



City of Trenton
Department of Housing and Economic Development
Urgent Rehabilitation Program Application

The program provides up to \$5,000 for urgent repairs for those income eligible homeowners who would otherwise be financially unable to improve their own dwelling conditions. Existing conditions of property must be of extreme hazard to the owner's health and safety

To apply for assistance, applicant(s) must meet all Program Guidelines, including but not limited to the following:

- ✓ Home must be in the City of Trenton
- ✓ Occupy the property as a primary residence;
- ✓ Must meet the income limits below;
- ✓ Have a current homeowner's insurance policy in effect;
- ✓ Be a U. S. citizen or permanent legal resident;
- ✓ Be named on the filed Deed;
- ✓ Be current on mortgage payments;
- ✓ Be current on property taxes; and
- ✓ Be current on water and sewer;

Household Size	Maximum Income Limits	Types of Income
1	\$54,950	When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker's Compensations, retirement benefits, cash, welfare benefits, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source
2	\$62,800	
3	\$70,650	
4	\$78,500	
5	\$84,800	
6	\$91,100	
7	\$97,350	
8	\$103,650	

Project Approval is subject to availability of funds. Please complete the application COMPLETELY and ACCURATELY. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert "N/A". Failure to provide complete and accurate information may result in a loss or denial of assistance.

Only complete applications will be accepted.

CONTACT US: TURP Hotline (609) 815-2519

Please note that as of March 13, 2020 the City of Trenton's Department of Housing and Economic Development have been operating on a mandatory alternating day schedule. On alternating days, we will be working to assist you remotely. Please leave us a message on the above line and we will return your call within 24-48 hours.



Please contact a licensed professional to evaluate your urgent rehabilitation (Contractor, PSEG, etc.) before contacting the City of Trenton.



Applicant ID: _____

**City of Trenton
Department of Housing and Economic Development
Urgent Rehabilitation Program Application**

PROPERTY ADDRESS

_____ Trenton, NJ _____
Number Street Zip

URGENT NEED:

We are accepting applications to address the following urgent needs. Please check one:

- No Water, no hot water, or damaged and/or severely leaking water pipes
- Septic lines/Standing raw sewage
- No Heat, or if the furnace has been determined to be hazardous by the utility company
- Severely leaking roof subject to collapse of ceilings
- Water Heater not working
- Electrical hazards such as loose and live wiring, breakers not holding amp service, no electric power to the house, shocks from switches and/or plugs, or loss of power to essential major appliances such as refrigerators, stoves, or essential medical equipment;
- Broken water main
- Collapsing or hazardous entry into the home
- Handicap Accessibility Improvements
- In addition to the need indicated above, please evaluate this application for the TWW Lead Service Line Replacement Grant Program.***

Have you had a professional evaluate your urgent need? ___ Yes ___ No

APPLICANT INFORMATION

Applicant's Name (include Jr. or Sr. if applicable)		Co-Applicant's Name (include Jr. or Sr. if applicable)	
Social Security #	Date of Birth	Social Security #	Date of Birth
Primary Phone Number:		Primary Phone Number:	
Secondary Phone Number:		Secondary Phone Number:	
E-mail address:		E-mail address:	
Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed		Marital Status: ____ Married ____ Single ____ Divorced ____ Separated ____ Widowed	
Do you currently occupy the property as your primary residence? () Yes () No		Do you currently occupy the property as your primary residence? () Yes () No	
How long have you lived there?		How long have you lived there?	
Mortgage Company:			
Other Liens:			

HOUSEHOLD COMPOSITION

List everyone living in the house EXCLUDING APPLICANT AND CO-APPLICANT. This includes all temporary household residents who do not maintain a regular residence in another location. You will need to provide social security cards for every member of the household **and** photo identification for all household members 18 years or older before eligibility will be determined.

Legal Name	Relation to Head of Household	Age	Birth Date	Sex	Last 5 Social Security #

HANDICAP ACCESSIBILITY:

Please complete the below box if any member of your household has a mental or physical handicap requiring special housing accommodations. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodations needed.) If any member is confined to a wheelchair, write wheelchair under special housing need. Also note any member who needs crutches or a walker, is visually or hearing impaired, or is otherwise mobility impaired.

Household member	Type of Handicap	Special Housing Need

APPLICANT EMPLOYMENT INFORMATION

<i>Applicant</i>	<i>Co-Applicant</i>
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
() Full-Time () Part-Time () Seasonal	() Full-Time () Part-Time () Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Additional Employment:	
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
() Full-Time () Part-Time () Seasonal	() Full-Time () Part-Time () Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Other Employments/Income if any:	Other Employments/Income if any:
Self Employed:	
Name of Business: _____	Name of Business: _____
Estimate YTD Operating Income/Loss: \$ _____	Estimate YTD Operating Income/Loss: \$ _____

COMBINED MONTHLY INCOME & ASSETS

*Income includes all money flowing into the household from **all persons 18 years old and older** plus benefits received on behalf of minor children.*

INCOME					
Gross Monthly Income	Applicant \$	Co-Applicant \$	Household Member: \$	Household Member: \$	Total \$
Base Employment Income					
Overtime					
Bonuses					
Commissions					
Child Support					
Alimony					
Social Security					
Disability Benefits					
Veteran's Benefits					
Dividends/Interest					
Section 8					
Food Stamps					
TANF					
Rental Income					
Retirement/Pension					
Unemployment Benefits					
Other:					
Other:					
TOTAL					

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

Your signature on this Authorization to Release Information Form, and the signatures of each member of your household 18 years of age or older, **authorizes the City of Trenton to RELEASE AND OBTAIN certain information relative to your eligibility and participation in the programs administered by the City of Trenton Department of Housing and Economic Development. This information is only requested or released with your full knowledge and consent as evidenced by your signature(s) below.**

Privacy Act Notice Statement: *The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility for assistance with federal funds. This information will be utilized to establish the level of assistance; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate local, state, and federal agencies when relevant; to civil, criminal, or regulatory investigators; and to prosecutors. Failure to provide information may result in a delay or rejection of your eligibility approval. The City of Trenton is authorized to ask for this information by the National Affordable Housing Act of 1990.*

INFORMATION COVERED: The City of Trenton is authorized to release or obtain information about the following items:

- | | | |
|--|-------------------------|----------------------------|
| ✓ Income (all sources) | ✓ Tax Status | ✓ Credit Report |
| ✓ Assets (all sources) | ✓ Household Members | ✓ Ownership of Real Estate |
| ✓ Disability/Handicap Status (all sources) | ✓ Homeowner's Insurance | |
| ✓ Your Principal Residence | ✓ Condition of House | |

AUTHORIZATION: I authorize the City of Trenton to release or obtain certain information about me and my household that is pertinent to my eligibility for participation in the programs available through the City of Trenton Department of Housing and Economic Development, or to obtain other services that might assist my household.

ACKNOWLEDGEMENT: I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form.
3. I have the right to copy information from the file and to request correction of information I believe to be inaccurate.
4. All adult household members will sign this form and cooperate in this process.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I verify that the preceding information is true and correct.

Head of Household:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	

DECLARATIONS

If you answer "Yes" to any questions 1 through 8, please use the blank space below for explanation.	Applicant		Co-Applicant	
	YES	NO	YES	NO
1. Have you received Urgent Rehabilitation Program Assistance in the past 2 years?				
2. Are there any outstanding judgments against you?				
3. Have you filed for Chapter 7, 11 or 13 in the past 7 years?				
4. Are you in the process of filing?				
5. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?				
6. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of the lieu of foreclosure, or judgment?				
7. Are you presently delinquent or in default on any federal debt (including income taxes and federal student loans) or any other loan, mortgage, financial obligation, bond, or loan guarantee?				
8. Are you obligated to pay alimony, child support, or separate maintenance? If yes, amount \$ _____				
9. Are you a co-maker or endorser on a note?				
10. Are you a U.S. citizen?				
11. Are you a permanent legal resident?				
12. Do you occupy the property as your primary residence?				
13. Do you have a current homeowner's insurance policy? i. If so, with what company? _____				
14. Do you own <u>other</u> real estate property? If so, address: _____ County: _____ Value \$ _____				

EXPLANATION

HUD'S REPORTING REQUIREMENTS

HUD requires that the City provide demographic, racial and ethnic data on households applying for or receiving federal funds.

- 1. **Is the Head of Household a single female:** () Yes () No
- 2. **What is the Head of Household's Ethnicity (check one):** () Hispanic () Not Hispanic or Latino
- 3. **What is the Head of Household's Race:**
 - () White
 - () Black
 - () American Indian/Alaska Native
 - () Asian
 - () Native Hawaiian/ Other Pacific Islander
 - () Other Multi racial
- 4. **What is the Head of Household's Elderly (62 or above):** () Yes () No
- 5. **Is the Head of Household's Disabled:** () Yes () No

CERTIFICATION:

The section below is to be signed by the head of household and spouse/Co- Applicant. A witness will be needed for any signature made by mark. I certify this application has been completed to the best of my knowledge with complete & accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud.

Important: *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

X _____ /_____/_____
 Head of House/Applicant Date Witness (if signed by mark)

X _____ /_____/_____
 Spouse/ Co-Applicant Date Witness (if signed by mark)

When Completed: Applications cannot be dropped off or mailed. You must meet with program staff to review the application package for completeness. Please call (609) 815-2519 to schedule a 15 minute appointment to review the completed application or to make other arrangements for submission.

SUPPORTING DOCUMENTATION CHECKLIST

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION.

- _____ 3 Quotes/Professional evaluation of Urgent Repair (*Contractor, PSEG, etc*)
- _____ Photo identification for the applicant, co-applicant and all household members 18 years or older (Driver's license, passport, permanent resident cards, etc.)
- _____ Social Security cards of all household members
- _____ Last 2 year's tax returns for every household member (Provide the last 3 years' returns if self-employed)
- _____ Last 5 paycheck stubs for each working member of the household
- _____ Verification of any other sources of earned and unearned income for all family members (Social security, SSI, TANF, unemployment, Medicaid, child support, alimony, retirement, food stamps, Section 8, etc.)
- _____ Last 3 complete bank statements (All pages on ALL accounts including: checking, savings, etc.)
- _____ Most current investment account or retirement plan statement (annuity, 401K, IRA, CD, etc.)
- _____ Most recent mortgage statement
- _____ Proof of current homeowner's insurance (Declarations page)

If applicable:

- _____ Divorce decree, if divorced since owning the home
- _____ If co-signor for or owner of another real estate property, copy of the current mortgage statement, deed-of-trust, and proof of paid taxes
- _____ If self-employed, copies of company profit and loss statements, bank statements, assets
- _____ Assumed name certificate of business

NOTE: The City will verify the following information found in city or county records:

- Ownership
- Deed-of-trust
- Payment of taxes and water sewer
- and, any other information supplied above to determine eligibility and approval.
- Property valuation
- Assumed name of businesses
- Prior Housing Rehab grants

If you have more current documentation than is filed with the city or county records, please attach it to this application.



Are you ready to submit your application?

Have you gathered all the required documents?

If yes, call us to schedule a quick appointment to submit your application. You will meet with program staff to review your application for completeness.

TURP HOTLINE (609) 815-2519

Thank You

Please note that as of March 13, 2020 the City of Trenton's Department of Housing and Economic Development have been operating on a mandatory alternating day schedule due to the Coronavirus Pandemic. On alternating days, we will be working to assist you remotely. Please leave us a message on the TURP Hotline (609) 815-2519 and we will return your call within 24-48 hours.

The hotline is monitored Monday – Friday, 8:30 am – 4pm.



CITY OF TRENTON
DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT
URGENT REHABILITATION PROGRAM

OBJECTIVE: The objective of the URGENT Housing Rehabilitation Program is to assist lower income homeowners to address immediate and critical housing rehabilitation needs.

SOURCE AND USE OF FUNDS: The City will utilize Housing and Urban Development Community Development Block Grant (CDBG) funds to subsidize the rehabilitation of owner-occupied homes.

FORMS OF ASSISTANCE: Financial assistance will be provided to homeowners in the form of a grant, with no lien being filed on the property.

MAXIMUM AMOUNT OF FINANCIAL ASSISTANCE: The maximum amount of financial assistance for rehabilitation is **\$5,000** per dwelling unit in any 2 year period. In limited circumstances, and at the sole discretion of the Director of Housing and Economic Development, the subsidy amount may be increased to cover unforeseen costs.

Preference will be given to applicants who have not previously received assistance

PROGRAM ELIGIBILITY: Eligibility requirements must be met for:

- The Homeowner
- The Property
- The Urgent Rehab
- The Contractor

ELIGIBLE PARTICIPANTS: The applicant must be the owner and occupant of the home to be repaired.

The applicant's annual income must not exceed 80% of the median income for the City of Trenton as published by HUD.

INCOME RESTRICTIONS: Income will be qualified using the HUD Part 5 definition similar to the Section 8 Rent Voucher program. Note income guidelines below. HUD adjusts these figures annually.

Applicants for financial assistance under this program will be expected to provide documentation of household income in the form of 2 months of pay stubs, tax returns, or other forms of income verification as required by HUD. Once the applicant's household income has been verified by the City, the verification will remain in effect for a period of six (6) months.

All applications and income documentation must be provided to the City for final approval.

Households with annual income from all sources that is less than 80 percent of the median income for the Trenton MSA are eligible to participate in this program. Currently 2020 income limits (effective 4/2020) are as follows:

Household Size	Maximum Income Limits
1	\$54,950
2	\$62,800
3	\$70,650
4	\$78,500
5	\$84,800
6	\$91,100
7	\$97,350
8	\$103,650

TYPES OF INCOME

When calculating the maximum household gross income, the following types of income are included:

Salary, wages, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, cash, welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source.

ELIGIBLE PROPERTIES:

Owner -occupied single-family homes located the City of Trenton are eligible for assistance under this program. However, homes located in a flood plain are **not** eligible. They must apply through the full rehab program to meet flood-proofing requirements.

Since the extent of work is limited to critical repairs, the home **must be in a reasonable condition** so that the limited repairs allow the home to continue to be occupied in a safe manner.

Assistance may be provided to homeowners residing in structures judged by program staff to be detrimental to the health and safety of the homeowner-occupant(s) and requiring immediate attention. The sole intent of these funds is to eliminate hazardous situations and restore the dwelling unit to a non-threatening status.

Program staff will inspect the unit to determine the severity of the needed repairs and will make the sole determination as to the eligibility of the dwelling for Urgent Rehabilitation Assistance. If the situation is determined not to be detrimental or threatening, the homeowner will be denied assistance and

encouraged to apply for other assistance that might be available to them.

Program staff may waive routine program processes and procedures for eligibility such as accepting an abbreviated application, viewing income/ownership documents on-site, accepting self-certification of ownership, income, etc., in cases where an immediate danger to health, safety, or sanitation exists. The homeowner will be required to provide written documentation and verification regarding eligibility issues within three (3) days of request for assistance.

No portion of the property may be used for business purposes.

ELIGIBLE ACTIVITIES:

URGENT REHABILITATION

Rehabilitation shall be limited to items needed to secure the property against weather, such as a roof replacement, or provide for necessary utilities such as heat, water, and sanitary sewer. These items must be necessary to ensure the safe and continued occupancy of the property. Handicap improvements such as safety bars, modified bathroom fixtures and cabinets, and ramps may be performed. Any work that impacts on the exterior of the home shall use "like kind" materials and may be required to get approval by the State Historic Preservation Office.

Examples of items that will be considered Urgent Repairs include, but are not limited to:

- No water, no hot water, or damaged and/or severely leaking water pipes;
- Standing raw sewage;
- Electrical hazards such as loose and live wiring, breakers not holding amp service, no electric power to the house, shocks from switches and/or plugs, or loss of power to essential major appliances such as refrigerators, stoves, or essential medical equipment;
- No heating source in the unit, or if the furnace has been determined to be hazardous by the utility company;
- Severely leaking roof subject to collapse of ceilings;
- Removal of architectural barriers (Accessibility Improvements)
- A floor area weakened by water damage, subject to collapse; and/or
- Other situations as determined solely by program staff to be an immediate threat to the health or safety of the occupants, including air conditioning.

ACCESSIBILITY IMPROVEMENTS

CDBG funds may be utilized to conduct improvements designed to remove material and architectural barriers that restrict the mobility and accessibility of elderly or disabled persons in owner-occupied residential dwellings. The intent of these funds is to provide essential home modifications that increase accessibility, safety, and security as needed to maintain independence. Assistance will be available on a city-wide basis to eligible households.

This assistance may be provided to low-moderate income households that contain elderly, disabled, or handicapped members. Disability status may be verified through the receipt of Social Security Disability payments, Veteran's

Disability payments, or independently verified by a physician's statement which includes a description of the modifications needed to maintain or improve the person's independence. Eligible disabilities include, but are not limited to, physical, sight, or hearing impairments.

Examples of items that will be considered eligible for funding include, but are not limited to:

Entry and access considerations:

- Widen existing exterior and interior doorways;
- Install a ramp or lift with landing, walkway railings or edge protection; and/or
- Install lever hardware.

Improve bathroom accessibility:

- Install reinforced grab bars;
- Install a sloped roll-in shower;
- Add non-slip surfaces in tubs, showers, and bathroom flooring; and/or
- Improve sink and toilet access

Improved kitchen accessibility:

- Add touch controls appliances;
- Lower cabinets and shelves; and/or
- Improve lighting in work areas.

Remove other architectural barriers for increasing safety and independence:

- Replace flooring with low pile commercial grade carpeting; and/or
- Raise or lower power outlets and switches to an accessible height.

Provide other appropriate assistive technology for increased safety and independence as allowable within budget restraints and as determined appropriate by program staff.

LEAD SERVICE LINE REPLACEMENT:

Assistance in the form of a grant will be provided to the homeowner to cover the owner portion of the TWW repair. Lead service line replacements are subject to the rules and regulations of the urgent rehabilitation program.

INELIGIBLE ACTIVITIES:

The following items are examples of repair issues that will not be considered urgent or emergency repairs: cosmetic treatments; minor roof problems; minor roof leaks; sloping foundations; painting; **general home maintenance items**; drafty or broken windows; poorly functioning doors; drywall damage; overcrowding, etc.

Work items that may trigger the need for lead-based paint hazard control such as windows and doors will not be eligible.

BIDDING AND SELECTION OF CONTRACTOR:

The property owner must provide the City with three (3) quotes from licensed and insured contractors. The property owner may select the lowest responsible contractor. If the applicant wishes to select a bid other than the lowest responsible bid, he/she must pay the difference between the lowest responsible bid and the preferred contractor's bid. A contractor must have a Business Registration Certificate (BRC) and adequate insurance to participate in

the program. All permits required are the responsibility of the contractor.

PAYMENTS:

Upon the completion of construction and approval by the inspector and homeowner, a check will be made payable to the contractor. The homeowner will provide a statement in writing that he/she is satisfied with the work performed by the contractor, and that the contracted work has been satisfactorily completed prior to the payment of funds.

Note, the City of Trenton makes every effort to pay vendors in a timely manner. However, it could take up to 30 days for a contractor to receive payment.

NO payments will be made upfront for the work under any circumstance.

FEASIBILITY OF REHABILITATION:

A detailed evaluation of the property by program staff is required to determine the feasibility of the housing unit. Whether a property is feasible for rehabilitation will be based on program staff's findings and program spending limits. Project feasibility will be determined by assessing:

The estimate of costs needed to remedy immediate threats to health and safety in emergency cases must fall below program budget limits and the unit must be determined to be structurally substandard and financially feasible for rehabilitation.

WAITING LIST:

The waiting list will be purged once all funds allocated to the program each year is expended. Applicants will not be carried over into a new funding cycle and will be required to reapply for the subsequent year program if applicable.

SELECTION PROCEDURE:

Once the complete application is submitted and accepted, the application will be placed on a waiting list based on the time and date of the submitted completed application.

In order of receipt, program staff will proceed with the verification of eligibility requirements including, but not limited to verification of household income, occupancy status, ownership status, payment of property taxes, and the existence of liens, etc. The city will notify the homeowner if they are determined to be ineligible.

Program staff will conduct a property inspection to evaluate the need. If the unit is determined infeasible for rehabilitation, the need does not meet program scope and/or need exceeds program limits, the City will inform the applicant of ineligibility.

If the application meets program eligibility, the City and the homeowner will execute a Rehabilitation Agreement for Homeowners.

The project will then proceed through the bidding process described above.

If the project is financially feasible and within the program budget amounts, the City will provide a standard form of construction contract, (the City of Trenton, Owner and Contractor Construction Agreement), to be executed between the homeowner and the selected construction contractor.

MAXIMUM LIFETIME FINANCIAL ASSISTANCE:

Applicants shall not exceed a lifetime program cap of \$40,000 including any combination of current, past, and future City of Trenton housing rehab programs.

The \$40,000 lifetime cap is considered cumulative and includes any funds expended whether they be for rehabilitation or urgent rehabilitation/accessibility improvements. The only exceptions will be for change orders associated with an approved scope of work deemed critical to the health, safety and welfare of the residents as determined by the Director of Housing and Economic Development or designee.

EMERGENCY REPAIRS:

Additionally, if the needed Urgent Repairs meet the following definition for Emergency Repairs, then the City may proceed with the Emergency Repair process which includes an environmental clearance level of Exemption, and a streamlined process for determining eligibility and bidding procedures as described below.

1. The current definition of an Emergency, is:
 - a. “a situation or condition that occurred without warning and within two (2) weeks of the application for assistance; and
 - b. is detrimental or a threat to the life, health or safety of occupants; and
 - c. requires immediate action. Immediate action is defined as 24-72 hours.”
2. The applicant must be the owner and occupant of the home to be repaired.
3. The applicant’s annual income must not exceed 80% of the median income for the City of Trenton as published by HUD.

In the event that the nature of the emergency does not allow the homeowner with sufficient time to seek 3 quotes, with the prior approval of the Director or designee, program staff may procure the needed services with a responsible and qualified vendor selected from the City of Trenton’s Approved Vendors List.

Routine bidding procedures are waived for projects determined to be of an emergency nature, since the intent and purpose of the program is to provide an “immediate removal of health or life endangering situations”.

CONTACT:

Questions, comments, appointments: Call the TURP Hotline (609) 815-2519 Please note that as of March 13, 2020 the City of Trenton's Department of Housing and Economic Development have been operating on a mandatory alternating day schedule. On alternating days, we will be working to assist you remotely. Please leave us a message on the above line and we will return your call within 24-48 hours.

Thank you for your anticipated patience and stay healthy!

The City reserves the right to amend or close the application period or process as determined necessary by program staff and in accordance with any applicable public notice requirements. The terms “Repair” and “Rehabilitation” are used interchangeably throughout this document. For purposes of this document, neither includes general housing maintenance. Any need determined to be general housing maintenance, will not be considered for funding.