



**City of Gainesville  
Community Development Department  
Housing Division**

**UNSAFE STRUCTURES DEMOLITION PROGRAM**

**Program Description**

The Demolition Program is designed to use Community Development Block Grant (CDBG) funds as a means of last resort to remove dilapidated structures in order to eliminate specific conditions of blight or physical decay within the City of Gainesville.

Demolition of a structure mandated by local ordinance and enforced through an administrative court order is the primary focus of this program. The program addresses any dwelling, building, structure, or property that is unfit for human habitation or for commercial, industrial, or business use and not in compliance with applicable codes; is vacant and being used in connection with the commission of drug crimes; or constitutes an endangerment to the public health or safety as a result of unsanitary or unsafe conditions.

Structures identified through the Code Enforcement and Building Inspection Department, and those with existing court orders, have first priority for demolition. Property owners can make an application to have a house demolished with the Community Development Department. Application-based demolition is viewed as a preventive measure to avoid court-ordered demolition.

**Program Goals**

- A. Demonstrating to all property owners that they have a fiduciary responsibility to their communities to keep their property in a decent, sound, and sanitary condition
- B. Enhancing overall community wellness
- C. Promoting the re-development of blighted areas with replacement of affordable housing
- D. Increasing the amount of property available for public or private investment and development
- E. Enhancing the physical appearance of the City of Gainesville
- F. Reducing criminal activity within target areas by removing vacant and dilapidated structures
- G. Creating and maintaining a fund for the continuation of the Demolition Program

## **Financing**

- A. Funding will be provided through Community Development Block Grant (CDBG) as 0% interest loans to owners or liens for those requested by Code Enforcement.
- B. Monies realized from loan repayments and from collected liens will be classified as Program Income and returned to the Community Development Block Grant (CDBG) program as a revolving fund for demolition.

## **INSPECTION, BIDDING AND CONTRACTING PROCEDURES**

- A. If the property is determined to be eligible for the program, Community Development will procure services for a title search on the real estate, acquire a copy of the plat of the property if available, and notify any security deed holders, other liens, and any interested parties of record. In addition, Community Development will contact the Attorney's office to obtain copies of all court orders or citations relevant to the real estate.
- B. Community Development will complete an Environmental Review and Section 106 review by the state under the National Historic Preservation Act and receive a determination of "no adverse effect" by the Georgia State Historical Preservation Office (SHPO).
- C. An Invitation to Bid is prepared and bid packages are sent to all approved contractors as outlined in the City of Gainesville Purchasing policies. The bid packages shall provide instructions on how to receive a bid package, date and time the Pre-bid Conference will be held, and when and where the bid opening will take place.
- D. Contractors shall have not less than fifteen (15) days to prepare and submit sealed bids. At some point during the first seven (7) days of the bidding period, a Pre-bid Conference will be held with the contractors to inspect the property. The Housing Coordinator will check contractors for City or HUD debarment.
- E. The Housing Coordinator will prepare an Abstract of Bids form and send all bids received and the abstract to the property owner. If bids are more than 20% over the cost-estimate, all bids may be rejected and re-advertised.
- F. A Pre-construction Conference will be held with the property owner, contractor, Housing Programs Manager, and Housing Coordinator to discuss general and special conditions and execute the Demolition Contract, Demolition Agreement and Loan Documents. All Security Deeds will be recorded in Clerk of Courts records.
- G. The Demolition Contractor shall acquire a demolition permit and notify all utility companies that provide service in City of Gainesville that the structure will be demolished and that all utilities currently active should be turned off.



# CDBG/CHIP INTAKE APPLICATION



<p style="text-align: center;">For Office Use Only</p> <p>APPLICATION DATE: _____</p> <p>Income \$ _____</p> <p>Family Size _____</p> <p>Income Limits _____ %</p> <p>Signature _____ Date _____</p>	<p>Type of Assistance:</p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Reconstruction</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Down Payment Assistance</p> <p>Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<b>Contract Administrator:</b>		<b>Contract Number:</b>	
<b>Applicant Name(s):</b>			
<b>Current Address:</b>		<b>P.O. Box</b>	
<b>City, State, Zip:</b>		<b>Home Phone:</b>	
<b>Cell Phone:</b>	<b>Email:</b>		
<b>Emergency Contact Name:</b>	<b>Emergency Contact Phone:</b>		
<b>Please check one: I am applying for</b> <input type="checkbox"/> Rehabilitation Assistance <input type="checkbox"/> Down Payment Assistance			

**HOUSEHOLD CHARACTERISTICS -List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.**

Name	Relationship to Head of Household	Date of Birth	Age	Gender (Male or Female)	Social Security Number
	<b>Head Household</b>				

**HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.** It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**Race of Head of Household:**

- White
- Black/African American Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Black/African American and White
- American Indian/Alaska Native and White
- American Indian/Alaska Native and Black/African American
- Other Multi Racial

**Ethnicity of Head of Household:**

- Hispanic** – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic** – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is this a Female Head of household?  Yes  No

Number of household members with disability. \_\_\_\_\_

**INCOME INFORMATION** Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, other income.

**FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.** List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

**ASSET INFORMATION**

Do you have a mortgage on your house?  Yes  No  N/A

If yes, what is the current balance owed on the mortgage? \_\_\_\_\_

Name of the company that holds the mortgage on your home. \_\_\_\_\_

What are your yearly property taxes? \_\_\_\_\_. Are your property taxes current?  Yes  No  N/A

What year was your house built? \_\_\_\_\_  N/A

**Do you have homeowners insurance?**  Yes  No  N/A

Name of insurance company \_\_\_\_\_  N/A

Have you ever received a federal, state or local agency grant for your home?  Yes  No  N/A

If yes, please state the program, the year assistance was provided and the amount?

Do you own any other real estate property?  Yes  No  N/A

If Yes, what is its current market value? \_\_\_\_\_  N/A

List below the types and sources of any household assets.  
Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income From Asset

**Credit History** Please answer all questions. If the answer is yes please attach a written explanation.

Are there any outstanding financial judgments or liens against you?  Yes  No

Have you declared bankruptcy within the last 36 months?  Yes  No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?  Yes  No

Are you a co-signer on any note or loan?  Yes  No

**EXPENSE INFORMATION**

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Creditor/Expense	City, State of Creditor	Year Loan Opened	Current Balance	Monthly Payment	Is Debt Business Related?
<b>Mortgage</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electric</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gas</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cable</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Payment</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Expenses</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Care</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Loan</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other (specify) \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you related to the City Mayor or a Member of City Council?  Yes  No

Are you employed by the City of Gainesville?  Yes  No

Are you related to a City Employee?  Yes  No

Do you serve on any Board or Agency associated with the City of Gainesville?  Yes  No

If yes to above, give name and relationship \_\_\_\_\_

The proposed property is and/or will be my Primary Residence for (at least) the required period of affordability as specified in the CDBG/CHIP loan documents:  Yes  No

**APPLICANT CERTIFICATION**

I understand that by signing below that:

- (a) I will forfeit any Assistance if any information I provide is false.
- (b) The Community Development/Housing Department office does not guarantee that I can purchase or rehab a home.
- (c) I have received a copy of the EPA pamphlet entitled: *Protect your Family From Lead in Your Home*.
- (d) I acknowledge by signing, that all information I have given is true and factual to the best of my knowledge.
- (e) I agree to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by the City of Gainesville pursuant to this application.

Signature of Applicant:

Date

Signature of 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 United States Government.**