



Dear Applicant:

The City of O'Fallon will accept completed applications for its Window Replacement Program **beginning at 8AM on Monday, October 26, 2009 and ending at 5PM on Thursday, December 31, 2009.**

This program offers a no-interest loan of up to \$5,000 to ten (10) qualified O'Fallon residents to install energy efficient windows in their home.

To be considered for the program, each of the following requirements must be met:

1. The applicant must: a) be the fee simple owner and occupant of the single family dwelling to be improved, b) have no pending bankruptcies, c) have resided in the dwelling for at least one year prior to application, d) be a first-time participant in the program, e) not be a newly legalized alien, f) be current on their mortgage payments and real estate taxes, g) return a complete application package during the aforementioned period.
2. The house to be improved must: a) be located within the City of O'Fallon and not in a floodplain, b) have no outstanding federal, state or city tax liens.
3. The household income (including income of all household members over the age of 18) must not exceed the limits* which are established by HUD. [**See enclosed document entitled "Home Improvement Program Overview" for income limits.*]

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

1. Four enclosed forms to complete: a) "Household Information," b) "Eligibility Certification," c) "Declaration," d) "Release.", e) "Checklist"
2. Three types of documentation to attach:
 - a) a copy of your most recent filed **federal income tax return including** schedules and attachments,
 - b) 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],
 - c) 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. 2nd St., St. Charles].

Please submit your application materials by mail or in person to me at: The City of O'Fallon, 100 North Main Street, O'Fallon, MO 63366.

Important note: Priority will first be given to applications from low* income households on a "first come, first served" basis. After applications from low income households are considered, applications from moderate* income households will then be prioritized on a "first come, first served" basis. The time and date will be noted on each package upon receipt. [**See enclosed document entitled "Home Improvement Program Overview" for income limits.*]

Jessica Hawkins
CDBG Administrator
City of O'Fallon
636-379-5411



CITY OF O'FALLON WINDOW REPLACEMENT PROGRAM

The City of O'Fallon has accepted a grant from the United States Department of Housing and Urban Development (HUD), to conduct the Window Replacement Program. The goal of the program is to provide financial assistance for the installation of energy efficient windows to low income residents. The Window Replacement Program is available to eligible residents who own their homes.

A. Eligibility – General

In order to be considered for the Home Improvement Program, the following criteria must be met:

- o The applicant must:
 - o Be the fee simple owner and occupant of the single family dwelling to be improved,
 - o Have no pending bankruptcies,
 - o Have resided in the dwelling for at least one year prior to application,
 - o Be a first-time participant in the program,
 - o Not be a newly legalized alien,
 - o Be current on mortgage payments and real estate taxes,
- o The house to be improved must:
 - o Be located within the City of O'Fallon and not in a floodplain,
 - o And have no outstanding federal, state or city tax liens.
- o 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:

	<u>Low Income*</u>
One-Person Household	\$38,000
Two persons	\$43,450
Three persons	\$48,850
Four persons	\$54,300
Five persons	\$58,650
Six persons	\$63,000
Seven persons	\$67,350
Eight persons	\$71,700

**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. Application Process and Deadline

Applications for the program will be available at City Hall and online at www.ofallon.mo.us on Monday, October 26th. and the last day to return applications is Thursday, December 31, 2009.

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.*

C. Notification of Application Status

All applicants who submit a complete 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. Included with the letter of acceptance will be the “Window Replacement Program Overview.” Homeowners must review, sign and return this document to the CDBG Administrator. **Please note:** *Funds cannot be committed to any project until the Environmental Review is satisfied (see Sec. F and G).*



F. Initial Meeting - Minimum Housing Code

After acceptance into the program, the Homeowner will review and sign the “Homeowner’s Agreement,” and “Promissory Note””

G. Obtaining Bids, Contracting and Completion of Work

Within 45 days of the initial meeting, it will be the responsibility of the homeowner:

- 1) To obtain a minimum of three formal, written bids for each project to be completed and
- 2) To select a contractor and
- 3) To submit all bids to the City of O’Fallon’s CDBG Administrator for review and approval.

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.

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

- 1) **Complete the work within 4 months of the initial inspection date, or pay 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 meet the timeframes under this section (Section G.) may result in the homeowner being suspended from the program.

G. Final Inspection - Minimum Housing Code

Two weeks before the work is expected to be completed, the homeowner shall contact the CDBG Administrator 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.

H. Payment for Repairs - Loan 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
WINDOW REPLACEMENT PROGRAM**

HOUSEHOLD INFORMATION

1) Applicant's Name _____
[Please attach copy of driver's license.]

2) Address _____ Zip Code _____

3) Phone: Home _____ Business _____

4) E-mail address if you check it regularly: _____

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) Is your home located in a floodplain? _____

9) Is your home located near a major highway, roadway, railroad or airfield? _____



10) Is your home located near hazardous operations, a dump, landfill, or industrial site? _____

Applicant's Name & Address: _____

11) Do you have any past or pending bankruptcy? _____

12) Are the real estate taxes on this property paid to date/current? _____
[Please attach copy of most recent paid real property tax receipt.]

13) Are there any federal, state or local tax liens on the property? _____

14) 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).]

15) How did you find out about the program? _____

16) Are you a first-time participant in the program? _____

17) When is the best time to contact you? _____

Please list projects or repairs you would like to complete with the proceeds of the loan, and estimate the cost of each. Please note that all code violations take precedence over other projects and repairs.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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

Applicant's signature

Address

Date

Co-Applicant's signature

Address

Date

**CITY OF O'FALLON
WINDOW REPLACEMENT PROGRAM
ELIGIBILITY CERTIFICATION**

Applicant's Name and Address: _____

Applicant's Phone Number (Home/Work): _____

Please give the requested information for each employed person in the household who is over 18.

**Office
Use
Only**

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

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

Applicant's signature

Date

Co-Applicant's signature

Date



**CITY OF O'FALLON
WINDOW REPLACEMENT PROGRAM**

DECLARATION

The undersigned acknowledge that participation in the Window Replacement Program is voluntary.

The undersigned hereby apply for participation in the Window Replacement 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 loan is for the replacement of existing windows with energy efficient windows not to exceed the amount of \$5,000.00.

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 Window Replacement 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 Window Replacement 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
WINDOW REPLACEMENT PROGRAM**

RELEASE

This release is made and entered into this _____ day of _____, 2009, 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’s Window Replacement 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’s Window Replacement 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



CITY OF O'FALLON
WINDOW REPLACEMENT 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. 2nd 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.]

Please note that any application submitted to the CDBG Administrator 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



**WINDOW REPLACEMENT
PROGRAM
APPLICATION PACKAGE
2009**

