



# CITY OF BRIDGEPORT HOMEOWNER REHABILITATION PROGRAM



Mayor Bill Finch  
Margaret E. Morton Government Center  
999 Broad Street, Bridgeport, CT 06604  
Margaret E. Morton Government Center

## **PROGRAM DESCRIPTION**

The City of Bridgeport has developed its Homeowner Rehabilitation Program in order to provide no-interest forgivable loans to Bridgeport homeowners who need emergency repairs, housing/health code violation repairs, and/or other repairs in order to make their home safe and energy efficient.

Consistent with the goals set forth in its 2013-2018 Five-Year Consolidated Plan and its Program Year 39 Annual Action Plan, the City has allocated Community Development Block Grant (“CDBG”) funding to the Homeowner Rehabilitation Program in order to provide decent affordable housing in the City of Bridgeport.

## **PROGRAM ELIGIBILITY**

To be eligible for the City of Bridgeport’s Homeowner Rehabilitation Program, you must meet the following qualifications:

- ❖ Homeowner must occupy the property being considered for the rehabilitation program as their principal residence.
- ❖ Household must meet HUD income guidelines as detailed below.
- ❖ Household income is defined as the total income for all members of the household who are over 18 years of age.
- ❖ The homeowner must have homeowners insurance on the property to be assisted at time of application, and must maintain coverage throughout the period of the Homeowner Rehabilitation Program loan.
- ❖ If the property is located in a FEMA flood zone, the homeowner must have and maintain flood insurance on the property.
- ❖ Homeowner must be current with City of Bridgeport property taxes.
- ❖ Homeowner must be current with Water Pollution Control Authority assessments.
- ❖ Property must be free of all other liens and encumbrances.

## **PROGRAM PRIORITY AREAS**

The City of Bridgeport has established the following program priorities. All applications that are received will be given consideration, should they meet one or more of the following:

- ❖ Priority target populations: seniors/elderly and persons with disabilities.
- ❖ Consistent with the City of Bridgeport’s 2013-2018 Consolidated Plan and Program Year 39 Annual Action Plan, priority target neighborhoods will consist of: the Hollow, East Side, East End, West Side, and South End.
- ❖ Priority will be given to those properties where there are housing and/or health code violations and the applicant can meet all of the other criteria of the program.

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- ❖ Priority will be given to those properties where repairs are deemed to be an emergency as long as the applicant can meet all of the other criteria of the program. These types of repairs include, but are not limited to: roof repair/replacement, window repair/replacement, furnace repair/replacement.

### **ADDITIONAL PROGRAM INFORMATION**

- ❖ The home being assisted with CDBG funds must be the applicant's primary residence.
- ❖ Rehabilitation activities are to correct housing code and/or health code violations, emergency repairs or other necessary activities that will make the property safe and inhabitable. These rehabilitation funds will not be used for cosmetic improvements on the properties. Cosmetic improvements include but are not limited to: landscaping work, pools, hot tubs, area rugs, and/or kitchen/bathroom cabinets.
- ❖ These forgivable rehabilitation loans may not exceed \$15,000 for repairs to a single-family home. Single-family homes consist of an owner-occupant dwellings unit, and up to three additional dwelling units for a total of four (4) units max.
- ❖ If the applicant has personal assets that are in excess of \$15,000, the applicant is expected to a portion of their assets towards the eligible rehabilitation work.
- ❖ The City reserves the right to reject any rehabilitation work deemed to be cosmetic or unnecessary.
- ❖ All forgivable rehabilitation loans will be secured by a mortgage lien and a deed restriction that will be placed on the property by the City of Bridgeport. The term of these forgivable loans is five years. If the applicant maintains the property as their principal residence throughout the five year period, and is compliant with all CDBG Program regulations during the loan period, the loan may be forgiven at the discretion of the City of Bridgeport.
- ❖ All loans are subject to City and Federal laws, rules, regulations and program requirements.
- ❖ Loans are subject to the availability of funds.
- ❖ If the property is a multi-family home (two, three, or four units), at least 51% of the non-owner tenants must agree to income verification to be conducted by the City of Bridgeport, and must meet income eligibility as established by the U.S. Department of Housing and Urban Development ("HUD"). Current income limits are listed below. These figures are subject to change by HUD and will be updated accordingly by the City of Bridgeport.
- ❖ Owners of multi-family homes must also agree to rent the non-owner units to tenants paying no more than the rent limits established by HUD for the CDBG Program. Rent limits are listed below.

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## CURRENT INCOME LIMITS

Household Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Income Limit	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250	\$84,350

*\*Income limits are established by the U.S. Department of Housing and Urban Development for the Bridgeport, CT HUD Metro FMR Area, and are reflective of households earning less than 80% of the Area Median Income ("AMI").*

## CURRENT RENT LIMITS

Apartment Size	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Maximum Rent to be Charged (including utilities paid by tenant)	\$727	\$912	\$1,161	\$1,519	\$1,645

*\*Fair market rents are established by the U.S. Department of Housing and Urban Development for the Bridgeport, CT HUD Metro FMR Area.*

**Program participants are required to sign this application, verifying knowledge and understanding of the program requirements.**

**In addition, property owners will be required to sign off on all repairs that are to be made by the contractors at their property. The contractors will not be allowed to change (add or delete) any work order once the property owner has signed off on the rehabilitation work. Any change in the work order must be approved by the Department of Housing and Community Development prior to any additional or amended work being performed.**

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## APPLICATION FORM

Information supplied by you will remain confidential and will be used only for the purpose of determining eligibility for participation in the program. You must complete all sections of the application. Incomplete applications will be returned.

**Name of Applicant:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Do you own this property?** Yes \_\_\_\_ No \_\_\_\_

**Do you reside at this property?** Yes \_\_\_\_ No \_\_\_\_ **If Yes, how long?** \_\_\_\_\_

**Type of Building:** Single-Family \_\_\_\_ Two-Family \_\_\_\_ Multi-Family \_\_\_\_

**Household size (Homeowner Unit):** \_\_\_\_\_

**Number of children under the age of 6:** \_\_\_\_\_

**Household size (Rental Unit):** \_\_\_\_\_

**Number of children under the age of 6:** \_\_\_\_\_

**Household size (Rental Unit):** \_\_\_\_\_

**Number of children under the age of 6:** \_\_\_\_\_

**Additional Members of Household (Homeowner Unit)**

<b>Name:</b>	<b>Age</b>	<b>Sex</b>

**Approximate Annual Income (Homeowner Unit Household):** \$ \_\_\_\_\_

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**Describe rehabilitation work needed:**

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## **Financial Information**

Definitions:

**A. INCOME:** the total annual income from all sources for all adult members of the household. This does not include the earned income of minors, age 17 and under, or the income received for the care of a foster child. Income includes, but is not limited to, compensation for employment services, interest and dividends (taxable or nontaxable), pension benefits, government benefits, rent, unemployment compensation, welfare payments, disability income, support payments and asset income as defined herein.

**B. ASSET INCOME:** the actual income generated by the assets including, but not limited to: checking accounts, savings accounts, cash value of life insurance policies, inheritances, lottery winnings, or insurance settlements.

**C. FAMILY:** two or more of usually related persons living in one household and under one head of household.

**D. TAX RETURNS:** State and Federal tax returns for the last two previous years are required for all members of your household.

**E. PAY STUBS:** Any working members over 18 years of age living in the household applying for CDBG assistance must provide four (4) consecutive weeks of pay stubs.

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Please list below the current gross income for all adult members of your household.

	<b>Applicant</b>	<b>Other 1</b>	<b>Other 2</b>	<b>Other 3</b>
<b>Wages (Including O/T)</b>				
<b>Interest and Dividends</b>				
<b>Alimony/Child Support</b>				
<b>Unemployment Compensation</b>				
<b>Pension, Social Security</b>				
<b>Disability Income</b>				
<b>Other Income (Form 1099)</b>				
<b>Monthly rent from other units if applicable</b>				
<b>Total Annual Income</b>				

If more space is needed, please use an additional piece of paper.

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Please list all assets including savings accounts, stocks, bonds, money market funds, profit sharing or stock option plans, and IRA's. Provide the following for all members of your household.

<b>TYPE</b>  <b>(include bank name/address, type of account)</b>	<b>Applicant</b>	<b>Other 1</b>	<b>Other 2</b>	<b>Other 3</b>
<b>Total Assets</b>				

If more space is needed, please use an additional piece of paper.

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**CERTIFICATION:**

I certify that I have reviewed the goals, objectives, policies and procedures of the program and agree to comply with the rules and regulations of the City of Bridgeport Rehabilitation Program. I certify that all information and supporting documentation contained within this application is true and accurate to the best of my knowledge and belief and that any misrepresentation of income herein shall be cause for program disqualification and cause for immediate repayment of any assistance received by me.

\_\_\_\_\_  
**Applicant – Print Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Applicant – Print Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**NOTE: Submission of an application does not guarantee that there will be assistance available for you, nor does certification of income eligibility automatically qualify you.**

**All loans are subject to City, State and Federal laws, rules, regulations and requirements and are subject to the availability of funds.**

**Applications will not be considered complete until all information and statements have been documented to the satisfaction of the Department of Housing and Community Development.**

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## Financial Privacy Act Notice

Applicant #1:

\_\_\_\_\_

(please print)

Applicant #2:

\_\_\_\_\_

(please print)

Application #: \_\_\_\_\_

Date: \_\_\_\_\_

### Notice

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978.

As a result of your request and/or receipt of financial assistance under the City of Bridgeport Homeowner Rehabilitation Program, the United States Department of Housing and Urban Development will have access to financial records held by the City of Bridgeport in connection with the consideration and/or administration of assistance to you. The Department of Housing and Community Development and its representatives who are responsible for administrative, financial and/or fiscal matters associated with the City's Homeowner Rehabilitation Program will have a right of access to these financial records.

Pursuant to these rights of access, financial records involving your transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other person, government agency or department without your prior written consent, except as may be permitted and or required by law.

### ACKNOWLEDGEMENT

I have read the Right to Financial Privacy Act Notice presented above and by my signature below, acknowledge and accepts the terms and conditions set forth therein.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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## REHABILITATION CHECKLIST

Prior to submitting your property rehabilitation checklist to the Department of Housing and Community Development, please fill out this checklist and attached it to your application.

- [     ]     Completed application signed by all of the property owners.
- [     ]     A copy of the current homeowner insurance certificate.
- [     ]     Federal income tax returns from prior two (2) previous years.
- [     ]     Two (2) consecutive months of pay stubs for all those in the household who are eighteen (18) years of age or older.
- [     ]     Two (2) months of all bank statements, i.e., savings, money market and/or checking for all adult members of the household.
- [     ]     If the property is a multi-family building, include the monthly rent from all units.
- [     ]     Verification that all City of Bridgeport property taxes are current.
- [     ]     Verification that all payments to the Water Pollution Control Authority are Current.
- [     ]     Recent lead inspection has been completed by the City of Bridgeport.
- [     ]     Recent Housing Code inspection has been completed.
- [     ]     Lead notification form has been signed by the property owners.