

# City of O'Fallon, Missouri



## Siding Installation/Repair Program APPLICATION

**HOUSEHOLD INFORMATION**

1) Applicant's Name \_\_\_\_\_  
*[Please attach copy of driver's license.]*

2) Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

3) Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business \_\_\_\_\_

4) Email: \_\_\_\_\_

5) Please check each category below that applies to a member of your household:

U.S. Citizen \_\_\_\_\_ Legalized Alien \_\_\_\_\_ Illegal Alien \_\_\_\_\_

Disabled \_\_\_\_\_ Vietnam-era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_

6) List **all** household members living at your address, including yourself:

<u>Name (First, Middle, Last)</u>	<u>Social Security #</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Gender</u>	<u>Race/ Ethnic Group</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7) Age of Home or Year Built: \_\_\_\_\_

8) Type of Home:                     1 story                     2 story                     Other

9) Type of siding currently on home: \_\_\_\_\_

10) Age of siding on home: \_\_\_\_\_

If exact age of siding is unknown, please provide as much information as possible about the age of siding: \_\_\_\_\_

- 11) Number of exterior walls covered by siding: \_\_\_\_\_
- 12) Is your home located in a floodplain? \_\_\_\_\_
- 13) Do you have any past or pending bankruptcy? \_\_\_\_\_
- 14) Are the real estate taxes on this property paid to date/current? \_\_\_\_\_  
***[Please attach copy of the most recent paid real property tax receipt.]***
- 15) Are there any federal, state or local tax liens on the property or your home? \_\_\_\_\_
- 16) Are all loans (i.e. first mortgage, second mortgage, home equity, etc.) that are secured by this real property paid to date/current? \_\_\_\_\_  
***[Please attach copies of your most recent loan statement(s).]***
- 17) How did you find out about the program? \_\_\_\_\_
- 18) Have you previously participated in City of O'Fallon home repair programs (Home Improvement Loan Program, Down Payment Assistance Program, Project HOME, etc)?  
 \_\_\_\_\_
- 19) If you answered Yes, in which program did you previously participate and during what year?  
 \_\_\_\_\_
- 20) When is the best time to contact you? \_\_\_\_\_
- 21) What is your best contact phone number? \_\_\_\_\_

**The undersigned hereby represents and warrants said information in this two-page Household Information form to be true and correct to the best of his/her/their knowledge.**

\_\_\_\_\_  
*Applicant's signature* *Address* *Date*

\_\_\_\_\_  
*Co-Applicant's signature* *Address* *Date*



## CITY OF O'FALLON SIDING INSTALLATION/REPAIR PROGRAM OVERVIEW

The City of O'Fallon has accepted a grant from the United States Department of Housing and Urban Development (HUD) to conduct the Community Development Block Grant Program under Title I of the Housing and Community Development Act of 1974 as amended. The goal of the program is to provide financial assistance for the installation/repair of siding on permanently-affixed single family homes in O'Fallon. The Siding Installation/Repair Program provides a grant of up to \$10,000 to eligible residents to repair and/or replace siding to owner-occupied property.

### A. **Eligibility – General**

In order to be considered for the Siding Installation/Repair Program, the following criteria must be met:

- **The applicant must:**
  - Be the fee simple owner and occupant of the single family dwelling to be improved,
  - Have no pending bankruptcies,
  - Have resided in the dwelling for at least one year prior to application,
  - Be a first-time participant in the program,
  - Not be a newly-legalized alien,
  - Be current on mortgage payments and real estate taxes,
- **The house to be improved must:**
  - Be located within the City of O'Fallon and not in a floodplain,
  - And have no outstanding federal, state or city tax liens.
  - Be a single family, permanently-affixed structure
  - Not be eligible for siding repair/replacement through neighborhood condominium and/or homeowners association.
- **The household income:** To qualify as low-income or moderate-income, the total gross income of all members of the household over the age of 18 must not exceed these limits, which are established by HUD:

One-Person Household	\$39,400
Two persons	\$45,000
Three persons	\$50,650
Four persons	\$56,250
Five persons	\$60,750
Six persons	\$65,250
Seven persons	\$69,750
Eight persons	\$74,250

***Priority will first be given to applications from low income households [24 CFR 570.208(a)] on a first-come-first-served basis. After applications from low income households are considered, if there are funds remaining, then applications from moderate income households will be prioritized on a first-come-first-served basis.***



## **B. Eligible Repairs**

Approved repairs or replacements necessary to maintain minimum housing code standards are eligible. Examples may include:

- Repairs to damaged and/or older existing siding found on permanently-affixed single family homes.
- Installation of new siding on permanently-affixed single family homes.
- Removal of siding and installation of new siding on permanently-affixed single family homes, if required.

## **C. Ineligible Repairs**

- Remodeling work, when its purpose is to update or aesthetically change the appearance of the area rather than replace a defective component.
- Brick, stone, masonry and/or other work beyond the scope of siding installation/repair.
- Masonry and concrete flatwork including tuck-pointing, chimney repair, foundation repair, retaining walls, sidewalks, driveways, etc.
- Correction or repair of insufficient exit ways.
- Repair or replacement of structurally defective concrete and wood porches, porch overhangs, steps and rails.
- Repair of seriously deteriorated exterior walls.
- Siding for mobile homes

## **D. Application Process**

Applications for the program are available at City Hall and online at [www.ofallon.mo.us/grants](http://www.ofallon.mo.us/grants).

**Please note:** *Priority will first be given to applications from low-income households [24 CFR 570.208(a)] on a first-come-first-served basis. After applications from low-income households are considered, if there are funds remaining, then applications from moderate-income households will be prioritized on a first-come-first-served basis.*

## **E. Notification of Application Status**

All applicants who submit a completed application package by the deadline date will receive a letter notifying them of either their acceptance or denial into the program. These letters will be mailed within 4-6 weeks after receipt of the complete application package. **Please note:** *Funds cannot be committed to any project until the Environmental Review is satisfied (see Sec. F & G).*

## **F. Initial Meeting and Inspection - Minimum Housing Code**

After acceptance into the program, an initial minimum housing code and environmental inspection will be conducted for the exterior of the house before any work begins. **Any work started before the initial inspection is not eligible for CDBG funds.**

Siding-specific housing code violations *are* eligible repairs under this program, and must be corrected before work that is not required for code compliance. The homeowner must acknowledge that all such housing code violations may *not* be abated under the scope of the work; however any items marked “required” must be completed and certified at the final inspection.



**G. Obtaining Bids, Contracting and Completion of Work**

**The Homeowner will then:**

- 1) Obtain a minimum of three formal, written bids for each project to be completed and
- 2) Select a contractor and
- 3) Submit all bids to the City of O’Fallon’s Public Assistance Specialist for review and approval along with application package and
- 4) Submit a W-9 and Certificate of Insurance along with bids from the contractor(s) you choose

The homeowner must ensure that the selected contractor is licensed, registered with the Secretary of State’s office, obtains the necessary permits and licenses from the City of O’Fallon, and is insured for liability and insured or bonded for completion of the work and provide evidence thereof to the Public Assistance Specialist.

The homeowner must also ensure that the chosen contractor agrees in the written contract to:

- 1) **Complete the work within 4 months of the initial inspection date, or be subject to a penalty if the deadline is not met without good cause,**
- 2) Accept payment from the City after the City inspection in the form of a check which will be made out to the contractor and mailed,
- 3) Provide contractor’s Social Security number and/or federal identification number,
- 4) Provide homeowner with lien waivers for all material and labor.

**Failure to fully meet the requirements of this section (Section G.) may result in the homeowner being suspended from the program.**

**H. Final Inspection - Minimum Housing Code**

When all work is completed, the homeowner shall contact the Public Assistance Specialist to schedule a final inspection and request a check. All work must be approved by a City Building Inspector before final payment will be made.

**I. Payment for Repairs - Grant Disbursement**

When all repair items are completed and pass final inspection, a check will be requested based on the contract amount and mailed.

***The undersigned Applicant hereby represents that he/she has read and understands the forgoing guidelines.***

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**CITY OF O'FALLON**

**ELIGIBILITY CERTIFICATION**

Applicant's Name and Address: \_\_\_\_\_

Applicant's Phone Number (Home/Cell/Work): \_\_\_\_\_

**Please provide the requested documentation for each employed person in the household who is 18 years of age or older.**

**Office**

<b>Use</b>	<b>SOURCE OF INCOME</b>		<b>Head of Household</b>	<b>Spouse</b>	<b>Other</b>
<b>Only</b>	Employer's Name				
	Employer's Phone Number	#			
	Occupation/Title				
	Years Employed	#			
	<b>Gross Wages or Salary per Pay Period</b>	\$			
	Net Wages or Salary per Pay Period	\$			
	Overtime (if regularly received)	\$			
	<b>Number of Pay Periods per Year</b>	#			
<b>Other [Please indicate amount &amp; frequency]:</b>					
	Child Support	\$			
	Maintenance/Alimony	\$			
	Earnings from Self-Employment	\$			
	Railroad Retirement	\$			
	Veteran's Benefits	\$			
	Social Security	\$			
	Supplemental Security Income (SSI)	\$			
	TANF	\$			
	Unemployment Compensation	\$			
	Worker's Compensation	\$			
	Benefits/ Pension	\$			
	Public Assistance	\$			
	List Other Types of Income:	\$			
	<b>GROSS ANNUAL INCOME</b>				
	NET ANNUAL INCOME	\$			
	<b>TOTAL HOUSEHOLD GROSS ANNUAL INCOME</b>	\$			
	<b>TOTAL # OF HOUSEHOLD MEMBERS</b>	#			

**The undersigned hereby represents and warrants said information in the above Eligibility Certification, to be true and correct to the best of his/her/their knowledge.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

**RELEASE**

This release is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by and between \_\_\_\_\_, hereinafter referred to as “the Owner” of the property located at \_\_\_\_\_, and the City of O’Fallon (hereinafter referred to as “the City”).

In consideration of the Owner’s voluntary participation in the *City of O’Fallon’s Siding Installation/Repair Program*, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees and officers from all claims, damages or causes of action (including reasonable attorney’s fees) caused by or arising in any manner from the Owner’s participation in the *City of O’Fallon’s Siding Installation/Repair Program* and any agreements or contracts between the Owner and home improvement contractors.

I/We, the Owner/Owners, have read and understand this release. I/We execute it voluntarily and with full knowledge of its significance the day and year written above.

\_\_\_\_\_  
**Homeowner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homeowner’s Signature**

\_\_\_\_\_  
**Date**

**DECLARATION**

The undersigned acknowledge that participation in the *City of O’Fallon’s Siding Installation/Repair Program* is voluntary.

The undersigned hereby apply for participation in the *City of O’Fallon’s Siding Installation/Repair Program*. Program as administered by the City of O’Fallon, and agree to provide the City with the information requested on the Household Information Form, the Eligibility Certification and all other information requested by the City.

The undersigned hereby understands that the assistance provided is for eligible home improvements. The fundraising division cannot guarantee a specific amount to be applied to home improvements.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in *the City of O’Fallon’s Siding Installation/Repair Program*, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicants for *the City of O’Fallon’s Siding Installation/Repair Program*.

\_\_\_\_\_  
**Homeowner’s Printed Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Homeowner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homeowner’s Printed Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Homeowner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City of O’Fallon Representative**

\_\_\_\_\_  
**Date**



**CITY OF O'FALLON  
SIDING INSTALLATION/REPAIR PROGRAM**

**CHECKLIST**

To satisfy the requirement for a complete application package, please complete and return the following documents during the aforementioned period:

- Five enclosed forms to complete:
  - “Household Information,”
  - “Eligibility Certification,”
  - “Declaration,”
  - “Release”
  - “Checklist”
  
- Documentation to attach:
  - a copy of your most recent filed **federal income tax return** including schedules and attachments,
  - proof of **all** sources of income [most recent pay stub, W-2 forms, child support letter, divorce decree, interest and dividend statements, pension statement, annuities, Social Security statement, unemployment compensation, etc. – *see* enclosed “Eligibility Certification” form],
  - proof of ownership of your home [General Warranty Deed, Special Warranty Deed or Quit Claim Deed. **A Deed of Trust is not acceptable.** If the name of a deceased person appears on the deed, a death certificate is required. A copy of the Deed can be obtained in person at the St. Charles County Recorder of Deeds at 201 N. 2<sup>nd</sup> St., St. Charles]
  - a copy of driver’s license(s)
  - copies of Social Security cards for all members of the household
  - a copy of most recent paid real property tax receipt
  - a copy of your most recent loan statement(s) [i.e. first mortgage, second mortgage, home equity, etc.]
  - a minimum of three written bids for each siding repair along with a W-9 and Certificate of Insurance for the contractor/s you choose.
  - At least 4 pictures of your home, one showing each side of the structure (please see examples on the last page). Those can be e-mailed to [ajaegers@ofallon.mo.us](mailto:ajaegers@ofallon.mo.us), mailed or dropped off to City Hall. Please include your name and address in the subject of the e-mail.

**Please note that any application submitted to the Public Assistance Specialist without all of these items will be incomplete and the applicant will not be considered for any funding.**

**Falsification of any of the aforementioned documents will result in elimination from the program.**

***The undersigned Applicant hereby represents that he/she has read and understands the forgoing guidelines.***

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Address Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Address Date





## The Do's and Don'ts of Photos for 106 Submissions

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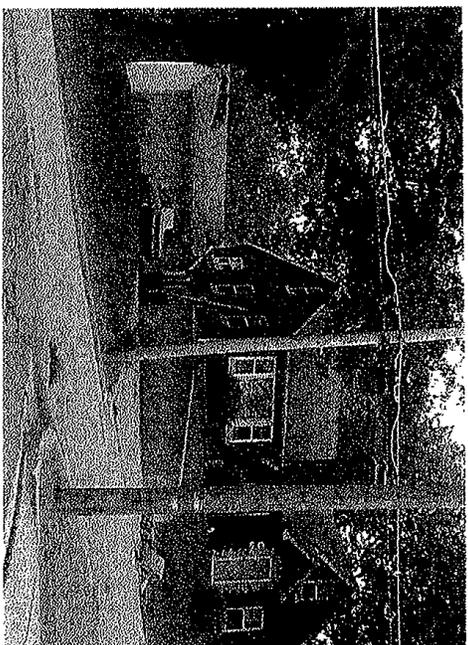
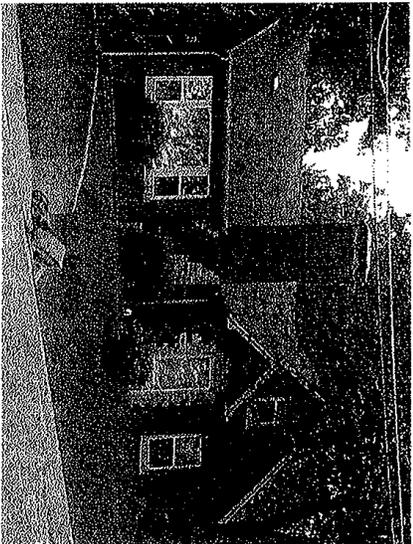


- DO: Submit clear black and white or color photographs that are at least 3" X 5". We do accept high quality digital photographs, however a paper copy must be provided and the print must be at least 600 *dpi*.

# The Do's and Don'ts of Photos for 106 Submissions

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- Do: submit photos of more than one side of the building.



## The Do's and Don'ts of Photos for 106 Submissions

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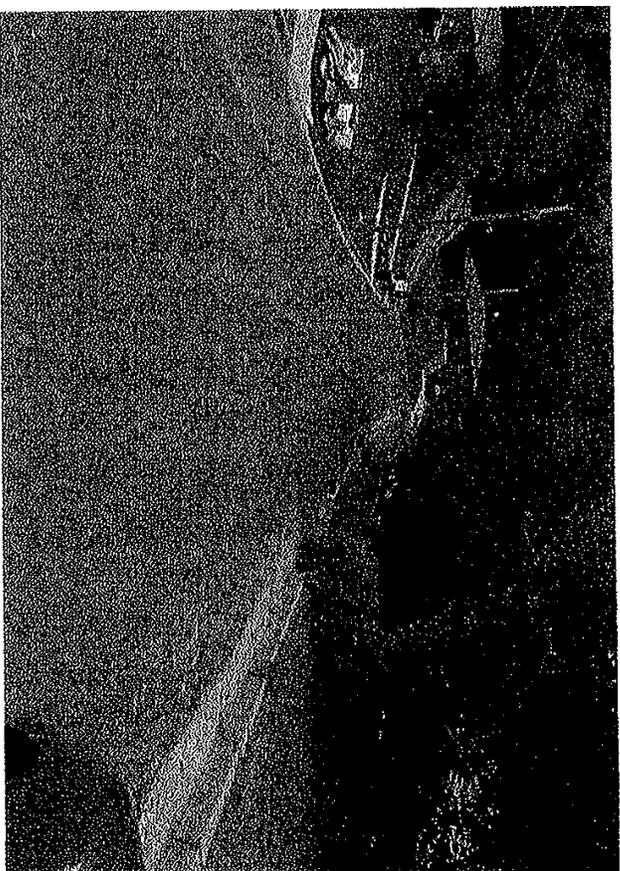


- Do: Include streetscapes of neighboring buildings or any other improvements like rock retaining walls.

## The Do's and Don'ts of Photos for 106 Submissions

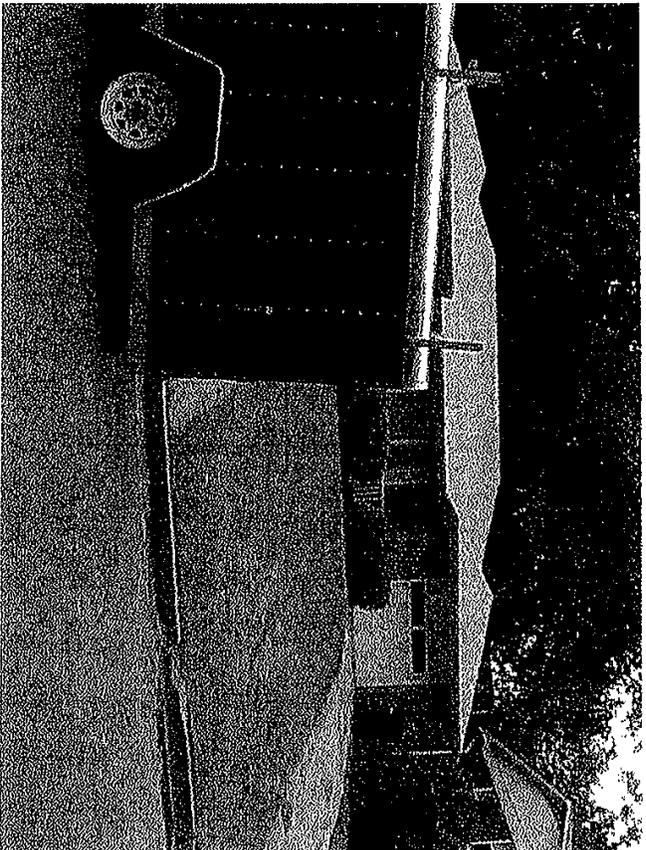
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- Don't: submit a streetscape that only shows the street.



# The Do's and Don'ts of Photos for 106 Submissions

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- Don't: submit photos where the building and its defining architectural details are blocked by trees, cars, shadows, etc.

# The Do's and Don'ts of Photos for 106 Submissions

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- Don't: take photos from your car.

