



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

REHABILITATION PROCESS

Application Process

Homeowners who are residents of the City of Gainesville may contact the Community Development Department (CDD) by mail, telephone, e-mail or in person to request a copy of the Rehab Application Package. The package includes the following:

- Rehab Process Description
- Official Application
- Authorization for Release of Information
- Certification Principle Residence
- Certification as to Conflict of Interest
- Declaration of Citizenship Status and Current ID (for all household members)
- Last (3) Bank Statements (checking and savings)
- Income Verification Form (all occupants ages 18 and over)
- Paycheck stubs (3), Current W-2 (1), Current Tax Return (1)
- Current Verification of Social Security Benefits/Retirement Benefits.
- A Copy of Deed; and
- Current Homeowners Insurance.

The homeowner must complete and return the above mentioned forms. All applications are processed on a first-come first-served basis, with the date stamp serving as the order of service.

❖ Incomplete application packets will not be processed.

Verification Process

Upon receipt of the above items, the Housing Coordinator will check the application for completeness and if complete, date stamps the application. If incomplete, the application will be returned to the homeowner with instructions on what needs to be completed. If the application is complete, the Housing Coordinator will order a credit report, title opinion and Third Party Verification of Income. In addition, the Housing Coordinator will secure a copy of the tax record and complete the Home Income Calculation Worksheet to verify Income Limits.

The City of Gainesville is committed to providing all persons with equal access to its services, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability, or age.



Contractor Solicitation

The CDD will advertise for contractors who wish to be considered eligible to bid on Homeowner Rehabilitation projects. Following the advertisement, the CDD will hold an information conference to describe the program and distribute Contractor Registration Application Packages. Contractors must complete and return the registration package, which includes: owner's name, individual authorized to bid, credit history, previous job references, current city business license, all required state licenses, and proof of liability, auto and workman's compensation insurance certificates.

All contractors who complete and return the application with the required documents will be placed on an approved contractor's list.

Home Inspection and Work Write Up

The Housing Coordinator will inspect the property with the owner(s) along with a building inspector from the City of Gainesville to determine if it is feasible to rehab the property. At the time of inspection, photographs emphasizing rehabilitation needs will be taken, a work-write-up will be prepared and drawings made, if appropriate. The work-write-up will become a part of the application and bid proposal. Using the work-write-up, a cost estimate will be prepared and used as a guide. If the house was built prior to 1978 a lead-based paint inspection will be ordered. A separate lead work-write-up will be prepared, if necessary. A copy of the Risk Assessment along with the "Summary Notice of Lead-Based Paint Risk" will be sent to the homeowner. If the house is more than 50 years old, the Housing Coordinator will request Historic Preservation Clearance.

The repairs and work-write-ups will be discussed with the homeowner to obtain a mutually agreed upon work-write-up. All code related items will be required to be brought up to local adopted standards which include the International Residential Code, 2012 Edition, with Georgia Amendments. General property improvements may not exceed 40% of the rehab.

Bidding Process

An Invitation to Bid is prepared and sent to the City of Gainesville Purchasing Department. They will arrange to advertise in the local newspaper, The Times, and send bid packages to all approved contractors. The ad 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.

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 City of Gainesville's Purchasing Department shall open all sealed bids, read aloud and record all bids received. The Housing Coordinator will check contractors for City or HUD debarment.

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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 10% over the cost-estimate, all bids may be rejected and re-advertised. The homeowner may select any of the approved contractors that submitted a bid however, if the owner wishes to contract with an approved contractor that was not the low bidder, the owner must pay all cost in excess of the low bid from other than grant and/or loan funds.

Contract Award & Signing

Once applicant has chosen an approved, eligible, contractor, 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 Construction Contract, Rehab Agreement and Loan Documents. During this meeting Lead Based Paint procedure, Fair Labor Standards, Davis Bacon Rules, Health and Safety Standards and Copeland Anti-Kickback rules will be emphasized. The contractor is required to provide copies of Lead Training Certificates for workers. A notice to proceed is issued after the three (3) day right to cancel expires. A requisition is sent to the Purchasing Department to obtain a Purchase Order that will be used for the payment of the contractor. Project Setup and Environmental forms shall be sent to DCA. All Security Deeds will be recorded in Clerk of Courts records.

Lead-Based Paint and Rehab Coordination

The General Contractor shall contact the Housing Coordinator at least 48 hours prior to any work performed by the lead sub-contractor. The Housing Coordinator will contact a certified lead inspector who is an independent third party to perform a lead based paint clearance evaluation following the completion of lead work. The Housing Coordinator will make an inspection of the property during the lead work to ensure proper safety procedures are being followed. The clearance evaluation will take place as soon after the completion of the lead work as is practical. No additional rehab may be done until the clearance evaluation is performed and passed. If the house does not pass the clearance exam, the contractor shall be responsible for re-cleaning all applicable components and surfaces and pay for all additional clearance exams. After receipt of a written "Passed" Lead-Based Paint Interim Control Clearance Evaluation, the Housing Coordinator notifies the General Contractor to continue with remaining rehab work. The homeowner will not be permitted to return to the property until the clearance exam has been performed and passed. A Summary Notice of Completion Lead-Based Paint Hazard Reduction Activity and Clearance Exam results are sent to the property owner.

Contractor Payment & Inspections

The Housing coordinator will make timely inspections of the rehab project as needed and a Building Inspector will make inspections of the code and permit items. The Building Inspector will be required to sign a Certificate of Final Inspection, which will be included with the request for final payment. If there is any changes to the contract a Work-Write-Up Addendum (Change Order) will be executed.

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The Change Order must be signed by the Homeowner, Contractor and Housing Coordinator. If the change order adds cost to the project it will be paid from contingency funds.

No more than three partial payments will be paid to the contractor and only after receipt of the following signed documents: Contractor's Invoice & Release of Liens & Warranty, Owner Satisfaction Statement, copies of inspection reports and a Release and Waiver of Claim for Subcontractor and/or Material Supplier. Final payment will be made after completion of all items in the contract and receipt of the following signed documents: Certificate of Final Inspection, Affidavit of Final Release of Lien & Warranty – General Contractor, Release and Waiver of Claim for Subcontractor, copies of all manufacturers' and suppliers' written guarantee and warranties and Owner Satisfaction Statement.

Project Closeout

Upon completion of the project, the Housing Coordinator will order a Certified Appraisal and send it to the property owner and keep a copy in the project file. All project delivery invoices and copies of checks are obtained and kept in the project file.

Disposition of Funds Statement is obtained from the City of Gainesville Finance Department and made a part of the file.

Warranty

The Contractor shall be liable for all work performed under the terms of the contract for not less than one (1) year from the time of work acceptance. If there is a deficiency that occurs within one (1) year, the homeowner must immediately contact the contractor and Housing Coordinator by telephone and in writing. If proper remedial action as not been taken, the homeowner should notify the Housing Coordinator, in writing. The Housing Coordinator will inspect all work performed under the contract prior to the expiration date of the one year warranty.

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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?
Mortgage					<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric					<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas					<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable					<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Payment					<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Insurance					<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses					<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Insurance					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care					<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card \$					<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card \$					<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) \$					<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.

GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENT

I, _____ hereby authorize the City of Gainesville Community Development/Housing Division or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income, (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the City of Gainesville the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Gainesville for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate of the original.

Who must sign the consent form: Each member of your household which is 18 years or older must sign the consent form. Additional signatures must be obtained from new adult members running the household or whenever members become 18 years of age.

I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

Signature (Owner) _____ Date _____ Social Security # _____

Signature (Owner) _____ Date _____ Social Security # _____

Other family members over age 18:

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION TO USE UNIT AS PRINCIPAL RESIDENCE

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period which as been defined as _____ number of years.

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

(Name of State Recipient or Sub-recipient)

or of the _____
(Name of administrator, if applicable)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Signature of Certifying Officer of State Recipient/Sub-recipient

Date

Signature of Administrator (if applicable)

Date

Georgia Department of Community Affairs
Community HOME Investment Program
**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Georgia Department of Community Affairs
Community HOME Investment Program
**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household. A PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, _____, a minor child, is lawfully within the United States because (please check appropriate box):

- () He/She is a citizen by birth, a naturalized citizen, or a national of the United States; or
- () He/She has eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () He/She has eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

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Georgia Department of Community Affairs
 Community HOME Investment Program
INCOME VERIFICATION FORM
Format for Calculating Part 5 Annual Income

1. Name of Applicant(s):		2. Total Number of Persons in Household:			
ASSETS					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....			4.		
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank			5.		
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

 Applicant Signature of Homeowner or Home Buyer

 Co-Applicant Signature of Homeowner or Home Buyer