



# Housing Partnership of Chester County

41 W. Lancaster Ave.

Downingtown, PA 19335

(610)518-1522

To: Homeowner

From: Robert Malone, Director of Programs - Housing Partnership of Chester County

RE: HOUSING REHABILITATION PROGRAM – APPLICATION

Enclosed is an application to participate in the Housing Rehabilitation program. Also enclosed is an Authorization to Release Information form, Credit Authorization Form, noise abatement and lead base paint forms.

Please complete all sections of the application which pertain to your household and financial situation. You must sign the Authorization to Release Information, Credit Authorization Form, noise Abatement and lead base paint forms, and return them to us, so we can begin processing the application.

We request copies of the following information along with your application:

1. Deed
2. Homeowners Insurance with fire or flood insurance. The “Housing Partnership of Chester County” must be named as an “additional mortgagee” upon submission of the policy to this office. There is no cost to you for this addition.
3. Income Tax Form 1040 (Including W-2’s, 1099’s or Schedule C) for the most recently completed tax year (or verification from IRS), if applicable. Include one (1) month of recent paystubs or year-to-date Profit & Loss.
4. Income verification (copy of Pension, Social Security Statement, Child Support and/or alimony payments). If receiving Workers’ Comp/Pension, etc., please provide name and address of company from whom you receive payment. All household income must be documented.
5. Death Certificate for spouse, if applicable. This is necessary to prove ownership of property.
6. Copy of photo ID or recent Driver's license

In order to expedite the approval process, this application along with the requested documents must be received by **as soon as possible**.

Should you have questions, please contact us at 610-518-1522.

Housing Partnership of Chester County  
41 W. Lancaster Avenue, Downingtown, PA 19335

## **HOUSING REHABILITATION LOAN PROGRAM**

### **INTRODUCTION**

The following guidelines are established for the purpose of carrying out the housing rehabilitation program under the Community Development Block Grant Program as established and funded by the U.S. Department of Housing and Urban Development for the County of Chester in the State of Pennsylvania.

The program is being administered on behalf of the County by the Housing Partnership of Chester County hereinafter called "HPCC". The Housing Rehabilitation Program is being operated county-wide. Priority will be given to areas of the County that are identified in the County's Comprehensive Housing Affordability Strategy as areas of low-income and minority concentration.

A loan (0% interest) will be made to resident owners for the purpose of housing rehabilitation. Rehabilitation means the repair of all State and local code violations so that the property is safe, decent and sanitary. The potential recipient must own and reside in the single family dwelling unit to be rehabilitated, have taxes paid and current, and the dwelling unit must be located in Chester County. The homeowner may not own any other real property. The potential recipient must enter into a written agreement with the Partnership, to correct all violations of the Local and State codes, and the Section 8 Housing Quality Standards (hereinafter called code violations) as may be cited and directed to their attention by duly authorized inspectors. All dwellings built prior to 1978 will be tested for lead base paint. If lead paint is found and will be disturbed by rehabilitation repairs, the lead paint will be addressed by licensed contractors.

**This program is not intended to be used as a means of selling your home.**

### **REFERRAL PROCESS**

Any homeowner in Chester County may be referred by their municipality to the HPCC for inclusion in this program. The applicant must meet the income eligibility criteria of the program. In cases where the municipality refuses to participate in the program, the homeowner may refer himself/herself directly to the HPCC. Application forms may be obtained by calling 610-518-1522.

### **PRELIMINARY APPLICATION**

Upon request for assistance, the Housing Partnership will perform a deed and tax search through the County computer system. If ownership and tax information is true and correct, the property will be added to the waiting list.

## **APPLICATION PROCESS**

### **Documentation**

See “**Application Checklist**”

Upon receipt of the completed application, a file is opened. At this point, the Noise Abatement form is faxed to the Department of Community Development to begin the Environmental Review process. If all documentation is complete, an approval can be given and the inspector will be sent to the property. If the file is incomplete, verifications are sent, and the project put on hold pending approval.

Assistance under this program is available to any homeowner meeting the qualification standards (household and income) without regard to race, color, religion, sex, national origin, handicap or familial status.

### **INCOME ELIGIBILITY**

A homeowner whose household income does not exceed 80% of the median income for Philadelphia SMSA, as published annually in the Federal Register, will be eligible for participation. All persons living in the property will be considered as part of the household for purposes of determining household income unless they pay rent. (The rental payment is considered as part of the owner's income). The applicant must be the owner of record as evidenced by a copy of a valid deed, and must occupy the property as a primary residence on a full-time basis. All persons whose names appear on the deed and their income must be included on the determination of total family income for eligibility. In addition, the owner(s) may not own any real property other than the real property being rehabilitated. Eligibility shall be based on the income of the preceding calendar year, and year to date.

### **APPROVAL/PREBID PROCESS**

Once the application is approved, HPCC will send a Rehabilitation Inspector to the property to determine what repairs are necessary. If the dwelling was built prior to 1978, an inspector from the Chester County Health Department will inspect all work areas for lead base paint. Work specifications will be forwarded to the County for use in the Environmental Review.

The Section 106 and Environmental Review begins at this point. The Construction Manager prepares the Resource Identification and Evaluation, Compliance Threshold Screening form and location map. The Construction Management Associate prepares a Project Set-Up Form and forwards all information to the Environmentalist.

Once the site survey is performed, and work/lead paint specifications are complete, a Notice of Pre-Bid and bid opening date is sent to all approved contractors.

### **BID OPENING/GRANT AWARD**

A public bid opening is held in office. A bid tab sheet is completed as bids are opened. This is mailed to all bidders. The homeowner is advised of the proposals submitted by the contractors. Upon receipt of homeowner's acceptance, the lowest responsible bidder is usually awarded the project. A preconstruction meeting is scheduled; the contractor and homeowner are notified by letter of the date and time.

Preconstruction documents are prepared: Mortgage, Agreement for Loan, Promissory Note, Contract, Proceed Order and Waiver of Addendums.

Contractor will advise the Homeowner and Rehabilitation Coordinator of a start date.

### **CONSTRUCTION PROCESS**

Construction will begin within fifteen (15) business days following the signing of the Proceed Order. The HPCC's Rehabilitation Inspector will monitor all construction.

The Contractor will have ninety (90) days to complete the construction work.

Payments and inspections will be as per the Rehabilitation Work Contract. All inspections will be performed by the Rehabilitation Inspector, with the final to include the Chester County Construction Inspector.

### **LOAN PROCESS**

See Loan Description.

Payments will begin the first day of the month following work completion.

### **Application Checklist**

- ☐ Copy of the homeowner's insurance policy. The applicant must carry fire insurance for the life of all loans sufficient to cover the total outstanding indebtedness secured against subject property. The Housing Partnership of Chester County must be named as an "additional mortgagee" on this policy when work is started.
- ☐ If the property is located within a flood plain area as defined by the boundaries of the 100 Year Flood Plain, the total value of improvements completed must be secured through a Flood Insurance Policy for the term of the loan. The Housing Partnership of Chester County must be named as an "additional mortgagee" on this policy.
- ☐ Copy of Income Tax 1040 Form (including all W-2's, 1099's or Schedule C) for the most recently completed tax year, (or verification from IRS), if applicable.
- ☐ Copy of the property deed.
- ☐ Income verification (copy of Pension, Social Security Statement, Child Support and/or alimony payments). One (1) month of recent paystubs or year-to-date Profit & Loss. All household income must be verified.
- ☐ Signed authorization to permit a credit check on homeowner.
- ☐ Death Certificate for spouse, if applicable, to prove ownership of property.
- ☐ Current photo ID or Driver's license

Please complete and return pages 8-14.

## **LOAN DESCRIPTION**

All work performed by the Housing Partnership of Chester County, through the Housing Rehabilitation Program, will be funded through no interest loans, to those whose gross yearly income is below 80% of the median income, for the Philadelphia Metropolitan Area, as set by HUD. Income will be grouped in three categories, and broken down by household size.

### **Gross yearly income of 30% or less of the median income:**

All loans will be deferred, to be paid upon **default\***.

### **Gross yearly income of 31% to 50% of the median income:**

First \$10,000 will be deferred, to be paid upon **default\***.

Amounts over \$10,000 to be paid monthly over 20 years or in full upon **default\***.

### **Gross yearly income of 51% to 80% of the median income:**

All loans \$10,000 and over will be paid monthly over 20 years with balance due upon **default\***.

All homeowners will be checked for ability to repay loan. Payments may be challenged, with a decision to be determined by the HPCC's loan board.

Homeowners with severe credit problems, or those who become delinquent in loan payments, may be required to attend credit counseling classes.

**\*Default** includes, but is not limited to, the sale of the property, the death of the applicants, the leasing of the property, cancellation of homeowner's insurance, lack of general maintenance on property by homeowner, refinance of the property and the discovery of falsified application documents and inaccurate information supplied by the homeowner.

Payments made to the Housing Partnership of Chester County (HPCC) will begin the first of the first full month following completion of the project as per the loan Note.

Housing Partnership of Chester County  
Housing Rehabilitation Application

Application Date \_\_\_\_\_

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

Township or Borough: \_\_\_\_\_

Is this your primary residence? \_\_\_ yes \_\_\_ no

List all names which appear on the deed to this property: \_\_\_\_\_  
\_\_\_\_\_

Does your name appear on the deed to any other real property? \_\_\_no  
\_\_\_ yes If so, list property address: \_\_\_\_\_  
\_\_\_\_\_

Applicant:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Co-Applicant:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Ethnic Group: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Am. Indian/Alaskan

Marital Status: \_\_\_ Married \_\_\_ Unmarried \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow/Widower  
\_\_\_ Female Head of Household

Dependents: Number \_\_\_ Ages \_\_\_\_\_

Number of persons living in residence: \_\_\_\_\_

**Financial Information:**

Income for all household members must be disclosed regardless of property ownership. This includes, but is not limited to, employment income, child support, alimony payments, SSI, disability, retirement pay, and interest income.

Have you ever filed, or are you currently in the process of filing for bankruptcy? \_\_\_ No  
\_\_\_ Yes : When \_\_\_\_\_ Type Filed \_\_\_\_\_

**Gross Monthly Income Received**

Applicant \$ \_\_\_\_\_

Co-Applicant \$ \_\_\_\_\_

Other household income \$ \_\_\_\_\_

Bank Accounts: Checking Acct. # \_\_\_\_\_ Balance \_\_\_\_\_  
Savings Acct. # \_\_\_\_\_ Balance \_\_\_\_\_

Name/Address of Financial Institution: \_\_\_\_\_

(Please give full address, plus zip code, for bank)

Name & Address of mortgage company \_\_\_\_\_

Mortgage account # \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Are mortgage payments current? \_\_\_\_\_ Are taxes paid to date? \_\_\_\_\_

**Insurance Information:**

Do you have Homeowners Insurance Coverage? \_\_\_ yes \_\_\_ no

Name/Address of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Would you permit a professional inspector to enter your home for a survey of work to be done?  
\_\_\_ yes \_\_\_ no

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We understand that approval into the program is subject to verification, of all information provided, by the Housing Partnership of Chester County.

Signature of Applicant: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

**HOUSING PARTNERSHIP OF CHESTER COUNTY  
HOUSING REHABILITATION APPLICATION**

**CERTIFICATION BY APPLICANT (S)**

The Applicant certified that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining a Rehabilitation Loan to be provided by myself where applicable, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property described in this application, and that the Rehabilitation proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Section 1001 provides:**

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false fictitious or fraudulent statement or entry, fined not more than \$10,000.00 or imprisoned not more than five (5) years or both”

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HEAD OF HOUSEHOLD

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SPOUSE

**APPROVAL OF APPLICATION**

The undersigned has examined the application for Rehabilitation Loan Funds described herein, including supporting data, and finds that the application meets the requirements of the Housing Partnership of Chester County and satisfies the rules and regulations issued by the Department of Housing and Urban Development pertaining to the Rehabilitation Loan Program. Accordingly, the undersigned approved this application:

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ for  
HOUSING PARTNERSHIP OF CHESTER COUNTY

TITLE: \_\_\_\_\_

## **WHAT IS BEING DONE ABOUT THE NOISE?**

Everyone has experienced the roar of a car or motorcycle traveling past your home or the rumble off a train as it passes by. These common everyday occurrences generate noise. Noise is an often overlooked part of your environment.

Noise may cause interference in you daily lives. It may interrupt your conversations or your sleep. The noise may reach a point where it becomes an annoyance. At its worst, noise can be harmful to your hearing.

The Federal government has taken steps to protect your health and welfare in regards to noise. H.U.D. environmental regulations require, in federally financed housing rehabilitation projects, that measures be taken to reduce noise to an acceptable level.

H.U.D.'s suggested measures to minimize noise take a common sense approach to the problem. The noise reduction steps attempt to design or modify structures in order to lessen interior noise. Some of these measures may be taken only when the rehabilitation project specifications call for it. Other steps may be taken on your own. You should check with the Office of housing and Community Development to determine what measures, if any, will be taken.

(Note: the following two lists may overlap in some instances.)

### **MEASURES THAT MAY BE TAKEN IF THEY ARE PART OF THE PROJECT**

- Double pane windows
- Weather Stripping on Window and Doors
- Construct Ceilings and Floors with Dense Materials
- Construct Walls with Sound Transmission Class (STC) Materials rated to reduce noise.

### **MEASURES TO TAKE ON YOUR OWN**

- Use Heavy Drapes
- Provide Air Conditioning
- Close Windows and Doors When Possible

\_\_\_\_\_  
Signature of Property Owner  
Or Facility Operator

\_\_\_\_\_  
Date

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



# Housing Partnership of Chester County

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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize you to release confidential information regarding myself and/or my family member \_\_\_\_\_, to the **HOUSING PARTNERSHIP OF CHESTER COUNTY, 41 W. Lancaster Avenue, Downingtown, PA 19335**. I understand that the information so released will be used to determine my eligibility to participate in the **Housing Rehabilitation Program**.

This form shall be valid for **ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**.

Thank you for your cooperation in this matter.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

## CREDIT AUTHORIZATION

I/We, \_\_\_\_\_ give the Housing Partnership permission to pull a credit check for the purpose of a Housing Rehabilitation Loan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number



# Housing Partnership of Chester County

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## Program Acceptance Form

I/We \_\_\_\_\_ have reviewed the Housing Rehabilitation Program guidelines and Loan Description, and agree to proceed with the rehabilitation of my/our property located at

\_\_\_\_\_.

Please forward my application packet, and begin process my file.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

[illegible]