

NORTHERN UTAH NEIGHBORHOOD IMPROVEMENT PROGRAM (NUNIP) GRANT APPLICATION

Funded by Federal Home Loan Bank of Des Moines & Administered through Neighborhood Nonprofit Housing Corporation

Please return **completed application** to:

Neighborhood Nonprofit Housing Corp.
Attn: Suzanne
195 Golf Course Road, Suite 1
Logan, Utah 84321
OR email to [sstout@nnhc.org](mailto:ss Stout@nnhc.org)

PLEASE WRITE LEGIBLY

Homeowner's Name: _____ DOB: _____

Co-Homeowner's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Homeowner's Best Contact #: _____ Email: _____

Co-Homeowner's Best Contact #: _____ Email: _____

Preferred method(s) of contact: text _____ email _____ phone _____

How did you hear about this program?

Internet/Poster/Utility Bill/Family Friend/Program Participant

Other: _____

Number of people living in the home: _____

List children's and/or additional family member's names and birthdates:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Any Household Member(s) with a disability? **Yes / No**

If yes, what is the disability? _____

Any Household Member who is a US Veteran? **Yes / No**

What is the total gross (pre-tax) annual income for **any adults** (18 or older) **living in your home?** _____

Applicant's hire date at current employment? _____
 Applicant's position at current employment? _____
 Co-Applicant's hire date at current employment (if applicable)? _____
 Co-Applicant's position at current employment (if applicable)? _____
 How many square feet is your home? _____
 How many bedrooms does your home have? _____
 What year was your home built? _____

To **qualify** for this Rehabilitation Program, total household income cannot exceed the HUD income limits, as shown below, based on household size:

<u>Household Size</u>	<u>Annual Income</u>
1	\$56,100
2	\$64,100
3	\$72,100
4	\$80,100
5	\$86,550
6	\$92,950
7	\$99,350
8	\$105,750

Household income: The gross amount (before any taxes and deductions) of wages and salaries, overtime pay, commissions, tips, bonuses and **any** other sources of income for **all adults living in the home (whether part or full-time and regardless of relationship status; renters must be included)**, as well as the gross amount of all unearned income (example SSI) from **any individual** living in the home.

Do you own an existing detached single-family home? **Yes / No**

*The home **cannot** be a mobile or modular home, condominium, twin home or town home.*

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS. FAILURE TO INCLUDE THESE DOCUMENTS MAY RESULT IN DISQUALIFICATION FROM THE PROGRAM.

- A copy of your **last 3 most recent** pay stubs showing year-to-date income for **any adults** (18 or older) **living in your home**.
- Social Security and/or SSI award letter(s) for **any individual(s) living in the home (including children)**, if applicable.
- A copy of Federal Tax Returns for the past two years for **any adults** (18 or older) living in your home.
- Copies of latest W-2 (or 1099) forms for **any adults** (18 or older) living in your home.
- Copies of statements for any pensions, annuities, dividends, or other income.
- One of the following documents to show ownership of your home:
 - A copy of your deed showing title to your home.
 - A copy of your most recent monthly statement from your mortgage company.
 - A copy of your latest tax notice from Box Elder County.

REQUESTED IMPROVEMENTS FORM

Total improvement costs can vary depending on which rehabilitation projects are deemed critical and necessary. The **maximum** funding for each home will be approximately **\$25,000**.

Please check only the improvements you believe are necessary on your home and **rate your needs in order of preference**. Neighborhood Nonprofit's Program Manager will use the information to prepare a visit, a scope of work, and a cost estimate.

ELECTRICAL SERVICE

Replacement of electrical service that does not meet International Building Code requirements

ROOFING REPAIRS

- Replacement of roof due to cracked, peeling, curled and/or lost shingles
- Replacement of worn or aging soffit and/or fascia
- Repairs to a leaking roof
- New installation or replacement of rain gutters and/or downspouts

EXTERIOR WALLS

Installation and/or replacement of substandard siding

EXTERIOR WINDOWS & DOORS

- Repairs/replacement of broken and/or inefficient windows
- Replacement of substandard exterior doors

CONCRETE WORK

- Replacement of broken concrete walkways, driveways, and front porches
- Installation of ramp for wheelchair accessibility

HVAC

- New installation or replacement of substandard a/c unit
- New installation or replacement of substandard furnace

OTHER EXTERIOR/INTERIOR REPAIRS

Repair: _____

Repair: _____

LETTER OF AUTHORIZATION

The homeowner(s) certifies that all information given to Neighborhood Nonprofit Housing Corporation (NNHC) in order to qualify for Northern Utah's Neighborhood Improvement Program is true and complete to the best of the homeowner(s) knowledge and belief.

Sources and amounts of income, homeownership status, and loan documents may be verified by NNHC. The homeowner(s) will at all time(s) hold NNHC harmless.

NNHC will not, in the provision of services, or in any other manner discriminate against any person on the basis of race, color creed, religion, sex, national origin, age, familial status, disability or any other protected classes. In accordance with funding requirements from Federal Home Loan Bank of Des Moines; individuals over the age of 62, persons with disabilities, and/or Veterans may be given preference in receiving grant awards.

The information provided is true and complete to the best of my/our knowledge and belief. Please initial each item and sign below to indicate that you understand and accept the requirements of this application and grant.

- I/We consent to the disclosure of such information to Federal Home Loan Bank or other funding/regulatory agencies, as necessary, for the purposes of verification related to my/our application for the Northern Utah's Neighborhood Improvement Program Grant.* _____
Initial

- I/We understand that NNHC pays for the repairs initially, and, until the costs are reimbursed by Federal Home Loan Bank, this will be considered a no-payment, interest-free loan from NNHC. If, at any time during the process, I/we am/are found ineligible for any reason, I/we will be responsible for reimbursing NNHC for any repairs initiated or completed at that point.* _____
Initial

- If the cost of the repairs exceeds the maximum grant amount per household, I/we will be responsible for paying the difference between the total cost and the grant amount.* _____
Initial

- I/We understand that NNHC selects the contractor(s) and coordinates with the contractor(s) to complete the scope of work based on the requested repairs. Any change orders or additions to the scope of work must be approved by NNHC prior to starting the work.* _____
Initial

- I/We understand that any misstatement of material fact, whether intentional or not, will be grounds for disqualification.* _____
Initial

Homeowner Signature Date

Homeowner Signature Date

NORTHERN UTAH NEIGHBORHOOD IMPROVEMENT PROGRAM (NUNIP)

PARTICIPANT CHECKLIST

(Do not turn in; keep this checklist for your information)

- The home must be within Box Elder County limits and be an existing single-family home.
- Your annual (pre-tax) combined income for **any adults** (18 or older) **living in your home** cannot exceed the HUD income limits.
- Submit your completed application with **all** documentation to:
Neighborhood Nonprofit Housing Corporation
ATTN: Suzanne
195 Golf Course Rd, Suite 1
Logan, Utah 84321

OR email to sshout@nnhc.org
- The process of selecting qualified homeowners will be determined on how they rank based on the scoring criteria system once all applications have been turned in. Points will be awarded based on; income level and family size with additional points awarded based on whether there is a family member with a disability, a single parent head of household, Veteran, or a senior citizen.
- Each qualified applicant will be required to receive Homeowner Counseling either in person or online. Homeowner Counseling will include topics such as: financial debt management, foreclosure prevention and homeowner responsibilities.
- If you have any questions, please contact:
Suzanne Stout
sshout@nnhc.org
435-799-8116