



## City of Edwardsville Single Family Residential Rehabilitation Program Full Application Form

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### List the individuals who occupy the home:

Name	Age
1) _____ (head of household)	
2) _____	
3) _____	
4) _____	
5) _____	
6) _____	
7) _____	

### List the current sources and gross amounts of monthly income for each member 18 or older (including benefits to minors):

Name	Source (wages, S.S., child support, alimony, stipends, pensions etc.)	Amount (Monthly Gross)	Full-Time Student Yes or No



## Characteristics of Property:

<b>Type of Ownership:</b> Free & Clear (fee simple)      Conventional Loan      Contract for Deed
<b>Mortgage Payments Made To (Name and Address):</b>
<b>Name and Address of Homeowner's Insurance Agent:</b>
<b>Phone Number of Homeowner's Insurance Agent:</b>
<b>Have you claimed damage from homeowner's insurance in the past 2 years: Yes      No</b>
<b>If Yes, please explain:</b>

## Summarize Rehabilitation Project:




## Certification by Applicant

The applicant(s) certifies that all information in this application and all information furnished in support of this application is given for the purpose of application to the City of Edwardsville Single Family Residential Rehabilitation Program and is true and complete to the best of the applicant's knowledge and belief.

The applicant(s) further certifies that he or she is the owner of the property described in this application and that the rehabilitation loan proceeds will be used only for the work and material as determined by the scope of work, which will be prescribed for the property described in this application upon approval. If the approving officer determines that the rehabilitation loan proceeds will not or cannot be used for the purposes described herein, the applicant agrees that the proceeds shall be returned forthwith in full to the City of Edwardsville and acknowledge that with respect to such proceeds so returned he or she shall have no further interest, right or claim. Applicant must understand that an increase in home value will trigger an increase in taxes.

The applicant(s) understands that submittal of an application does not guarantee approval or funding. Approval is subject to verification of information with supporting documentation including income statements, paystubs, award letters, court orders, credit reports, bank statements, or any other means necessary to validate the information stated on the application as well as standards as stated within the program guide for the program in which application was made.

Verification of any of the information contained in this application may be obtained from any source named herein. PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement, representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry, shall be find not more than \$10,000 or imprisoned no more than five years, or both".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**City of Edwardsville Single Family Residential  
Rehabilitation Program  
Program Checklist**

\_\_\_\_\_ **Completed Full Application Form**

\_\_\_\_\_ **Scope of Project**

\_\_\_\_\_ **Income documentation**

- ✓ Last 2 months of paystubs (monthly 2, bimonthly 4, biweekly 9)
- ✓ Current SS award letter
- ✓ Current pension, annuity or other benefit statement

\_\_\_\_\_ **Asset documentation**

- ✓ Last 2 months of bank statements from all checking and/or savings accounts



# City of Edwardsville Single Family Residential Rehabilitation Forgivable Loan Program Guide

## I. Program Eligibility

### A. Applicant Eligibility

Eligible applicants must meet the following criteria:

1. Must own and occupy the prospective property.
2. Applicants' gross annual household income must be at or below STL Metro HUD income guidelines. (see page 7)
3. Applicant must be current on all property taxes.
4. Home must have DOR Equalized value less than \$80,000

### B. Property Eligibility

Eligible properties must meet the following criteria:

1. Must be a single family home, owned and occupied by applicant.
2. Must require a minimum of \$1,000 worth of rehabilitation work.
3. Must not have been a previously Assisted Property within 5 years prior to the date of the application.

### C. Property Standards

The Program is designed to reinvest in the City's older housing stock. The property will be inspected by the local building and zoning department as designated by The City. The Program is not designed to be a whole house rehabilitation program.

## II. Assistance Terms:

### A. Maximum Expenditure per Assisted Property

No more than \$25,000 may be expended on any assisted property.

### B. Terms of Rehab Funds

Funds expended for the rehabilitation costs will be loaned to the assisted homeowner under the following terms:

1. 5 year forgivable loan;
2. 0% interest;
3. Deferred payment until the date of forgiveness or at the time of sale or transfer of ownership;
4. Loan is forgiven at a rate of 1/60th per month for 5 years;
5. Funds will pay for contractor/construction;
6. Funds will be paid on reimbursable basis or direct to contractor post inspection and sign-off by owner.

The loan will be secured by a lien and recorded against the Assisted Property. The lien will be released upon the fifth anniversary of the loan documents, at the time funds are repaid or other time as approved by the Sub-recipient and Grantee.



## C. Release of Lien

Release of Lien may be requested and considered for approval by The City for the following purposes:

1. To refinance an existing mortgage for a better rate and/or term that will result in a lower house payment while paying off lien.
2. To refinance for cash out only in cases where the cash received will be used for property improvements, or the consolidation of debt that will result in a household's debt-to-income ratio being reduced below 30% while paying off the lien.
3. Five year term completes.
4. All release of lien requests are subject to review and approval by The City on a case-by-case basis.

## D. Eligible Projects

1. Qualified Rehabilitation Expenditures shall be defined by the examples of the following components:

### Project Priority Rank: Group 1 (Highest Priority)

- Permanent coverings of walls, partitions, floors and ceilings, such as paneling or tiles
- Windows and doors
- Components of central air conditioning or heating systems (energy star minimum)
- Plumbing pertaining to sewer and water lines and tap-on fees
- Electrical wiring
- Chimneys
- Foundation
- Permit Costs
- Roofing

### Project Priority Rank: Group 2 (Lowest Priority)

- Walls
- Floors
- Ceilings
- Stairs
- Siding
- Plumbing pertaining to fixture upgrades
- Electric pertaining to fixture upgrades
- Other components (that is, other parts of the building) relating to the operation or maintenance of the building
- Accessibility projects related to aging in place

2. Ineligible Rehabilitation costs:

- Appliances
- Cabinets (unless inherently permanent structure and part of the building)
- Carpeting
- Decks, Porches and Porticos (that were not part of original building)
- Demolition and removal costs (of an existing building on property site)
- Fencing



- Landscaping
- New construction costs or enlargement costs (increase in total volume from original building)
- Outdoor lighting (remote from building)
- Paving
- Planters/Pots

### III. Property Approval Conditions

#### A. Property Investigations

1. Proof DOR Equalized value is under \$80,000
2. Proof of eligible costs vs. Scope of Work
3. Approved Permits
4. Proof home was built prior to 1985
5. Title search showing official legal description

St. Louis, MO-IL HUD Metro FMR Area								
Income Limit	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Family Size Adjustment	\$89,100 * 0.70	\$89,100 * 0.80	\$89,100 * 0.90	\$89,100 * 1	\$89,100 * 1.08	\$89,100 * 1.16	\$89,100 * 1.24	\$89,100 * 1.32
Low Income Limit	\$62,370	\$71,280	\$80,190	\$89,100	\$96,228	\$103,356	\$110,484	\$117,612
<b>Final FY2025 Low-Income Limits</b>	\$62,400	\$71,300	\$80,200	\$89,100	\$96,250	\$103,400	\$110,500	\$117,650

\*Income guidelines

