single	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Employed*
<input type="checkbox"/> Married	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Divorced	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Retired
<input type="checkbox"/> Separated	<input type="checkbox"/> Asian	<input type="checkbox"/> Disabled
<input type="checkbox"/> Widow or Widower	<input type="checkbox"/> White/ Caucasian	*If employed, please fill out below:
	<input type="checkbox"/> Other	Company Name & Address
Sex*	Ethnicity*	Company Phone Number
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino	Company Fax Number
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Hispanic or Non-Latino	

* Demographic information collected is used for statistical reporting purposes to HUD only & has no effect on Applicant eligibility.

Date/Time intake: _____ Permit Number: _____

Page 1 of 3

- 3 pages
- Basic contact & demographic information
- List of **household** members – not just family members – all people for whom **primary residence**
- Emergency Contact
- Statement of Household Size

PROPERTY QUESTIONNAIRE

City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program

PROPERTY QUESTIONNAIRE

Questions	Yes	No
Is the property listed on the application located within the jurisdiction of the City of Palm Beach Gardens?		
Is the property listed on this application your primary residence?		
Do you currently have a homestead exemption?		
Are you current on your mortgage payments?		
Are you current on your property taxes?		
Are you current on your property insurance?		
Do you receive income for renting or subletting any section of your property?		
Have you ever participated in any housing assistance programs with the City of Palm Beach Gardens?		
Describe all exterior improvements to the property that are being requested (add additional sheets, if necessary):		

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 a department of the United States Government.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.083.

Printed Name of Applicant: _____ Signature of Applicant: _____ Date: _____

Printed Name of Spouse or Co-Applicant: _____ Signature of Spouse or Co-Applicant: _____ Date: _____

Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

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Printed Name of Household Member: _____ Signature of Household Member: _____ Date: _____

Date/Time intake: _____ Permit Number: _____

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- 1 page
- Property information (Jurisdiction, homestead, mortgage, property taxes, insurance, etc.)
- Description of requested improvements

HOUSEHOLD MEMBER INCOME & ASSET INFORMATION




 City of Palm Beach Gardens
 Owner-Occupied Residential Rehabilitation Assistance Program

Household Member Income & Asset Information
 (The information below must be filled out for each household member)

Name: _____

CURRENT EMPLOYMENT INFORMATION		
Employer	Phone Number	
Street Address, City, State, Zip		
Position Held/Title	Supervisor's Name	Supervisor's Contact Number
Time Employed	Rate of Pay	Pay Frequency
Total Annual Income (gross salary, overtime, bonuses, tips, etc.):		

CURRENT EMPLOYMENT INFORMATION		
Employer	Phone Number	
Street Address, City, State, Zip		
Position Held/Title	Supervisor's Name	Supervisor's Contact Number
Time Employed	Rate of Pay	Pay Frequency
Total Annual Income (gross salary, overtime, bonuses, tips, etc.):		

OTHER INCOME		
Type: (Ex - SSA, SSI, Pension, Annuities, Child Support, Unemployment, Alimony)	Amount	Frequency

I am unemployed (An affidavit will be required to be completed and notarized)

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Household Member Signature: _____ Date: _____

Date/Time intake: _____ Permit Number: _____

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- 2 pages FOR EACH MEMBER OF THE HOUSEHOLD
- Need to provide ALL income and asset information – not all may be counted toward the requirement, but needs to be provided
- Questions – ASK!
- Must provide supporting documentation, even if not explicitly asked for on checklist
- First eligible, first served

AUTHORIZATION OF RELEASE OF INFORMATION, CERTIFICATION & WAIVER OF PRIVACY, CONSENT TO INSPECTIONS, CONFLICT OF INTEREST DISCLOSURE

  City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program  

Authorization for Release of Information
(This form must be completed for each household member over the age of 18 years old)

I, _____, the undersigned, hereby authorize release, without liability, information regarding my employment income and/or assets to the City of Palm Beach Gardens for the purposes of verifying information provided, as part of determining eligibility for assistance under the Residential Rehabilitation Assistance Program. I understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified:

Verifications that may be requested are, but not limited to, personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or workers' compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Criminal background checks may be performed to determine eligibility.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

Past/Present Employers	Alimony/Child/Other Support Providers
Banks, Financial, or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veterans Administration
Welfare Agency	Internal Revenue Service
Credit Reporting Agencies	Other: _____

Agreement to Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature

Printed Name

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506. Request a Copy of Tax Return and prepare and sign separately.

Date/Time intake: _____ Permit Number: _____

Page 1 of 1

- Authorization of Release of Information & Conflict of Interest Disclosure – 1 page each - needs to be completed by EACH HOUSEHOLD MEMBER
- Certification & Consent To Inspections – 1 page each, 1 page that is signed by each household member

OTHER US HUD REQUIREMENTS

- **Environmental Review – Tiered Review**
 - Tier I – Anticipated to be completed by May 20th
 - Tier II – A checklist that is completed for each assisted home
- Lead Safe Practices – may be exempt, but need to verify
- Financial Reporting
- ETC.



APPLICATIONS WILL BEGIN TO BE
ACCEPTED AT CITY HALL ON TUESDAY,
MAY 10, 2016 AT 8:00 AM IN THE MAIN
LOBBY

SO WHAT HAPPENS NEXT?



PROGRAM PROCESS

APPLY

**APPLICATION
REVIEW &
INCOME
CERTIFICATION**

**SCOPE OF
WORK &
BIDDING**

**CONTRACTS &
CONSTRUCTION**

**PROJECT
CLOSE OUT &
MONITORING**

APPLY

- Application must be submitted directly to P&Z Staff – staff will date/time stamp each page
- Basic completeness review
- May not leave with Building Department permit technicians
- City Clerk's Office may assist
- Questions about submitting? Call P&Z at (561)799-4243

APPLICATION REVIEW & INCOME CERTIFICATION

- Staff will review the information submitted, verify accuracy and consistency
- Utilize HUD Income Calculator for Income Certification
- Request 3rd party verification of submitted documents
- Environmental Checklist
- Staff will conduct a scoping inspection, take “before” pictures - by P&Z and Building Dept. - verify work requested, and if any other work is deemed necessary
- If eligible and approved – City will issue an award letter

SCOPE OF WORK & BIDDING

- Scope will be reviewed and approved by the Applicant
- Bidding inspection time will be coordinated with homeowners & Notification sent to pre-approved pool of contractors
- Bids templates will be returned to the City within 1 week, and the lowest bid will be selected

CONTRACTS & CONSTRUCTION

- A pre-construction conference will be held at City Hall to sign contracts, loan agreement, grant agreement/mortgage or promissory note, etc.
- Determination of lead mitigation, if any
- Once city has cleared Tier I of Environmental Review – City will issue Notice to Proceed to contractors
- Contractors will apply for building permits (expedite free of charge) and complete work per Florida Building Code
- Periodic inspections may be conducted by staff, in addition to required building permit inspections

PROJECT CLOSE OUT & MONITORING

- Final inspections & photos
- Applicant satisfaction survey
- Contractors request payment and are paid, if all work is completed satisfactorily
- Project monitoring - verification of ownership & primary residency
- If home is sold or refinanced without City knowledge, Applicant may be required to pay loan back.

KEYS TO PROGRAM SUCCESS

Complete, thorough and honest application

Timely communication

Cooperation

Patience



QUESTIONS?

PLANNING AND ZONING

(561)799-4243