

# 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 [sjacob@nnhc.org](mailto:sjacob@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 a single-family home? **Yes / No**  
*The home **cannot** be a mobile or modular home, condominium, or town home.*

**PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS. FAILURE TO INCLUDE THESE DOCUMENTS MAY RESULT IN DISQUALIFICATION FROM THE PROGRAM. IF SENDING ELECTRONICALLY, PLEASE SUBMIT PDF FILES ONLY, NO JPG's.**

- A copy of your **3 most recent** pay stubs showing year-to-date income for **any adults** (18 or older) **living in your home**, if applicable.
- Current Social Security and/or SSI BENEFIT VERIFICATION LETTER(s) for **any individual(s) living in the home (including children)**, if applicable. **SSA-1099SM benefit statements are not accepted by Federal Home Loan Bank.**
- A copy of Federal Tax Returns for the past two years, if applicable.
- Copies of W-2's (and/or 1099's) for the past two years, if applicable.
- Copies of statements for any pensions, annuities, or other income, if applicable.
- 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, 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 I/we must live in the home and it must be our primary residence to qualify for the grant funds.* \_\_\_\_\_  
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 or Cache County limits and be an existing single-family home.
- You must live in the home, and it must be your primary residence.
- Your annual (pre-tax) combined income for **any adults** (18 or older) **living in your home** cannot exceed the HUD income limits.
- The process of selecting qualified homeowners will be determined on how they rank based on the scoring criteria system. Points will be awarded based on; income level and family size with additional points awarded to households who have a family member with a disability, Veteran, or a senior citizen. **In accordance with funding requirements from Federal Home Loan Bank, individuals over the age of 62, persons with disabilities, and/or Veterans may be given preference in receiving grant awards.**
- Each qualified applicant will be required to receive Homeowner Education. Homeowner Education will include topics such as homeowner responsibilities, financial debt management, and foreclosure prevention.
- 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 [sjacob@nnhc.org](mailto:sjacob@nnhc.org) (Please attach PDF documents only, NO JPG's).**
- If you have any questions, please contact:  
**Suzanne @ 435-799-8116**