



HOUSING REHABILITATION PROGRAMS

FOR INVESTOR-OWNED RESIDENTIAL RENTAL PROPERTIES

Lead-Based Paint Hazard Removal
Healthy Homes Housing Rehabilitation

City of Springfield Office of Housing
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Springfield Investor-Owned Housing Rehabilitation Programs

The City of Springfield Office of Housing operates two programs which fund rehabilitation of investor-owned housing units. Please review the program descriptions on the following pages to learn more, including the terms of the funding.

This packet includes the application that must be completed for either of the programs.

Lead-Based Paint Hazard Removal

- **Available for homes occupied by, or to be made available to, a pregnant woman or a child under six.**
- Zero-interest, 75% forgivable loans for removal of lead-based paint hazards in the home.

Healthy Homes Housing Rehabilitation

- **Available ONLY in the Six Corners and Memorial Square neighborhoods.**
- Zero-interest, 90% forgivable payment loans for full home rehabilitation.
- 10% of project cost must be paid by owner and must be available at project start

The City of Springfield Office of Housing is a part of the **Springfield Healthy Homes Collaborative**, a partnership of organizations working to improve housing conditions that affect health issues. The Office of Housing uses this application to identify other Collaborative resources that may be able to assist applicants, and may suggest other programs that could be helpful. With your permission, the Office of Housing can share your information with these programs to help assess your eligibility for these other benefits.

Visit the website to learn more about healthy homes: <https://springfieldhealthyhomes.org>

Lead-Based Paint Hazard Reduction Program

Purpose: To create affordable lead-safe and healthy housing in a manner that maximizes the number of young children protected from lead poisoning.

Target Area: The program is available city-wide.

Type of Assistance: Zero percent interest loan; 75% forgivable after 3 years and balance due at sale or transfer, up to \$13,000 per unit.

Conditions of Funding: Rental units must be occupied or made available to an income-eligible household with a pregnant woman or child under six, for a minimum of three years.

Repayment: During the first three years of the loan, repayment in full will be required if the property is not made available to income-eligible households that include a pregnant woman or child under six.

After three years, 75% of the loan is forgiven; the remaining 25% of the loan is due upon transfer or sale of the property.

Eligible Costs: Program funds will be used for abatement of lead-based paint hazards and related costs. The program includes a small amount of supplemental funding which may be used to address critical health and safety hazards in the unit. The City's Rehabilitation Supervisor will determine the scope of work and write specifications for the work, which will be competitively bid.

Eligibility:

- Unit is occupied by or will be made available to an income-eligible household that includes a child under six or a pregnant woman
- Mortgage payments must be current and property must be insured
- Property taxes, fees, fines or municipal liens must be current with the City of Springfield
- The property owner may not have a significant history of non-compliance with the state Sanitary Code, City ordinances, or a failure to address significant drug-related criminal activity at a Springfield property
- Household income of the **occupant household** cannot exceed 80% of the Area Median Income as determined annually by the U.S. Department of Housing and Urban Development. We will need to obtain income verification from your tenant(s). The maximum incomes for FY2019 are:

Maximum Household Income

1 Person	\$49,700	5 Person	\$76,650
2 Person	\$56,800	6 Person	\$82,350
3 Person	\$63,900	7 Person	\$88,000
4 Person	\$70,950	8 Person	\$93,700

Healthy Homes Program

Purpose: To improve the housing stock in targeted neighborhoods by providing funding to rehabilitate housing units, with an emphasis on addressing health issues in housing, including lead paint, asthma triggers, and trip and fall hazards. The program is concentrated in two neighborhoods to assist in revitalizing those neighborhoods.

Target Area: The Memorial Square and Six Corners neighborhoods.

Type of Loan: This program provides eligible property owners with a zero-interest, deferred payment loan. Investor-owners are eligible to borrow 90% of the total project cost and the loan will be forgiven in 10% annual increments until it is fully forgiven after 10 years.

Repayment: Pro-rated loan repayment of the outstanding balance is required, if within ten years after completion of the work, the homeowner sells, refinances, transfers title to the property or if the home is no longer occupied by an income- eligible renter household.

Eligible Costs: Program funds will be used for customary and reasonable costs to rehabilitate housing to meet current housing standards and to complete identified and approved healthy homes interventions. Allowable costs for each participating property will be defined by the City's Rehabilitation Specialist and based on property inspection, standardized cost-estimating, and competitive bidding.

Eligibility:

- Property is located in the **Memorial Square** or **Six Corners** neighborhood
- Mortgage payments must be current
- Property taxes, fees, fines or municipal liens must be current with the City of Springfield
- The property owner may not have a significant history of non-compliance with the state Sanitary Code, City ordinances, or a failure to address significant drug-related criminal activity at a Springfield property
- Property must have appropriate home insurance coverage
- Contractors must be licensed and insured
- Household income of the **occupant household** cannot exceed 80% of the Area Median Income as determined annually by the U.S. Department of Housing and Urban Development. We will need to obtain income verification from your tenant(s). The maximum incomes for FY2019 are:

Maximum Household Income

1 Person	\$49,700	5 Person	\$76,650
2 Person	\$56,800	6 Person	\$82,350
3 Person	\$63,900	7 Person	\$88,000
4 Person	\$70,950	8 Person	\$93,700

CITY OF SPRINGFIELD OFFICE OF HOUSING
CONSOLIDATED APPLICATION FOR HOUSING REHABILITATION PROGRAMS

This application is used for housing rehabilitation programs operated by the Office of Housing. Applications will not be processed until complete, which means that all application questions are answered and you have provided copies of all documents listed.

Which program(s) are you applying for?

- ☐ **Lead-Based Paint Hazard Reduction** – For units occupied by (or that will be made available to) an income-eligible **pregnant woman or child under six**.
- ☐ **Healthy Homes Program** – Available only in the **Six Corners and Memorial Square neighborhoods**, for units that are, or will be, occupied by an income-eligible household.

PROPERTY INFORMATION

Address of Property to be Assisted: _____

Title Holder(s) (Who is on the property deed?): _____

Number of Units: _____

1. Does the applicant own the property? ☐ Yes ☐ No
2. Is this rental property currently fully occupied? ☐ Yes ☐ No

If not, how many are unoccupied? What are your plans for these units?

3. Will you commit to renting this property to an eligible low- income household upon project completion? ☐ Yes ☐ No

4. How many units include a child under 6 or a pregnant woman in the household? _____

5. Does the property contain lead paint or lead-based paint hazards? ☐ Yes ☐ No
☐ I don't know

6. Which type of fuel does the home's heating system run on? ☐ Oil ☐ Electric
☐ Natural Gas



APPLICANT INFORMATION

All individuals listed on the property deed must be included as applicants. If there are more than two, please list others on an additional sheet.

Applicant 1: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

1. Is the applicant, or any one of his/her relatives, employed by the City of Springfield?
☐ Yes ☐ No If yes, describe relationship(s), which department(s) and, in what capacity: _____

2. Does the applicant owe the City of Springfield any monies for incurred real estate taxes, water, rents or any other indebtedness (i.e. trash fees, parking tickets, etc.)? ☐ Yes ☐ No Explanation:

3. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield? ☐ Yes ☐ No Explanation:



ACKNOWLEDGEMENTS

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the City of Springfield Lead-Based Paint Hazard Reduction or Healthy Homes Program.

I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

I/We authorize the City of Springfield and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date
Signature of Co-Applicant:	Date
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 U.S. Government.	

DOCUMENTATION

The following documents must be submitted with your completed application.

Applications Without All Accompanying Documentation Will Not Be Processed.

- ☐ Verification of City Compliance form (page 4)
- ☐ Most recent Mortgage Statement with proof of payment
- ☐ Copy of current insurance policy (Declaration/Binder Page) and proof of payment
- ☐ Copy of government issued photo I.D.(s)

SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS

A copy machine is available at the Office of Housing



VERIFICATION OF CITY COMPLIANCE FORM

Applicant 1 _____ D.O.B _____ SS# _____

Applicant 1 _____ D.O.B _____ SS# _____

Address _____

Do you own any other property in Springfield? ☐ No ☐ Yes

If yes, please list the addresses:

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS _____ DAY OF _____, 201____.

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY

	CURRENT?		AMOUNT DELINQUENT
	YES	NO	
REAL ESTATE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
EXCISE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
PARKING TICKETS	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER MUNICIPAL LIENS/LOANS	<input type="checkbox"/>	<input type="checkbox"/>	\$

Treasurer's/Collector's Office representative signature: _____

Date: _____

