

LEBANON HOUSING REHABILITATION PROGRAM

The Housing Rehabilitation Program is designed for low and moderate income homeowners and landlords with low and moderate income tenants to address safety and public health code violations, as well as provide funds for necessary house repairs.

Funds will address safety and public health code violations first but also may be used by homeowners for common repair projects including but not limited to, septic system repairs, roofing & siding, structural deficiencies, replacement windows, plumbing, electrical, and heating systems.

The Housing Rehabilitation Program is funded by a Community Development Block Grant from the United State Department of Housing and Urban Development and administered through the State Department of Economic and Community Development.

Housing Rehabilitation Projects have a \$25,000 spending cap per eligible applicant. To be eligible for the Program applicants must income qualify and be current on town taxes. Projects must also be able to address all serious housing deficiencies while staying within the spending cap.

INCOME GUIDELINES (gross income not to exceed)

Number in Family	1	2	3	4	5	6	7
Household Income	44750	51150	57550	63900	69050	74150	79250

The housing rehabilitation funds are a combination of grant and loan to homeowners. Loan repayments are used to continue the Program. Income eligible applicants will receive a loan that is deferred until the property changes ownership or the homeowner refinances through an equity loan. Ten percent (10%) of the original loan amount is forgiven annually during the first five years after the completion of the rehabilitation project.

The Town of Lebanon has designed the Program to give life threatening and serious public health hazards first priority. Applications that do not meet this criteria will be placed on a waiting list and will be addressed as funding allows.

Upon acceptance in the Program applicants must submit a copy of their latest IRS tax return, current pay stubs, and homeowner's certificate of insurance. The Program is being administered by Peter Huckins at 456-0782. Please feel free to contact him if additional information is required.

LEBANON HOUSING REHABILITATION PROGRAM
APPLICATION

Name of Applicant _____ Address of Property _____

Phone# _____ Cell Phone # _____

Total # of Persons in Household _____

of Children (under 18) _____ # of Elderly (62 or older) _____ # of Disabled _____

Number of persons of each Nationality/Race : White _____ Black _____
Hispanic _____ Indian/Alaskan _____ Asian/Pacific Isl _____ Portugese _____

LIST BELOW ALL OCCUPANTS OF PROPERTY ON A PERMANENT OR RENTAL BASIS INCLUDING NAME, SOCIAL SECURITY NUMBER, AGE, AND HOUSEHOLD INFORMATION. SPECIFY SOURCE OF INCOME i.e., SALARY, PENSION, ALIMONY, CHILD SUPPORT, SOCIAL SECURITY BENEFITS, INTEREST, AND OTHER.

1. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

2. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

3. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

4. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

5. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

6. Name _____ Social Security # _____ Age _____ Income _____

Source of Income _____ Place of Income _____

NOTE: If more space is needed, continue on back of the page.

Total Estimated Household Income for the Year 2014: \$ _____

WHEN ACCEPTED INTO PROGRAM APPLICANT WILL BE REQUESTED TO SUBMIT COPY OF THE MOST RECENT INCOME TAX RETURN OR INCOME RELATED DOCUMENTS AND COPY OF HOMEOWNER'S CERTIFICATE OF INSURANCE.

ADDITIONAL INFORMATION:

Are Town taxes currently paid up to date? Yes_____ No_____

Are you currently involved in any type of litigation? Yes_____ No_____
If yes, give brief explanation_____

Please check type of repairs that you feel necessary.

___Life Safety Hazards, Public Health ___Exterior Integrity, Roof & Siding

___Structural, including Sills & Joists ___Septic systems & Water Supplies

___Physically Impaired Accessibility ___Energy Conservation

___Interior Plumbing, Electrical, and Heating systems

___Other_____

If you feel you have an immediate life safety hazard in your home, give a brief explanation. _____

NOTE: Acceptance of this application is contingent upon provision of all required information and applicant's agreement to abide by all applicable procedures and policies of the Lebanon Housing Rehabilitation Loan Program. Upon acceptance in the program, the applicant must submit a copy of the most recent Federal Income Tax Return and/or other documents that might be required to support the applicant's income.

The Applicant(s) agrees that the Town of Lebanon neither assumes nor acknowledges any liability of any kind, directly or indirectly, as might be incurred from this program. Authorization is hereby granted to support and/or verify statements contained in this Application. It is agreed that this application will remain property of the Town of Lebanon, once submitted.

Agreement: The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and correct to the best knowledge of the applicant. Verification may be obtained by any source named in this application.

I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States Code, Section 1014. Also the applicant(s) have read and understood the application and the narrative explaining the program.

Applicant signature

date

Applicant signature

date