



HOMEOWNER EMERGENCY LOAN PROGRAM (HELP)

Program Regulations and Eligibility Requirements

Program Overview

The Homeowner Emergency Loan Program (HELP) targets low to moderate income owner-occupied residential dwellings, located within the CDBG-eligible boundaries of the City of Springfield, with consultation and funding assistance towards making critical home repairs.

Critical home repairs include those which pose an imminent threat to the home and inhabitants. These repairs are intended to stabilize, preserve and promote homeownership by reducing or preventing damage from weather or infestation, and where possible, increase energy efficiency. Additionally, these repairs are intended to target and reduce individual property blight, improve the immediate neighborhood surrounding the home and increase the quality of the City's overall housing stock.

HELP may provide direct funding for improvements in the form of deferred loans or referrals to partner agencies for alternative assistance opportunities.

HELP is a partnership program between the City of Springfield, Catholic Charities of Southern Missouri, Drew Lewis Foundation, Habitat for Humanity and Ozarks Area Community Action Corporation (OACAC). Funding is made possible by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Program (CDBG).

Program Guidelines

1. Loan funding is limited and will be prioritized and funded based on need and applicability with the overall program goals.
2. The home must be located within the CDBG-eligible area of the City of Springfield (see attached map).
3. The home must be owner occupied with no more than two (2) dwelling units on the same property.
4. The property must be titled in the applicant's name. Recorded evidence of ownership for at least the previous 12 months will be required to process the application.
5. The aggregate annual gross income of all occupants (any person residing in the household for more than 50% of the year) of the home shall not exceed 80% of the median household income standards. The median household income schedule is updated on an annual basis, see attached chart.
6. 50% of the home repair loan will be forgiven after the five-year anniversary of the award, thereafter the balance of the loan will be forgiven at a rate of 1/60th each month over the course of the next 5 years. After 10 years, the applicant has no obligation to pay the loan back.
7. The entire loan balance is due and payable if the property is sold, ownership is transferred to another party or the property ceases to be the owner/applicant's primary residence prior to the loan forgiveness date.
8. No interest for the loan will accrue or will be charged for the life of the loan, and the homeowner is not required to make payments as long as the home remains the applicant's primary residence.
9. The loan will subordinate to other existing mortgages, liens, or notes previously placed against the property and owner.

10. Maximum loan funding shall not exceed \$15,000 per property. Loans will not be processed for projects less than \$2,500 per property.
11. City staff or partnering agencies will determine whether the proposed work is necessary and appropriate for the program, and if the value of the property has sufficient value and sustainability to warrant the proposed improvements. The discretion of work eligibility lies entirely with the City and its program partners*.
12. Prior recipients of the city's owner-occupied home loans, emergency home repair loans/grants or similar City programs are not eligible for this HELP.
13. The applicant does not have any pending municipal or administrative proceedings for alleged violations of chapters 8, 24, and 36 of the Springfield City Code, other than building safety violations, which the loan may strive to correct. The owner shall not be delinquent on any city taxes or fines.
14. The homeowner must agree to keep the home insured following completion of the project.
15. Environmental review, in accordance with Housing and Urban Development (HUD) will be required.
16. Resources for a minor or emergency home repair loan, may involve the coordination or substitution of similar programs available from other agencies that may also be funded by Federal Community Development Block Grants or by other funding sources.
17. Depending upon qualifications, completion of the repairs may come from a variety of participating agencies; OACAC-Weatherization Program, Habitat for Humanity – A Brush with Kindness, Hands on for Seniors, Catholic Charities of Southern Missouri and/or other participating local service programs.

Eligible Improvements*

- Roofs, roof decking, structural framing, soffit, fascia, siding and gutter repair/replacement
- Windows, doors, knobs/locks, porch handrails, steps, and decking repair/replacement
- Water service lines and sewer lateral repair/replacement
- Exterior lighting, tree removal and trimming
- Improvements to increase energy efficiency and related general weatherization work
- Installation of ramps and improvements to increase and improve accessibility and safety
- Improvements necessary to increase the insurability of owner-occupied homes

* All proposed work and assistance will be evaluated against the potential life of the home.

HOME & CDBG & NSP INCOME SCHEDULE 2023

City of Springfield, Missouri
Effective June 15, 2023

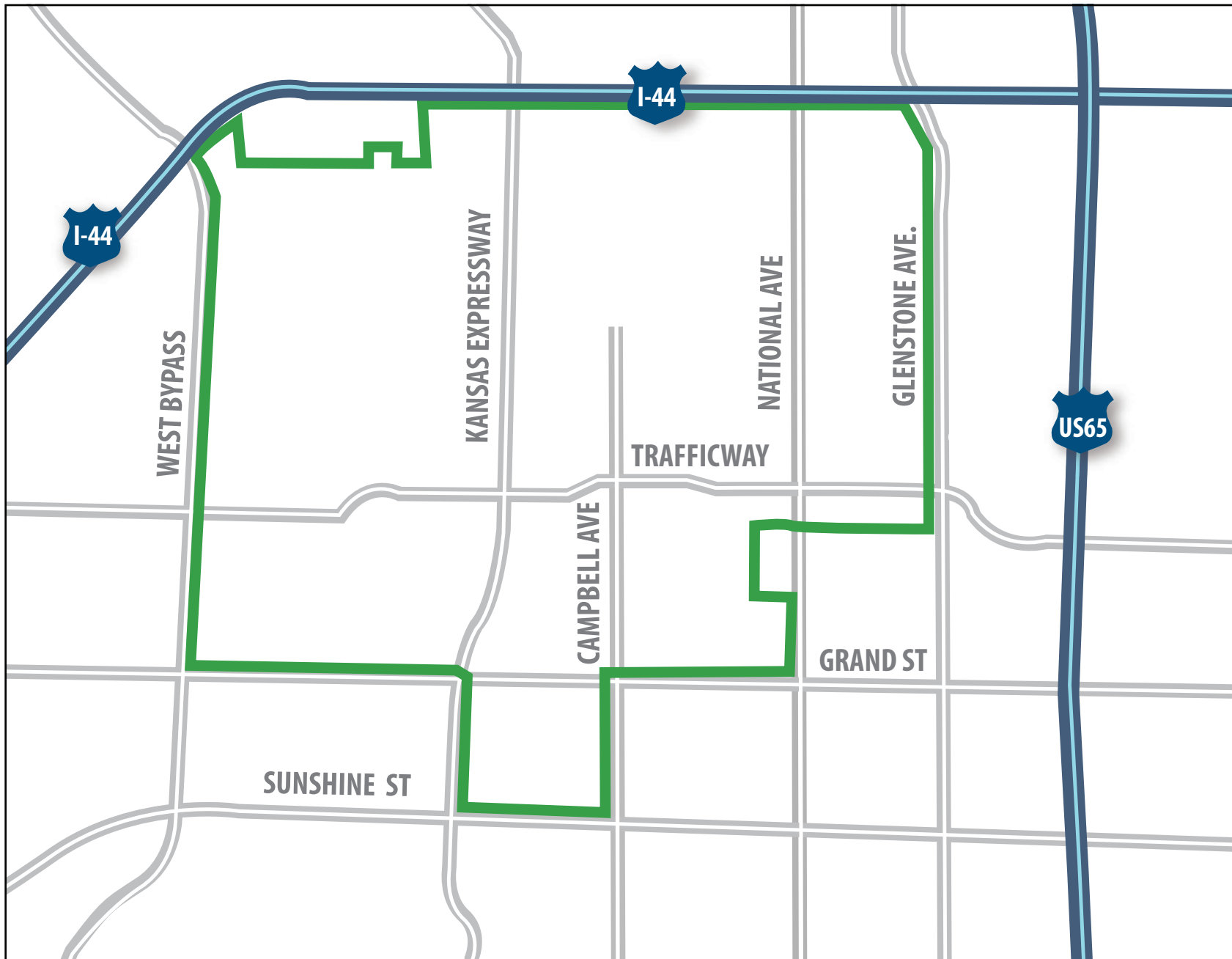
HOUSEHOLD INCOME BY HOUSEHOLD SIZE

	<u>1-person</u>	<u>2-person</u>	<u>3-person</u>	<u>4-person</u>	<u>5-person</u>	<u>6-person</u>	<u>7-person</u>	<u>8-person</u>	<u>9-person</u>	<u>10-person</u>
Median	\$52,800	\$60,300	\$67,800	\$75,300	\$81,400	\$87,400	\$93,400	\$99,400	\$105,400	\$111,450
80% of Median	42,200	48,200	54,250	60,250	65,100	69,900	74,750	79,550	84,350	89,150
70% of Median	36,960	42,210	47,460	52,710	56,980	61,180	65,380	69,580	73,800	78,100
60% of Median	31,680	36,180	40,680	45,180	48,840	52,440	56,040	59,640	63,250	66,850
50% of Median	26,400	30,150	33,900	37,650	40,700	43,700	46,700	49,700	52,700	55,700
30% of Median	15,850	18,100	20,350	22,600	24,450	26,250	28,050	29,850	31,650	33,450
120% of Median	63,250	72,300	81,300	90,350	97,600	104,800	112,050	119,300	126,500	133,700

Applies to NSP program only

PASSBOOK SAVINGS RATE (2023) 0.40%

**COMPREHENSIVE HOUSING ASSISTANCE PROGRAM (CHAP)
REVITALIZATION AREA**





HOMEOWNER EMERGENCY LOAN PROGRAM (HELP)

Homeowner Emergency Loan Program provides homeowners a loan for minor home repairs.

All programs are available only for owner-occupied homes.

For further details contact **Lisa Gateley, City of Springfield, at (417) 864-1305.**

SECTION 1 - Homeowner Information	
Legal Name of Applicant: _____	Date of Birth: _____
Legal Name of Co-Applicant: _____	Date of Birth: _____
Address: _____	City: _____ Zip Code _____
Email: _____	County: _____
Telephone Numbers: H: _____ Please include area code C: _____ W: _____	Year house was built: _____ Number of years in house: _____ Name of neighborhood: _____
List the names, ages, and relationship to homeowner of all people living in the home	
Name/relationship: _____	Date of birth: _____ Race/Ethnicity: _____
Name/relationship: _____	Date of birth: _____ Race/Ethnicity: _____
Name/relationship: _____	Date of birth: _____ Race/Ethnicity: _____
Name/relationship: _____	Date of birth: _____ Race/Ethnicity: _____
Name/relationship: _____	Date of birth: _____ Race/Ethnicity: _____
If additional people reside in the household include that information on an attached piece of paper.	
Is anyone in household a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
Is anyone in household currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
SECTION 2 - Special Needs	
Is the homeowner or anyone in the home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate the type of disability below (check all that apply, please describe if "other"):	
<input type="checkbox"/> Use a Walker, Cane or Crutches	<input type="checkbox"/> Use a Wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Other: _____
Is translation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language: _____

SECTION 3 - Sharing Your Personal Information?

I agree to allow my information to be shared among all organizations involved in the *Homeowner Emergency Loan Program*?
 Yes No

SECTION 4A - Household Income, Asset, and Mortgage Information

Gross monthly income	Applicant	Co-Applicant	All others in household over age of 18
Employment income – includes unemployment benefits (gross)			
TANF			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Food stamps			
Other			
TOTAL INCOME			

You must attach verification of all HOUSEHOLD INCOME including each adult in the household and benefits for children. Please provide any of the following that are applicable: **two months** of recent employment check stubs, social security or disability statements, other retirement income statements and your most recent income tax return. If self-employed, please send your two most recent tax returns with Schedule C's.

Please list any assets (vehicles, other real estate, savings)

1. _____
2. _____
3. _____

Did you file a tax return? _____ If no, why not? _____

Do you have a bank account? _____

MORTGAGE

Are you making loan payments on your home? Yes No

If so are you current on those payments? Yes No

Do you currently have homeowner's insurance? Yes No

Are you current on your homeowner's insurance premiums? Yes No

Are you current on your property taxes? (any property taxes due must be paid prior to receiving your loan) Yes No

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$ _____ / month

SECTION 4B - Monthly Expenses (Bills and Debts)				
Expenses	Company Name	Monthly payment	Unpaid balance (if any)	Months left to pay (if any)
Mortgage				
Utilities (gas, water, electric, sewer)				
Trash service				
Phone (land line)				
Cell phone, pager, etc. contracts				
Car (gas & upkeep)				
Insurance				
Cable/satellite TV				
Internet service				
Child care				
School lunch				
Child support or alimony or foster care payments				
School loan(s)				
Medical bill(s)				
Rent-to-own (furniture, appliances, etc.)				
Car loan				
Credit card				
Credit card				
Other bill or loan - please describe:				
TOTAL BILLS AND DEBTS				

SECTION 5- Other Needs

Briefly describe repairs you would be interested in having done on your home. Attach a separate piece of paper if there is not enough space to list all the repairs. Remember the items listed below will be considered for repair but the final decision on what work can be done under the program guidelines and financial resources will be made at the discretion of the agencies involved in the *Homeowner Emergency Loan Program*. The work done by this loan program will focus on basic needs, safety, and independence.

Area of Repair	Priority	Description
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p>		
<p>Carpentry Repairs. Describe problems with roofs, doors, porches, step walls, ceilings, etc.</p>		
<p>Mechanical – HVAC, plumbing, and electrical. List any upgrades or replacement required.</p>		
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>		
<p>Painting and Other. Identify exterior painting and repairs not listed above.</p>		

SECTION 6 - Personal History

Have you applied or had any work performed by any of the following organizations in the past?

City of Springfield Yes No What year(s)?_____

Catholic Charities of Southern Missouri Yes No What year(s)?_____

Drew Lewis Foundation Yes No What year(s)?_____

Habitat for Humanity Yes No What year(s)?_____

OACAC Yes No What year(s)?_____

Is any member of your household currently working as an employee of any of the organizations list below?

Yes No **If yes, please circle all that apply.**

City of Springfield Catholic Charities of Southern Missouri Drew Lewis Foundation Habitat for Humanity OACAC

Is any member of your household a family member, relative or an employee of any of the organizations listed below? Yes No **If yes, please circle all that apply.**

City of Springfield Catholic Charities of Southern Missouri Drew Lewis Foundation Habitat for Humanity OACAC

SECTION 7 - Homeowner's Agreement

I certify that the information on this application is accurate and complete and that I own the property at the address given on this application. I understand if I am using the Homeowner Emergency Loan Program (HELP) that this loan is a 0% interest loan and any amounts due are payable when the property is sold, transferred or no longer my primary residence are due and payable.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner but are assisting the homeowner in completing this application.

Your name:

Your daytime phone
number:

Is homeowner aware of this application?

Yes No

SECTION 8- Checklist

- Did you include income documentation as described in Section 4A? *All adults in the household over the age of 18 with income must submit income documents.***
- Did you enclose a copy of the recorded deed on your home? *All documents submitted must show the name and address of the applicant.***
- Did you complete all sections of this application and the attached forms?**
- Did you sign the application? (SECTION 7)**
- Did you sign the agreement to insure the property?**
- Did you sign the criminal background disclosure form?**
- Did you sign the access agreement to allow entry to the property for environmental review?**

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Applicant's Name: _____ Co-Applicant's Name: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information below, please check the box below. (Lender must review the above material to assure that disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Homeowner	Homeowner
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race/National Origin	Race/National Origin
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
Ethnicity:	Ethnicity:
_____ Hispanic _____ Non-Hispanic	_____ Hispanic _____ Non-Hispanic
Sex:	Sex:
_____ Female _____ Male	_____ Female _____ Male
Birth date _____/_____/_____	Birth date _____/_____/_____
Marital Status	Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

To be completed only by the person conducting the interview

The application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's Name
	Interviewer's Signature Date
	Interviewer's Phone Number (417) _____



Criminal Background Disclosure for the City of Springfield

Applicant: _____

Project Address: _____

All applicants must provide and certify their complete adult criminal conviction record from age 17. This form must be completed by all loan applicants and must include all criminal convictions other than minor traffic violations.

_____ I have NEVER been **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in

Federal: State: or Municipal court:

_____ I have been **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in

Federal: State: or Municipal court:

Are you currently on probation? YES NO

Are you subject to a lifetime registration requirement under a state sex offender registration program? YES NO

I have attached the papers that show the punishment the court(s) imposed on me for the above offense(s). YES NO N/A

I understand that my failure to truthfully complete this disclosure and attach any relevant documents means that my loan application will be automatically rejected. I also understand that if this disclosure proves to be untruthful or incomplete after I receive a loan, I must return the loan in full with any accrued interest upon demand.

The City is authorized to conduct a criminal background check of the applicant and any guarantors.

Applicant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 20_____.

Notary Public in and for the State of Missouri



Criminal Background Disclosure for the City of Springfield

Applicant: _____

Project Address: _____

All applicants must provide and certify their complete adult criminal conviction record from age 17. This form must be completed by all loan applicants and must include all criminal convictions other than minor traffic violations.

_____ I have NEVER been **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in

Federal: State: or Municipal court:

_____ I have been **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in

Federal: State: or Municipal court:

Are you currently on probation? YES NO

Are you subject to a lifetime registration requirement under a state sex offender registration program? YES NO

I have attached the papers that show the punishment the court(s) imposed on me for the above offense(s). YES NO N/A

I understand that my failure to truthfully complete this disclosure and attach any relevant documents means that my loan application will be automatically rejected. I also understand that if this disclosure proves to be untruthful or incomplete after I receive a loan, I must return the loan in full with any accrued interest upon demand.

The City is authorized to conduct a criminal background check of the applicant and any guarantors.

Applicant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 20_____.

Notary Public in and for the State of Missouri

**AUTHORIZATION TO ALLOW ENTRY TO PROPERTY
FOR ENVIRONMENTAL REVIEW**

1. Right of entry to premises: Grantor, as legal owner of, or holder of authority to permit access, to the below described property/premises, within the city limits of Springfield, Missouri, hereby consents to and authorizes, pursuant to the terms of this authorization, employees of the City of Springfield, Missouri, to enter upon such property, and perform an environmental review inspection.

2. Description: The property that is the subject of this authorization is located in the City of Springfield, Missouri, located at _____.

3. Entry: Permission is hereby granted to perform and carry out investigative activities pursuant to regulations of the Department of Housing and Urban Development, 24 CFR Part 58. The initial activity is scheduled to begin on or about _____.

Authorizations:

- A. Grantor grants the employees of the City of Springfield, Missouri access to the above described property for the purpose of performing environmental review including a visual inspection of the property conditions.

 - B. Grantor agrees not take any actions with respect to the property that might endanger the quality of the health and safety of any person performing the inspection.

 - C. The City of Springfield agrees to take reasonable measures to avoid interference with normal activity on the property.
4. Term of authorization: This authorization and consent shall terminate within 90 days of the execution by all parties of this authorization.

The undersigned have read this authorization and understand that it grants permission to the City of Springfield, Missouri to enter the above-described property for purposes of conducting the environmental review and agree to its terms and conditions.

_____ Dated: _____

Name (Print): _____

_____ Dated: _____

Name (Print): _____



Emergency Home Repair Loan Program Agreement to Insure Property

Applicant(s): _____

Project Location: _____

Date: _____

The City of Springfield's Affordable Housing Loan Program includes a variety of requirements to protect the homeowner and City's loan investment. One of the requirements that must be established, once the loan is finalized and the improvements are complete, is a homeowner's "hazard" insurance policy.

As a lien holder the City of Springfield, Planning and Development Department, shall be named and listed as a mortgagee on your hazard insurance policy. A staff representative of the City of Springfield will coordinate the inclusion of the City, as a named mortgagee, with your insurance provider at the point when the title work and construction contracts are being administered.

This agreement is intended to serve as advance notice of this requirement and further notice that should you fail to maintain sufficient homeowner's "hazard" insurance coverage, the City of Springfield will take the steps necessary to protect the City's investment in the form of a Collateral Protection Insurance Policy or "force-placed" insurance. This Collateral Protection Insurance Policy will be purchased at your expense and will only provide coverage for the extent of the value of the City's loan and only to the City of Springfield. The policy will not list you as a recipient and will not provide any replacement coverage for you or any other mortgagee. Any premiums or expenses incurred to establish this policy will be added to the outstanding balance and lien in place at that time.

By signing below, I acknowledge that I have read the "Agreement to Insure Property" and furthermore understand these rules and regulations outlined herein and referenced elsewhere in the City's Rules and Regulations for the Comprehensive Housing Assistance Program.

Owner Signature, Date

Owner Signature, Date

Witness Signature, Date

CERTIFICATION OF ZERO INCOME

1. I hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.);
b) Income from the operation of a business;
c) Rental income from real or personal property;
d) Interest or dividends from assets;
e) Social Security or Disability payments, annuities, insurance policies, retirement funds, pensions or death benefits;
f) Unemployment payments;
g) Periodic allowances such as alimony, child support or gifts received from persons not living in my household;
h) Sales from self-employment resources (Avon, Mary Kay, etc.);

2. I currently have no income of any kind and there is not imminent change expected in my financial status or employment status during the next _____ months.

Under penalty or perjury, I certify that the information I have presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of an agreement.

Signature

Date

Printed name

STATE OF MISSOURI)

) ss.

COUNTY OF GREENE)

On this ____ day of _____, 20____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that he executed the same as his free act and will.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the City of Springfield, County of Greene, and State aforesaid, the day and year first above written.

Notary Public

Seal

My term expires: